

- Life Investors Insurance Company of America Stonebridge Life Insurance Company
 Monumental Life Insurance Company Transamerica Life Insurance Company
 Peoples Benefit Life Insurance Company Western Reserve Life Assurance Co. of Ohio

Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499

Supplement to Application dated _____

Arthritis Questionnaire

Name of Proposed Insured			Date of Birth
What type of arthritis have you been diagnosed with (i.e. osteoarthritis, rheumatoid, other)?			
Date of diagnosis?			
What joints or parts of the body are affected?			
What kinds of treatment / medication have you received in the past 5 years?			
What kind of treatment / medication are you currently taking?			
Has the arthritis caused any disability?			
Do you use any medical appliances such as a wheelchair, walker, cane or are you confined to a bed?			
How many days of work have you missed in the last 12 months due to this condition?			
How often do you have flare-ups and date of last occurrence?			
Physician's Name	Address	Phone Number	Area of Specialty (i.e. family physician, rheumatologist, other)
How often do you see each doctor and date last seen?			

I hereby represent, to the best of my knowledge and belief, that all the above statements are complete and true, and I agree that they shall form a part of the application and become a part of any contract of insurance issued on such application.

Dated at _____ this _____ day of _____, 2_____.

Signature of Proposed Insured

Signature of Agent