

Agent Name: _____ Agent Phone: _____ Agent Email: _____

CLIENT NAME: _____ Date: _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor Type of Coverage: Term UL Survivor UL

Coverage Amount: _____ Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE

Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. What type of arthritis is it? (Example: rheumatoid, osteo, gouty, etc.)

2. When was it initially diagnosed? _____

3. Are the joints involved? No Yes

4. What is the type of treatment, and does it include cortisone?

5. Please list current medications, (accurate name, dosage, and reason):

(Accurate) Name of Medication	Dosage	Reason

The above information is for preliminary underwriting purposes only and will not be made part of any contract.