

CANCER – HEART ATTACK – STROKE QUESTIONNAIRE

The following questions are only being asked to allow me to make the best educated recommendation.

1. Does Cancer, Heart Attack or Stroke **run in your family**? _____
2. Please describe **which family** members and how old were they? _____
3. Which Illness did they have and did they have a long recovery? _____
4. Have you had to **help take care** of a family member or friend with 1 of these illnesses? If so, please describe what type of care they **required**? _____
5. How did it **financially affect** that family member? _____
6. Were they **hospitalized** and if so, for how long? _____
7. If you were to have 1 of the 3 listed illnesses, **how would you pay** for your copays and deductibles on the medical bills, doctor bills, specialist and medications? _____
8. With your family history, **are you concerned** you may face one of these illnesses? _____
9. With Medicare and all Medicare plans not covering **experimental treatments** **how would you pay** for them to have a better chance of recovery? _____
10. While recovering from one of these illnesses **how beneficial** would it be in your recovery to have someone clean your home weekly, make meals for you, assist you with daily activities, have additional money to pay copays and deductibles, be able to alter your home entrance and bathrooms to accommodate your challenges? Please describe? _____
11. Now I have a better understanding of **your family history** with these 3 major illnesses let me make a recommendation that can provide you peace of mind. _____

CANCER PROTECTION

\$ 5,000 Lump Sum

COVERAGE BENEFITS

Invasive Cancer – 100%

Non-Invasive Cancer – 25%

Continuous Coverage Benefit

* Years 2-5 recurrence- 25% / 10%

* Years 5-10 recurrence- 75% / 25%

* Years 10 + recurrence- 100% / 25%

\$ _____ Monthly Premium

HEART ATTACK & STROKE PROTECTION

\$ 5,000 Lump Sum

COVERAGE BENEFITS

Heart Attack – 100%

Heart Transplant – 100%

Stroke – 100%

Artery Bypass Surgery – 25%

Aortic Surgery – 25%

Heart Valve Replacement – 25%

Angioplasty – 10%

Stent - 10%

\$ _____ Monthly Premium

CANCER, HEART & STROKE PROTECTION

\$ 5,000 Lump Sum

COVERAGE BENEFITS

Cancer, Heart Attack, Stroke + Disease

* A.L.S.

* M.S.

* PARALYSIS

* COMA

* E.S.R.D

* SEVERE BURNS

* ORGAN TRANSPLANT

\$ _____ Monthly Premium

*Note: Use monthly premium to increase Lump Sum Coverage in increments of \$5,000.

Contact Us at **630-426-9714**

www.theinsuranceadvisor.net (click tab "need help")

Agent name: _____