

# AMERICAN INCOME LIFE INSURANCE COMPANY

Executive Offices: P.O. Box 2608, Waco, Texas 76797 (254) 751-8600

[www.aillife.com](http://www.aillife.com)

## CANCER / TUMOR QUESTIONNAIRE

PROPOSED INSURED'S NAME \_\_\_\_\_ APPLICATION NUMBER \_\_\_\_\_

1. HAS ANY PROPOSED INSURED EVER BEEN MEDICALLY DIAGNOSED OR TREATED FOR A TUMOR OR CANCER? ☐ YES ☐ NO

2. WAS THE TUMOR DIAGNOSED AS CANCER? ☐ YES ☐ NO

IF SKIN CANCER, INDICATE TYPE: ☐ BASAL ☐ SQUAMOUS ☐ MELANOMA

3. WHERE WAS THE TUMOR/CANCER LOCATED? \_\_\_\_\_

DID IT SPREAD TO ANY LYMPH NODES OR ANY OTHER LOCATION? ☐ YES ☐ NO

IF YES, EXPLAIN: \_\_\_\_\_

4. WHEN WAS IT DIAGNOSED? \_\_\_\_\_

5. DID YOU HAVE SURGERY TO REMOVE THE TUMOR/CANCER? ☐ YES ☐ NO

IF YES, WHEN? \_\_\_\_\_

6. WHAT WAS THE NAME AND ADDRESS OF THE HOSPITAL WHERE YOU HAD THE SURGERY? \_\_\_\_\_

7. DID YOU HAVE: ☐ CHEMOTHERAPY? ☐ RADIATION? ☐ OTHER? (EXPLAIN) \_\_\_\_\_

WHAT WAS THE DATE OF YOUR LAST TREATMENT? \_\_\_\_\_

8. HAVE YOU HAD ANY RECURRENCES OF THE TUMOR/CANCER? ☐ YES ☐ NO

IF YES, EXPLAIN: \_\_\_\_\_

9. WHAT IS THE NAME, ADDRESS AND PHONE NUMBER OF THE DOCTOR WHO CHECKS YOU FOR POSSIBLE RECURRENCES OF THE TUMOR/CANCER? \_\_\_\_\_

WHEN DID YOU LAST SEE THIS DOCTOR? \_\_\_\_\_

X \_\_\_\_\_ DATE \_\_\_\_\_  
(PROPOSED INSURED'S SIGNATURE)