



Hodgkins / Non-Hodgkins Lymphoma Questionnaire

Agent Name: _____ Phone #: _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. What diagnosis was given? Hodgkins Lymphoma Non-Hodgkins Lymphoma

If Non-Hodgkins Lymphoma, please list sub-type: _____

2. When was the Lymphoma first diagnosed? _____

3. In what part of the body was the Lymphoma discovered? _____

4. What state of Lymphoma was diagnosed?

- Stage 1 Stage 1E
- Stage 2 Stage 2E
- Stage 3 Stage 3E Stage 3S Stage 3S+E
- Stage 4

5. Adult Lymphoma is also described in terms of how fast it grows in the location of the affected nodes.

Was the growth described as: indolent aggressive

Was the location described as: contiguous non-contiguous

6. What treatment(s) did the proposed insured receive? surgery chemotherapy radiation

Other: _____

7. How long did the treatment(s) last? _____

8. 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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