

## Requirements for Consideration Previous Cancer History

Applicants with histories of cancer may be considered for Cancer/Specified Disease coverage based on the following:

- **Skin Cancer**  
Basal Cell may be considered at any time subject to a physician's statement, which includes a copy of the pathology report.
- **Cancer of the female generative organs diagnosed a "Carcinoma-in-Situ".**  
May be considered after three (3) years, subject to a physician's statement, which includes a copy of the pathology report.
- **All other cancers**  
May be considered after five (5) years for the CP10, CP11, Heritage Provider Series, and the Heritage Advantage subject to a physician's statement, which includes a copy of the pathology report. All other plans may be considered after ten (10) years.
- **Please note**  
Cancer histories involving more than one site, metastasis, leukemia, Hodgkin's Disease and any lymph node involvement are all excluded from any cancer coverage ever.

Prior to forwarding the application, the individual should have his/her doctor complete the information on the form below. This statement (with a copy of the pathology report) and the application should then be forwarded together to American Heritage Life Insurance Company, 1776 American Heritage Life Drive, Jacksonville, FL 32224. In the event the doctor has a charge for the review of the records and completion of the report, it is the responsibility of the applicant to pay these charges.

As stated previously, the application is subject to underwriting by the Home Office. In the event the application is not approved, all premiums will be refunded.

\_\_\_\_\_  
(Name of Applicant) \_\_\_\_\_  
(Signature of Applicant)

(To be completed by the Physician)

### Physician's Statement

I have reviewed the medical records of \_\_\_\_\_

Nature of Cancer (Diagnosis): \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Date last seen: \_\_\_\_\_

Treatment Given: \_\_\_\_\_

Any Recurrence or Metastasis: \_\_\_\_\_

\_\_\_\_\_  
(Attending Physician)

\_\_\_\_\_  
(Date)

**This form must accompany the application.**