

National Life Insurance Company[®] Life Insurance Company of the Southwest[™]

Group			Tumor Questionnaire
Name (please print):	Date of Birth:	Policy #:	Date Completed:
Where was the growth located?			
Was the growth removed? (When, where, and who rem	oved the growth)	No	
Was it tested? Yes No Do you know the results? (Give Details) Yes	No		
Were you told the growth was removed completely?	🗌 Yes 🗌 No		
Did you receive other treatment such as x-ray, radiati	on, cobalt, etc.? (If yes, please giv	ve the date of the las	st treatment.) 🗌 Yes 🗌 No

Have you had any previous tumors?

Any since?

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