



Oberlin Marketing

Supporting the direction of your business

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Life Insurance

Cancer Questionnaire

Agent _____

Email _____

Phone () _____ - _____

Fax () _____ - _____

Client _____

Male Female DOB _____
 Non-Tobacco Tobacco
 Never Cigarettes _____ per day
 Quit _____ Cigar _____ per week
 Pipe _____ per week
 Chew _____ per week

State _____

Height _____

Weight _____ U S Citizen Yes No

Death Benefit \$ _____

Plan Term 5 10 15 20 25 30
 Universal Life Option 1 Option 2
 Whole Life Par Non-Par
 2nd to Die
 Simplified
 Guaranteed

Has client been Rated _____ Declined
Company _____

1 Age at diagnosis _____

2 Type of malignancy or cancer:

- Bladder Breast Cervical
- Colon or Rectal

Dukes Scale - circle one

A B C D

- Hodgkin's Disease
- Melanoma

Location _____
Type _____

Clarks Level - circle one

I II III IV V

Breslows thickness _____

- Prostate
- Most recent PSA _____
- Gleasons Grade - circle one
- I II III IV

- Skin
- Location _____
- Type _____
- Clarks Level - circle one
- I II III IV V

3 Stage of tumor or malignancy - circle one
0 1A 1B 1C 2A 2B 2C 3A 3B 4

4 Treatment
 Surgery Chemotherapy Radiation

5 Number of treatments _____

6 Date of last treatment _____

7 Any reoccurrence of cancer, date _____

8 Submit Pathology Report if available.

9 List any other illness or impairment in notes.

Blood Pressure _____ Cholesterol _____

Current meds, dosage & reason

Do any of these activities apply?

- Aviation Racing
- Foreign Travel Scuba/Skin Diving
- Mountain Climbing Sky Diving

If yes, will need a questionnaire completed with details.

Moving Violations or DUI last 5 yrs

Date _____ Type _____

Date _____ Type _____

Date _____ Type _____

Family History - Cancer or Heart death or diagnosis in parents or siblings - who-what-when

Notes: _____
