

AN INTEGRITY 📕 COMPANY

ARTHRITIS

Agent Name:	Agent Phone:	Agent Ema	ail:		
CLIENT NAME: Male Female Date of birth: Tobacco Use: Never used Total Type of Coverage: Term UL	Height:' Ily stopped Date stopped:	" Weight: □ Use now Type of	-		
Coverage Amount: Anticipated Premium:					
FAMILY HISTORY Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide? If yes, use separate sheet to provide this information, including age of onset and date of death					
PROPOSED INSURED'S EXISTING INSURANCE					
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?		
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1. What type of arthritis is it? (Example: rheumatoid, osteo, gouty, etc.)

2. When was it initially diagnosed? _____

3. Are the joints involved? \Box No \Box Yes

4. What is the type of treatment, and does it include cortisone?

5. Please list current medications, (accurate name, dosage, and reason):

(Accurate) Name of Medication	Dosage	Reason

The above information is for preliminary underwriting purposes only and will not be made part of any contract.