



Thyroid Cancer 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 thyroid cancer? _____

2. What type of thyroid cancer was diagnosed?

- Papillary thyroid cancer
- Follicular thyroid cancer
- Medullary thyroid cancer (Sporadic Isolated familial medullary)
- Anaplastic carcinoma
- Thyroid lymphoma

3. Did the cancer spread to lymph nodes or other organs? Yes No

If yes, provide details and location(s): _____

4. What treatments did the proposed insured receive?

- Surgery Date and details: _____
- Radioactive Iodine Date and details: _____
- THS Suppression Therapy Date and details: _____
- Chemotherapy How long did it last: _____
- Other: _____

5. 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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