

QUICK QUOTE FOR LEUKEMIA

CLIENT: NAME _____ / M F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMT. REQUESTED \$ _____ / MAX. ANNUAL PREMIUM \$ _____ / TYPE OF INS. UL TRM YRS. LVL _____

TOBACCO USE NO YES, TYPE _____ / REPLACEMENT YES NO / CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____

OCCUPATION _____ / MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED

FAMILY HISTORY –
 AGE, IF STILL LIVING: FATHER _____ MOTHER _____ SIBLING 1 _____ SIBLING 2 _____ SIBLING 3 _____

IF ANY DECEASED, PROVIDE RELATION, AGE AND CAUSE OF DEATH _____

HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH CANCER, DIABETES OR HEART DISEASE PRIOR TO AGE 60? IF YES, PROVIDE RELATION, ILLNESS AND AGE OF ONSET _____

DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS _____ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS _____

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK? NO YES, DETAILS _____

DATE OF LAST MEDICAL CHECKUP _____ RESULTS _____

DATE OF LAST RESTING EKG _____ RESULTS _____

LAST BLOOD PRESSURE READING (EXAMPLE 140/80) _____ / ARE YOU TREATED FOR BLOOD PRESSURE? NO YES

LAST TOTAL CHOLESTEROL READING AND HDL READING _____ / ARE YOU TREATED FOR CHOLESTEROL? NO YES

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION _____ FAX _____

****IF DIAGNOSED WITH LYMPHOMA, PLEASE COMPLETE THE QUICK QUOTE FOR CANCER QUESTIONNAIRE**

1. WHEN WAS THE LEUKEMIA DIAGNOSED? _____

2. PLEASE INDICATE TYPE:

ACUTE GRANULOCYTIC (AGL)
 ACUTE LYMPHOBLASTIC (ALL)
 ACUTE LYMPHOCYTIC (ALL)
 ACUTE NONLYMPHOBLASTIC (ANLL)
 HAIRY CELL (HCL)
 OTHER _____

3. PLEASE INDICATE STAGE:

STAGE 0
 STAGE 1
 STAGE 2
 STAGE 3
 STAGE 4

4. IS CLIENT CURRENTLY IN REMISSION? NO YES
 IF YES, LIST DATE REMISSION STARTED _____

5. IS CLIENT ON ANY MEDICATIONS FOR THIS DISEASE?
 NO YES, DETAIL TYPE(S) AND DOSAGE(S):

6. PROVIDE RESULTS OF MOST RECENT CBC (COMPLETE BLOOD COUNT):

DATE _____

HEMOGLOBIN _____

WHITE BLOOD CELL COUNT _____

PLATELET COUNT _____

7. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDICATIONS TAKEN:
