



INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

Rheumatoid 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. Please list the date of first diagnosis _____

2. Is the client on any medications for the disease? [] Yes [] No

If yes, please detail _____

3. Has your client experienced any of the following (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Lung disease |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Liver enzyme abnormality |
| <input type="checkbox"/> Low blood counts | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Heart disease | |

4. Please list the functional ability:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Fully active | <input type="checkbox"/> Uses walker, cane, etc. |
| <input type="checkbox"/> Sedentary | <input type="checkbox"/> Uses wheelchair |

5. Has a parent, brother or sister died prior to age 65, other than by accident? [] Yes [] No

If yes, please detail _____

6. Does the client exercise three or more times per week? [] Yes [] No

If yes, please detail _____

7. Client's occupation _____

8. Please list any other illnesses or impairments; along with any and all medications currently being taken, include the dosage and frequency of each: _____

