



**BROKERAGE GROUP
INTERNATIONAL, LLC**

Melanoma Questionnaire

Broker Name: _____ Date: _____

Phone: _____ Fax: _____

E-Mail: _____

Address/City/State/Zip: _____

CLIENT INFORMATION

Name: _____ M F

Date of Birth: _____ Height: _____ Weight: _____

Occupation: _____

Insurance Amount _____ Insurance Type: Term Universal Life Whole Life

Death Benefit: _____ Second to Die Variable

Have you ever used tobacco or nicotine products? Yes No

If yes, what type of product did you use? Cigarettes Cigar Pipe Other

MELANOMA INFORMATION

1. Date diagnosed? _____

2. Clark level and/or size and depth of melanoma: _____

3. Treatment: _____

4. Additional Comments? _____
