National Life Group®

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

Tumor Questionnaire

Name *(please print)*: Date of Birth: Policy #: Date Completed:

Where was the growth located?

Was the growth removed? *(When, where, and who removed the growth)* ☐ Yes ☐ 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, radiation, cobalt, etc.? *(If yes, please give the date of the last treatment.)* ☐ Yes ☐ No

Have you had any previous tumors?

Any since?

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