

**Cenco Insurance Marketing Corporation**  
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**Questionnaire For: 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. Date first diagnosed?
2. Provide details of treatment?
3. Provide details of medications (i.e. type, dosage, frequency)?
4. Any recurrence?
5. Date of last treatment?
6. Current medical status?
7. Any other health problems?

**FAMILY HISTORY**

Family Member	Age If Living	State of Health or Cause of Death	Age at Death
Father			
Mother			
Siblings			