BackNine Insurance

QUICK QUOTE FOR LEUKEMIA

Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

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

AMT. REQUESTED $ _____ / MAX. ANNUAL PREMIUM $ _____ / TYPE OF INS. ❑ UL ❑ TERM 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, GIVE RELATION(S), AGE(S) AND CAUSE(S) _____

DATE OF LAST MEDICAL CHECKUP _____ / DATE OF LAST EKG _____ AND RESULTS _____

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. PLEASE LIST DATE OF FIRST DIAGNOSIS _____

2. PLEASE INDICATE TYPE:

❑ ACUTE GRAULOCYTIC (AGL)
❑ ACUTE LYMPHOBLASTIC (ALL)
❑ ACUTE LYMPHOCYTIC (ALL)
❑ ACUTE NON-LYMOPHOBLASTIC (ANLL)
❑ HAIRY CELL (HCL)
❑ OTHER _____

3. PLEASE NOTE STAGE OF THE LEUKEMIA

❑ STAGE 0
❑ STAGE 1
❑ STAGE 2
❑ STAGE 3
❑ STAGE 4

4. IS THE CLIENT CURRENTLY IN REMISSION? ❑ YES ❑ NO

IF YES, LIST DATE REMISSION STARTED _____

5. IS THE CLIENT ON ANY MEDICATIONS FOR THIS DISEASE?

❑ NO ❑ YES, PLEASE DETAIL _____

_____

6. PLEASE 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 MEDS AND VITAMINS TAKEN, INCLUDE DOSAGE AND FREQUENCY:

_____

_____

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