FPG
FINANCIAL PROFESSIONALS GROUP

Rheumatoid Arthritis Questionnaire

Clear Form

Name DOB Gender Male

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
Has the client had any of the following? Check all that apply:	☐ Weight Loss ☐ Fever ☐ Low Blood Count ☐ Heart Disease ☐ Lung Disease ☐ Liver Enzyme Abnormality ☐ Kidney Disease
Which joints are involved?	
Please check functional ability:	☐ Fully Active ☐ Sedentary ☐ Uses Walker, Cane, etc. ☐ Uses Wheelchair
Medications being taken (provide dosage and frequency):	
Has the client smoked in the last 12 months?	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	
Other information:	

Please return the completed form to your financial professional.

All quotes are tentative, and are NOT BINDING, and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.