

Thyroid Cancer Questionnaire

Agent Name: _____ Phone #: _____ E-mail: _____

Client Name: _____ Date of Birth: _____ Sex: Male / Female

Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____

Type of Insurance: Universal Life Whole Life Survivorship Term (# of years _____)

1. When was the proposed insured first diagnosed with thyroid cancer? _____

2. What type of thyroid cancer was diagnosed?

- Papillary thyroid cancer
- Follicular thyroid cancer
- Medullary thyroid cancer (Sporadic Isolated familial medullary)
- Anaplastic carcinoma
- Thyroid lymphoma

3. Did the cancer spread to lymph nodes or other organs? Yes No

If yes, provide details and location(s): _____

4. What treatments did the proposed insured receive?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Surgery | Date and details: _____ |
| <input type="checkbox"/> Radioactive Iodine | Date and details: _____ |
| <input type="checkbox"/> THS Suppression Therapy | Date and details: _____ |
| <input type="checkbox"/> Chemotherapy | How long did it last: _____ |
| <input type="checkbox"/> Other: _____ | |

5. Is the proposed insured currently taking any medication(s)? Yes No

If yes, provide name, dosage and frequency of medication(s) _____



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