



# Pre-screener Cancer Questionnaire

Client Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  Male  Female Smoker:  Yes  No

*Please complete the following questionnaire and fax to: 1-888-985-3872 for possible consideration.  
Do NOT submit an application unless advised by underwriter.*

1. Location of cancer? \_\_\_\_\_
2. Date of diagnosis? \_\_\_\_\_
3. Stage / grade, if known (I, II, III, IV) \_\_\_\_\_
4. Did the cancer spread or were lymph nodes involved? \_\_\_\_\_
5. What type of treatment was given? (Surgery, chemo, radiation) \_\_\_\_\_
6. Date of last such treatment? \_\_\_\_\_
7. Date of last visit to the cancer specialist? \_\_\_\_\_
8. Any current medication being taken due to cancer? \_\_\_\_\_
9. Is there any other history or condition that you think may affect your insurability? If **yes**, please provide a brief summary below, or complete the appropriate questionnaire.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Representative/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

### THE WAWANESA LIFE INSURANCE COMPANY

Mailing Address: 400 - 200 Main Street, Winnipeg, Manitoba R3C 1A8  
TOLL FREE: 1-888-997-9965 Fax: 1-888-985-3872 WEBSITE: wawanesalife.com