



Rheumatoid Arthritis Questionnaire

Agent Name: _____ Phone #: _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. When was the proposed insured first diagnosed? _____

2. Does the proposed insured experience any of the following symptoms? (Check all that apply.)

Pain, stiffness, swelling in joints Depression Fatigue

3. What tissues have been involved? (Check all that apply.)

Joints only Heart Lungs Central Nervous System

4. Have the symptoms ever completely disappeared? Yes No

If yes, when did they reappear? _____

5. How has the proposed insured been treated?

<input type="checkbox"/> Anti-inflammatory drugs	Date: _____
<input type="checkbox"/> Topical Pain Relievers	Date: _____
<input type="checkbox"/> Corticosteroids	Date: _____
<input type="checkbox"/> Narcotic Pain Relievers	Date: _____
<input type="checkbox"/> Methotrexate, Imuran or Cytoxan	Date: _____
<input type="checkbox"/> Remicaid, Arava, Enbrel, Humira	Date: _____
<input type="checkbox"/> Apheresis	Date: _____
<input type="checkbox"/> Other: _____	_____

6. Is the proposed insured disabled as a result of this condition? Yes No

If yes, provide details: _____

7. Is the proposed insured currently taking any medication(s)? Yes No

If yes, provide name, dosage and frequency of medication(s) _____

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