AMERICAN INCOME LIFE INSURANCE COMPANY
Executive Office: P. O. Box 2608, Waco, Texas 76797 (254) 761- 6400
www.ailife.com

ARTHRITIS QUESTIONNAIRE

INSURED'S NAME _____ APPLICATION NUMBER _____

TYPE OF ARTHRITIS: OSTEO _____ RHEUMATOID _____ DEGENERATIVE _____

INTERFERENCE WITH DAILY ACTIVITIES: NONE _____ SLIGHT _____

SEVERE _____ DISABLED _____

WHICH JOINTS ARE AFFECTED: _____

_____

MEDICATIONS: _____ DOSAGE: _____

_____ _____

_____ _____

NAME/ ADDRESS OF DOCTOR WITH CURRENT RECORDS OF YOUR ARTHRITIS: _____

_____

_____

_____

ADDITIONAL COMMENTS: _____

_____

_____

_____

_____

_____

_____

_____

X _____ DATE _____

PROPOSED INSURED'S SIGNATURE