

Arthritis Questionnaire

Agent Name: _____ Phone #: _____ E-mail: _____

Client Name: _____ Date of Birth: _____ Sex: Male / Female

Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____

Type of Insurance: Universal Life Whole Life Survivorship Term (# of years _____)

1. When was the proposed insured diagnosed with arthritis? _____

2. What type of arthritis was diagnosed? _____

3. Does the proposed insured use any devices to assist them due to arthritis? Yes No
If yes, describe: _____

4. Is the proposed insured able to care for themselves? Yes No
If no, provide details: _____

5. Is the proposed insured able to work? Yes No
If no, provide details: _____

6. Has the proposed insured had any type of surgery due to arthritis? Yes No
If yes, provide details: _____

7. Is the proposed insured current taking any medication(s)? Yes No
If yes, provide name, dosage and frequency of medication(s) _____

FAX TO 603-778-7918 or E-MAIL TO sdonovan@uinc.com.