PINNEY
INSURANCE CENTER, INC.

A LifeMark Partner

Providing all the tools for your success

CANCER—TESTICULAR CANCER QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? Y N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Date of first diagnosis: _____

(2) Date of last treatment: _____

(3) Exact type of testicular cancer: _____

(4) ❒ Seminoma ❒ Non-Seminoma

(5) Stage of the cancer:

❒ I ❒ II ❒ III ❒ IV **or** ❒ A ❒ B ❒ C

(6) ❒ In-situ ❒ Local (confined) ❒ Regional (involves Regional Nodes) ❒ Advanced (Metastasis)

(7) How was the cancer treated? Please check all that apply:

❒ Surgery ❒ Radiation ❒ Chemotherapy ❒ Other: _____

(8) If known:

LDH: _____ HCG: _____ AFP: _____

(9) How often does the proposed insured have a cancer screen to detect possible recurrence?

❒ Every 3 months ❒ Every 6 months ❒ Yearly ❒ Every 2 Years ❒ Every 5 years

(10) Has there been any evidence of recurrence? If yes, please provide details: _____

_____

(11) Does the proposed insured have any other medical conditions? If yes, please describe:

_____

_____

_____

Toll-Free 800.823.4852 | Local 916.773.2800 | Fax 916.773.4484
2266 Lava Ridge Court, Suite 200 | Roseville, CA 95661 | www.pinneyinsurance.com