

MEDICAL HISTORY QUESTIONNAIRE: OVARIAN CANCER

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

Never

Former Date Stopped: _____

Current Type: _____

Coverage Information:

Type: Term UL IUL

WL VUL Survivorship

Face Amount: _____

Premium Tolerance: _____

PROPOSED INSURED'S EXISTING INSURANCE

INSURANCE COMPANY	FACE AMOUNT	YEAR ISSUED	REPLACEMENT (YES/NO)

1. Date of diagnosis: _____

2. What stage was the cancer?

I II III IV

3. How was the cancer treated? (check all that apply)

I Surgery Radiation Therapy Chemotherapy

4. Date treatment was completed: _____

5. Has there been any evidence of recurrence? No Yes

If yes, please provide details: _____



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6. Please give the date and result of the most recent CA 125, if available: _____

7. Please list current medications:

NAME OF MEDICATION	DOSAGE	REASON

8. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____



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