



VIVA Health Inc. Health Questionnaire

Follow-up: Cancer

Employee _____

Group Name: _____

Proposed Insured _____

D.O.B. _____

1. When were you diagnosed with Cancer, and what part of the body has the Cancer affected?
2. Has the Cancer spread to any other parts of the body?
3. What treatment has been prescribed- surgery, chemotherapy, radiation?
4. What treatment has been completed to date?
5. What has your physician said regarding your expected recovery or future treatment?
6. Has your physician mentioned that you might require a transplant?
7. Is there a history of cancer in your family?
8. Does your work environment expose you to chemicals or asbestos?
9. Please provide the name, address, and phone number of your attending physician.
10. Do you smoke or have you smoked? If yes, how much? (include pack per day and number of years.)

I represent to the best of my knowledge and belief that each of the above statements and answers are complete and true. I understand that the answers to the above questions will be the basis of any coverage issued and that any incorrect answers may operate to void this insurance.

Date: _____ **Signature of proposed insured:** _____