

## PRE-UNDERWRITING GUIDE CANCER

Agent Name:	
UN	IDERWRITING QUESTIONS ————————————————————————————————————
1.	What type of cancer was diagnosed:
2.	Date of initial diagnosis:
3.	Date treatment completed:
4.	How was the cancer treated: Surgery Chemotherapy Immunotherapy
	☐ Hormonal Therapy ☐ Radiation Therapy ☐ Other
5.	What was the stage and grade of the cancer:
6.	Is there evident of reoccurrence:   Yes   No If yes, please provide details
7.	What did the pathology report reveal:
8.	Is there a family history of cancer:   Yes No If yes, please provide details

Return the completed form to wfphelp@wentworthfp.com

Call us with questions at (855) 757-5433