



Colon Cancer Questionnaire

Client

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
What was the staging of the cancer?	
What was the size, growth, and location of the tumor?	
What was the treatment, when was it done, and was it successful?	
Have all of the follow-up visits been normal?	
Does the applicant smoke?	
Does the applicant have a family history of colon cancer?	
Medication currently being taken:	
Does the client have any other medical conditions?	
Other Information:	

Please return the completed form to your financial professional.

All quotes are tentative and are NOT BINDING and are SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.