



ARTHRITIS QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
 Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
 Broker's Name: _____ Face Amount: _____
 BGA: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. When were you first diagnosed with arthritis?
2. What type of arthritis do you have?
3. Do you have to use any devices to assist you due to your arthritis? No Yes
 Details: _____
4. Are you able to take care of yourself? Yes No
5. Are you able to work? No Yes
 Details: _____
6. Have you had any type of surgery due to arthritis? No Yes, Details: _____
7. Are you on any medication(s)? No Yes, Name(s) and dosage(s): _____
8. Date you last consulted your physician: _____
9. Name and address of your physician(s): _____

Underwriter's Notes:

Date: _____ Proposed Insured's Signature: _____