



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

ARTHRITIS QUESTIONNAIRE - APPLICANT

TO BE FILLED BY THE APPLICANT

Name of the Life Insured

Application Number

PLEASE ANSWER EACH QUESTION AND PROVIDE PARTICULARS WHEREVER REQUIRED

1. Which form of arthritis do you suffer from? If you do not have a precise diagnosis e.g., rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, reiter's syndrome, psoriatic arthritis, etc., please describe your symptoms:

2. Which joints are the most affected? E.g., left wrist, both wrists, right ankle, etc.:

3. When was the condition first diagnosed?

4. Do you still have symptoms? Yes No

If 'Yes', are they Constant Variable Improving Progressively Worsening (Please choose the right option)

If 'No', when did you last have any symptoms? _____

5. Treatment:

a) Have you had an operation for this condition or is an operation being considered? Yes No

If 'Yes', please provide details of the surgery including dates, names of the hospital/s and surgeon/s, and mention for how long did you have to take time off-work post surgery: _____

b) Do you, or did you require any form of medication (Including steroids) or pain killers? Yes No

If 'Yes', please provide names of the drugs, dosages and date last taken: _____

c) Do you receive any other form of treatment, such as physiotherapy? Yes No

If 'Yes', please provide details: _____

6. Severity:

a) Is there any restriction or limitation on your ability to work? Yes No

If 'Yes', please provide details including duration of any time taken off-work in the last 2 years: _____

b) Has the arthritis caused you to change or reduce your non-occupational activities, e.g., sport, hobbies, mode of transport, etc. Yes No

If 'Yes', please provide details: _____

- c) Do you use a walking stick or any form of mobility aid at home or outside? E.g., stair lift. Yes No
 If 'Yes', please provide details: _____

- d) Do you require or receive any form of assistance with basic activities around the house such as dressing, preparing food, housework or bathing? Yes No
 If 'Yes', please provide details: _____

- e) Are you eligible for any form of disability benefit or support from the state, from insurance or from an employer? Yes No
 If 'Yes', please provide details including the type of benefit and amount received: _____

7. Please provide the name and address of the doctor/specialist you consult regarding your arthritis and mention the date you last visited.
 Provide prescriptions if any, and your case summary: _____

8. Please provide any additional information on your condition that would help in processing your application; including copies of all investigation reports available (ESR, RA Factor, ASO titre, etc.) and if hospitalised, please share a copy of the discharge slip: _____

I declare, that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree, that this form will constitute a part of my application for insurance; and that failure to disclose any material fact known to me may invalidate the contract.

Place: _____

Date: _____

 Signature of the Life Insured

VERNACULAR DECLARATION

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

 Signature of the Declarant

Place: _____

Date: _____

 Signature of the Life Insured