



Skin Cancer/Melanoma Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
Check the type of cancer and provide the number and date of last episode(s):	<input type="checkbox"/> Basal cell carcinoma: _____ <input type="checkbox"/> Squamous cell carcinoma: _____ <input type="checkbox"/> Malignant melanoma: _____
Please note where the skin cancer was located:	
Has the cancer metastasized (spread) beyond the skin?	
Has there been any evidence of recurrence?	
Provide details of treatment, including date(s), result(s), and when it ended:	
For malignant melanoma only (provide all items if possible):	<input type="checkbox"/> Stage, if available: _____ <input type="checkbox"/> Ulcerated (Yes or No): _____ <input type="checkbox"/> Clark's level: _____ <input type="checkbox"/> Thickness in mm: _____ <input type="checkbox"/> Any positive Lymph Node: _____
Provide date and result of most recent follow for this condition:	
Medications being taken (provide dosage and frequency):	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	

Please return the completed form to your financial professional.

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