Underwriting Questionnaire

Rheumatoid Arthritis

underwriting	
TEL	

Producer Name	rnone	Date	te	
Client Name	Date of Birth			
☐ Male ☐ Female Face Amount	Max Pr	emium \$/yr.		
☐ Term ☐ Permanent Has the client ev	er used any form of tobacco (ciga	arettes, 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 Loc Lung disease Liver enzyme abnorn What joints are involved	mality			
Select functional ability	ses walker, cane, etc. □Uses w			
Date of last flare up	Treatment			
Is the client on disability ☐Yes ☐No				
Name of Medication (prescription or other	wise) Dates Used	Quantity Taken	Frequency Taken	

List any other major health problems the client has:



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