

Arthritis Questionnaire

Agent Name:				Phone #: _ ()			
ent E-mail:							
Client Name:				Date of Birth:			
Sex: <u>Male / Female</u> Height:		Weight:		State:		Smoker: <u>Yes / No</u>	
e Amount: \$	·	Type of Insurance:	UL	WL	SUL	Term (# of ye	ears)
1. When was the proposed insured diagnosed with arthritis?							
2. What type of arthritis was diagnosed?							
 Does the proposed insured use any devices to assist them due to arthritis?YesNo If yes, describe: 							
 Is the proposed insured able to care for themself? Yes No If no, provide details: 							
5. Is the proposed insured able to work?YesNo If no, provide details:							
6. Has the proposed insured had any type of surgery due to arthritis? Yes No If yes, provide details:							
 Is the proposed insured current taking any medication(s)? Yes No If yes, provide name, dosage and frequency of medication(s) 							
	ent E-mail: ent Name: c Male / Female e Amount: \$ When was the proposed in What type of arthritis was Does the proposed insure If yes, describe: Is the proposed insured a If no, provide details: Is the proposed insured a If no, provide details: Has the proposed insured If yes, provide details: Has the proposed insured c	ent E-mail:	ent E-mail:	ent E-mail:	ent E-mail: Date of B ent Name: Date of B : Weight: State: e Amount: \$ Type of Insurance: UL WL When was the proposed insured diagnosed with arthritis? What type of arthritis was diagnosed? Does the proposed insured use any devices to assist them due to arthritis? If yes, describe: Is the proposed insured able to care for themself?YesNo If no, provide details: Has the proposed insured had any type of surgery due to arthritis?Yes If yes, provide details: Is the proposed insured had any type of surgery due to arthritis?Yes If yes, provide details: Is the proposed insured had any type of surgery due to arthritis?Yes If yes, provide details:	ent E-mail: Date of Birth: ent Name: Date of Birth: i: Male / Female Height: Weight: State: e Amount: \$ Type of Insurance:ULWLSUL When was the proposed insured diagnosed with arthritis? What type of arthritis was diagnosed? Does the proposed insured use any devices to assist them due to arthritis?Yes If yes, describe: Is the proposed insured able to care for themself?YesNo If no, provide details: Is the proposed insured able to work?YesNo If no, provide details: Has the proposed insured had any type of surgery due to arthritis?YesNo If yes, provide details: Is the proposed insured had any type of surgery due to arthritis?YesNo If yes, provide details: Is the proposed insured had any type of surgery due to arthritis?YesNo	ent E-mail: Date of Birth: Date of Birth: State: Smoker: Remains a state in the proposed insured diagnosed with arthritis? Weight: UL WL SUL Term (# of yee the proposed insured diagnosed with arthritis? What type of arthritis was diagnosed? Does the proposed insured use any devices to assist them due to arthritis? Yes No If yes, describe: If yes, describe: If yes No If no, provide details: Is the proposed insured able to work? Yes No If no, provide details: Is the proposed insured had any type of surgery due to arthritis? Yes No If no, provide details: Is the proposed insured had any type of surgery due to arthritis? Yes No If yes, provide details: Is the proposed insured had any type of surgery due to arthritis? Yes No If yes, provide details: Is the proposed insured had any type of surgery due to arthritis? Yes No If yes, provide details: Is the proposed insured had any type of surgery due to arthritis? Yes No If yes, provide details: Is the proposed insured had any type of surgery due to arthritis? Yes No If yes, provide details:

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