



INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

Arthritis Questionnaire

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____

Proposed Insured: _____ Date of Birth: ___/___/____

Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()

Amount of Coverage \$ _____ Product Type _____

1. Date first diagnosed? _____

2. Provide details of treatment? _____

3. Provide details of medications (i.e. type, dosage, frequency)? _____

4. Any recurrence? _____

5. Date of last treatment? _____

6. Current medical status? _____

7. Any other health problems? _____

FAMILY HISTORY

Family Member	Age	If Living State of Health or Cause of Death	Age at Death
Father			
Mother			
Brother (s)			
Sister (s)			