

Cenco Insurance Marketing Corporation
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Questionnaire For: Rheumatoid Arthritis

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____
Proposed Insured: _____ Date of Birth: ___/___/___
Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
Amount of Coverage \$ _____ Product Type _____

1. Please list the date of first diagnosis _____
2. Is the client on any medications for the disease? Yes No
If yes, please detail _____
3. Has your client experienced any of the following (please check all that apply):
 - Weight loss
 - Fever
 - Low blood counts
 - Heart disease
 - Lung disease
 - Liver enzyme abnormality
 - Kidney disease
4. Please list the functional ability:
 - Fully active
 - Sedentary
 - Uses walker, cane, etc.
 - Uses wheelchair
5. Has a parent, brother or sister died prior to age 65, other than by accident? Yes No
If yes, please detail _____
6. Does the client exercise three or more times per week? Yes No
If yes, please detail _____
7. Client's occupation _____
8. Please list any other illnesses or impairments; along with any and all medications currently being taken, include the dosage and frequency of each: _____

