

TRUSTMARK INSURANCE COMPANY
Proposed Insured Cancer Questionnaire

Proposed Insured:
Address:

Telephone:

Birthdate:
Employee:
Employer:
Pol/Cert #:

Supplementary Statement

1. Date of first treatment & diagnosis:

2. Where is/was it located:

3. Was the cancer benign or malignant?

4. Was the cancer completely eradicated? If so, how and when? (ie surgery, chemotherapy, etc)

5. As of the last date of treatment, how long have you been cancer free? Please give exact date.

6. Name, address & telephone number of treating physician:

The foregoing statements and answers are complete and true

Date

Signature of Proposed Insured