

Agent: _____ **Phone:** _____ **Fax:** _____

Proposed Insured Name: _____ (M or F): _____ Age: _____

Face Amount: _____ Max Premium \$: _____ / year Type: (UL, WL, Term, or Survivorship) _____

Do you currently smoke cigarettes? (Y or N): _____ If no, did you ever smoke: (Y or N): _____ Quit date: _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...):

If Yes, please provide details: _____

When did you last use any form of tobacco: (Month) _____ (Year) _____ Type used last: _____

Date of Diagnosis: _____ What type of arthritis has been diagnosed: _____

Which tissues have been involved:

Joints only - which: _____

(Y or N): Heart _____ Lungs _____ Central Nervous System _____

Other: _____

Has the condition ever completely disappeared? (Y or N): _____ If Yes, when did it disappear? _____

If the condition has ever disappeared, has it relapsed? (Y or N): _____

If it has relapsed, please give some idea of regarding the dates the condition has disappeared and reappeared. Are there any known variables that trigger the onset of the condition or can lead to remission (such as a change in climate, location etc.):

Please list any other medical information that may help provide a more realistic preliminary assessment:

What medications were/are being used to control the arthritic condition or any other condition affecting the proposed insured?

Name of Medication (Prescription or Otherwise):	Dates used:	Quantity Taken:	Frequency Taken:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____