

Agent:	Phone:	Fax: _	
Proposed Insured Name:		_ M Date of	birth:
Face Amount: Max. Pro	emium: \$/ year	UL WL Term	Survivorship
Do you currently smoke cigarettes?			
Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum): \square Y \square N			
If Yes, please provide details:			
When did you last use any form of tobacco:	(Month) (Year) Typ	e used last:	
Height: ft in. Weight:	lbs.		
(1) Date of Diagnosis:(2) What type of arthritis has been diagnosed:			
(3) Which tissues have been involved? Joints only - which:			
Heart Lungs Central Nervous System Other:			
(4) Has the condition ever completely disappeared? \[\text{No} \] Yes If Yes, when did it disappear?			
(5) If the condition has ever disappeared, has it relapsed? No Yes 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.):			
(6) Please list any other medical information that may help provide a more realistic preliminary assessment:			
(7) What medication were/are being used to control the arthritis or any other condition affecting the proposed insured?			
Name of medication (prescription or otherwi	se) Dates used	Quantity taken	Frequency taken