WEILAGE
Advisors Only
"Better Solutions in Your Complex World."

Arthritis Questionnaire

Proposed Insured's Name: _____ D.O.B. _____ Sex: ☐ M ☐ F

Tobacco Use: ☐ Yes ☐ No Height: _____Ft. _____In. Weight: _____

Broker's Name: _____ Face Amount: _____

Address: _____ Phone: _____ Fax: _____

Proposed Insured, please answer the following:

1. When were you first diagnosed with Arthritis? _____
2. What type of Arthritis do you have? _____
3. Do you have to use any devices to assist you due to your Arthritis? ☐ No ☐ Yes, Details:

   _____
4. Are you able to take care of yourself? ☐ No ☐ Yes
5. Are you able to work? ☐ Yes ☐ No, Details: _____
6. Have you had any type of surgery due to Arthritis? ☐ No ☐ Yes, Details:

   _____
7. Are you on any medications? ☐ No ☐ Yes, Please provide Name(s) and Dosage(s) below:

   _____
8. Date you last consulted your physician: _____
9. Name and address of your physician: _____

Date: _____ Proposed Insured's Signature _____