

## QUICK QUOTE FOR LEUKEMIA

**CLIENT:** NAME \_\_\_\_\_ / ☐ M ☐ F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_

AMT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS. ☐ UL ☐ TERM YRS. LVL \_\_\_\_\_

TOBACCO USE ☐ NO ☐ YES, TYPE \_\_\_\_\_ / REPLACEMENT ☐ YES ☐ NO / CURRENT ANN. PREM. \$ \_\_\_\_\_

LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ / MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED

FAMILY HISTORY –  
AGE, IF STILL LIVING: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ SIBLING 1 \_\_\_\_\_ SIBLING 2 \_\_\_\_\_ SIBLING 3 \_\_\_\_\_

IF ANY DECEASED, PROVIDE RELATION, AGE AND CAUSE OF DEATH \_\_\_\_\_

HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH CANCER, DIABETES OR HEART DISEASE PRIOR TO AGE 60? IF YES, PROVIDE RELATION, ILLNESS AND AGE OF ONSET \_\_\_\_\_

DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS \_\_\_\_\_ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS \_\_\_\_\_

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK? ☐ NO ☐ YES, DETAILS \_\_\_\_\_

DATE OF LAST MEDICAL CHECKUP \_\_\_\_\_ RESULTS \_\_\_\_\_

DATE OF LAST RESTING EKG \_\_\_\_\_ RESULTS \_\_\_\_\_

LAST BLOOD PRESSURE READING (EXAMPLE 140/80) \_\_\_\_\_ / ARE YOU TREATED FOR BLOOD PRESSURE? ☐ NO ☐ YES

LAST TOTAL CHOLESTEROL READING AND HDL READING \_\_\_\_\_ / ARE YOU TREATED FOR CHOLESTEROL? ☐ NO ☐ YES

**AGENT:** NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**CPS OFFICE ONLY:** ENTER OFFICE NAME/LOCATION \_\_\_\_\_ FAX \_\_\_\_\_

**\*\*IF DIAGNOSED WITH LYMPHOMA, PLEASE COMPLETE THE QUICK QUOTE FOR CANCER QUESTIONNAIRE**

1. WHEN WAS THE LEUKEMIA DIAGNOSED? \_\_\_\_\_

2. PLEASE INDICATE TYPE:

- ☐ ACUTE GRANULOCYTIC (AGL)  
☐ ACUTE LYMPHOBLASTIC (ALL)  
☐ ACUTE LYMPHOCYTIC (ALL)  
☐ ACUTE NONLYMPHOBLASTIC (ANLL)  
☐ HAIRY CELL (HCL)  
☐ OTHER \_\_\_\_\_

3. PLEASE INDICATE STAGE:

- ☐ STAGE 0  
☐ STAGE 1  
☐ STAGE 2  
☐ STAGE 3  
☐ STAGE 4

4. IS CLIENT CURRENTLY IN REMISSION? ☐ NO ☐ YES  
 IF YES, LIST DATE REMISSION STARTED \_\_\_\_\_

5. IS CLIENT ON ANY MEDICATIONS FOR THIS DISEASE?  
☐ NO ☐ YES, DETAIL TYPE(S) AND DOSAGE(S): \_\_\_\_\_

6. PROVIDE RESULTS OF MOST RECENT CBC (COMPLETE BLOOD COUNT):

DATE \_\_\_\_\_

HEMOGLOBIN \_\_\_\_\_

WHITE BLOOD CELL COUNT \_\_\_\_\_

PLATELET COUNT \_\_\_\_\_

7. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDICATIONS TAKEN:

\_\_\_\_\_  
 \_\_\_\_\_  
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