

Leukemia Quote Request

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Coverage Desired? _____ Amount _____ Plan Desired? _____

Have you ever been Rated or Declined for insurance? If YES Complete details please

When were you first told that you had Leukemia? _____

What is the current stage of the Leukemia?

- Stage 0
- Stage I
- Stage II
- Stage III
- Stage IV

Please provide results and date of most recent CBC (complete blood count) _____

- Hemoglobin
- White blood cell count
- Platelet count

Please give date Chemotherapy or Radiation Treatment was completed? _____

Is there any evidence of recurrence? Y N
If YES, Complete Details please _____

Please list all medications being taken: _____

Do you have any other major health problems? (example: Coronary Artery Disease, etc)?

Please also submit a copy of any Pathology Report - We must have to quote properly.

Broker Submitting Questionnaire: _____

Address _____

Phone: _____ FAX: _____ E-mail: _____

Please send completed form:

Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787
You may Fax to: (631) 265-7054 or E-mail to: vainc@victorson.com