

**REQUIREMENTS FOR CONSIDERATION**  
**Previous Cancer/Specified Disease/Heart History**

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

- **SKIN CANCER**  
*Basal Cell* may be considered at any time subject to a Physician's Statement. A copy of the pathology report must be included. *Squamous Cell* may be considered after five (5) years, subject to a Physician's Statement, which includes a copy of the pathology report. *Melanoma*, Stage 1, will be considered after eight (8) years, and Stages 2 and 3 will not be considered at all, subject to a Physician's Statement, which includes a copy of the pathology report.
- **CANCER OF THE FEMALE GENERATIVE ORGANS DIAGNOSED AS "CARCINOMA-IN-SITU"**  
May be considered after three (3) years, subject to a Physician's Statement, which includes a copy of the pathology report.
- **LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE**  
Person with a history of any of these types of cancer will not be considered at all.
- **ALL OTHER CANCERS**  
May be considered after eight (8) years, subject to a Physician's Statement, which includes a copy of the pathology report. Breast cancer diagnosed as "Carcinoma-in-situ" will be considered after five (5) years. All other breast cancers considered after seven (7) years. By statute, all breast cancers in Florida will be considered after two (2) years if treatment free.
- **HEART CONDITION**  
If applying for Intensive Care Coverage, may consider prior diagnosed prolapse valve if no adverse effects, subject to Physician's Statement.

Prior to forwarding the application, the individual should have his/her doctor complete the information on the form below. This statement and the application should then be forwarded together to Bay Bridge Administrators, LLC, P.O. Box 161690, Austin, Texas 78716. 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 Bay Bridge Administrators, LLC. In the event the application is not approved, all premiums paid will be refunded.

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

(To be completed by the Physician)

**PHYSICIAN'S STATEMENT**

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

Nature of Cancer \_\_\_\_\_

Type of Specified Disease \_\_\_\_\_

Nature of Heart Condition \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_

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

Any Recurrence or Treatment \_\_\_\_\_

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

\_\_\_\_\_  
Date

**This form must accompany the application.**