

Underwriting Questionnaire

Rheumatoid Arthritis



Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____

Select if the client has had any of the following

- Weight loss Fever Low blood counts Heart disease
 Lung disease Liver enzyme abnormality Kidney disease

What joints are involved _____

Select functional ability

- Fully active Sedentary Uses walker, cane, etc. Uses wheelchair

Date of last flare up _____ Treatment _____

Is the client on disability Yes No

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: