

Trustmark Insurance Company Medical Questionnaire
PO Box 7930, Lake Forest, IL. 60045
Phone (800) 229-4543 Fax (847) 615-4954
Arthritis Questionnaire

Proposed Insured:

Address:

Home Phone:

Work Phone:

Birthdate:

Employee:

Employer:

Cert.#:

1. Name, address and phone number of your doctor: _____

2. Date last seen prior to application sign date _____:

3. Current height and weight: _____

4. List all medications you are currently taking: _____

5. List all conditions for which you are currently seeing a doctor: _____

6. What is the degree of impairment in relation to physical and daily activities? Have you ever been disabled from working? _____

7. What kind of treatment is being received (other than medication, ie: surgery, etc.)? _____

8. What type of arthritis do you have? _____

9. Are there any complications resulting from this condition? _____

Signature of Proposed Insured

Date