



Leukemia 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. When was the proposed insured first diagnosed with Leukemia? _____

2. What type of Leukemia has been diagnosed?

- Acute Myelogenous Leukemia
- Acute Lymphocytic Leukemia
- Other: _____
- Chronic Myelogenous Leukemia
- Chronic Lymphocytic Leukemia

3. What stage of Leukemia was diagnosed?

- Stage 0
- Stage 1
- Stage 2
- Stage 3
- Stage 4

4. What treatments has the proposed insured received? (Check all that apply.)

- Surgery
- Radiation
- Bone marrow transplant
- Chemotherapy
- Biological therapy
- Other: _____

5. What were the results of the most recent Complete Blood Count (CBC)?

- Date of test: _____
- Hemoglobin: _____
- White Blood Count: _____
- Platelet Count: _____

6. Is the proposed insured currently in remission? Yes No

If yes, as of what date? _____

7. 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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