

July 27, 2004

Trustmark Insurance Company Medical Questionnaire
PO Box 7930, Lake Forest, IL. 60045
Phone (800) 229-4543 Fax (847) 615-4954

SKIN CANCER QUESTIONNAIRE

Proposed Insured:
Address:

Home Phone:
Work Phone:

Birthdate:
Employee:
Employer:
Cert.#:

- 1. Name, address and phone number of your doctor: _____

- 2. Date last seen prior to application sign date: _____
- 3. Current height and weight: _____
- 4. List all medications you are currently taking: _____

- 5. List all conditions for which you are currently seeing a doctor: _____

- 6. Where is the location of the skin disorder? _____
- 7. What is the exact diagnosis or the skin cancer? (ie. basal cell, squamous) _____

- 8. Is the area benign or malignant? _____
- 9. What is the current treatment for the cancerous area? _____

- 10. Has the affected area been removed or is removal scheduled? Please give details and dates. _____

Signature of Proposed Insured

Date

DUE DATE: