

Arthritis Questionnaire



Submit This Form with your application for better informed underwriting

Client Information

Client Name:				
DOB:	Gender	Height	Weight	Marital Status
Occupation & Length of Employment:				
Tobacco Use	Never Used	Totally Stopped		Current User
		Date Stopped	Type Used	
Type of Coverage	Term	UL	Survivor	Amount \$

Essential Information

1	What type of Arthritis (rheumatoid, osteo, gouty, etc)	
2	When was it initially diagnosed?	
3	Are the joints Involved	
4	What is the type of treatment, and does it include cortisone?	
5	What medications and how often (accurate name, dosage, and reason)	

Confidential

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