Trustmark Insurance Company Medical Questionnaire
PO Box 7930, Lake Forest, IL. 60045
Phone (800) 229-4543 x3413 Fax (847) 615-4954

Tumor 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. What is your exact diagnosis?_____

7. Have you had, or will you need to have any surgery? If so, when?_____

8. What type of treatment did you receive for the growth?_____

_____

9. Was the growth benign or malignant?_____

10. Where was the growth located? Have there been any re-occurrences?_____

_____

_____ _____
Signature of Proposed Insured Date