

Cenco Insurance Marketing Corporation
1501 El Camino Avenue • Suite 1 • Sacramento • CA • 95815
(916) 920-5251 • (800) 452-3626 • FAX (916) 920-8734



Questionnaire For: Chronic Lymphocytic Leukemia

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____
Proposed Insured: _____ Date of Birth: ___/___/___
Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
Amount of Coverage \$ _____ Product Type _____

1. Please list date of first diagnosis _____
2. Please note current stage of the leukemia
 Stage 0
 Stage 1
 Stage 2
 Stage 3
 Stage 4
3. Is the client on any medications for this disease? Yes No
If yes, please detail _____
4. Please provide results of most recent CBC (Complete Blood Count):
Date _____ Hemoglobin _____
White blood cell count _____ Platelet count _____
5. Has the client smoked cigarettes in the past 12 months? Yes No
6. Has a parent, brother or sister died prior to age 65, other than by accident? Yes No
If yes, please detail _____
7. Does the client exercise three or more times per week? Yes No
If yes, please detail _____
8. Client's occupation _____
9. Please list any other illnesses or impairments; along with any and all medications currently taking, include the dosage and frequency of each: _____

