



310 S. Dale Mabry Hwy, Ste 210
Tampa, FL 33609
Phone (813) 875-6331
Fax (813) 875-7331

Arthritis Underwriting Questionnaire

Agent Name _____

Phone _____

Email Address _____

Applicant Last Name _____

Date of Birth _____

Sex Male Female

Height/Weight _____ / _____

Occupation _____

Ever use nicotine products?

If yes, check type and list date last used:

Other: _____

Date last used _____

Frequency per month _____

Product Applying for: Term Universal

Face Amount _____

When were you diagnosed with arthritis? _____

1. What type of arthritis do you have? _____

2. What joints are involved? _____

3. Do you have to use any devices to assist you due to your arthritis? No Yes
Details: _____

4. Are you able to take care of yourself? No Yes

5. Are you able to work? No Yes
Details: _____

6. Have you had any type of surgery due to arthritis? No Yes
Details: _____

7. Are you on any medication(s)? No Yes
Name(s) and dosage(s): _____

8. Date you last consulted your physician: _____

9. Additional Comments: _____

Please fax this form to MRW Financial Inc. 813-875-7331 or email to marie@mrwfinancial.com