

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**? Y / N
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? _____

*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.

Cigna		
Cancer Protection	Heart Attack & Stroke Protection	Cancer, Heart & Stroke Protection
\$5,000 Lump Sum	\$5,000 Lump Sum	\$5,000 Lump Sum
Coverage Benefits Flex Choice	Coverage Benefits Critical Choice	Coverage Benefits Critical Choice
Invasive Cancer 100%	Heart Attack 100%	ALS -Amyotrophic Lateral Sclerosis
Non-Invasive Cancer 25%	Heart Transplant 100%	Coma
Recurrence Invasive / Non Inv	Stroke 100%	End Stage Renal Failure
2-4 years recurrence 25% / 10%	Artery Bypass Surgery 25%	Major Organ Transplant
5-9 years recurrence 75% / 25%	Aortic Surgery 25%	MS – Multiple Sclerosis
10 years or more 100% / 25%	Heart Valve Replacement 25%	Paralysis
	Angioplasty 10%	Severe Burns
	Stent 10%	
\$ Monthly Premium	\$ Monthly Premium	\$ Monthly Premium

Agent Name: _____

Phone Number: _____