RESOLUTION life
A Division of Resolution Holdings (Pty) Ltd

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ARTHRITIS QUESTIONNAIRE (Applicant)

INDIVIDUAL POLICY CORPORATE RETIREMENT SCHEME

THIS QUESTIONNARE WILL FORM PART OF APPLICATION NO: _____ DATED D D M M Y Y Y Y

ON THE LIFE OF:_____ ID No.

Contact Details Home No. (C O D E) Work No. (C O D E)

Fax No. (C O D E) Mobile No.

Email Address

Postal Address

Code C O D E

1. What is the diagnosis of your condition e.g. rheumatoid, psoriatic, osteo etc? _____
2. How long have you suffered from arthritis? _____
3. Which joints have been affected? _____
4. What joints bother you most at present? _____
5. How do you experience the arthritis, e.g. pain, swelling, stiffness, stiffness of the joints in the morning, etc?

   _____
6. Do you have difficulty:

   a) Getting dressed? ☐ YES ☐ NO

   b) Waking? ☐ YES ☐ NO

   c) Getting out of the bath? ☐ YES ☐ NO

   d) Pursuing leisure activities/sport? ☐ YES ☐ NO
7. Have you had time off work because of your Arthritis? _____
8. Please describe any treatment you have been or are receiving, e.g. tablets (specify), injections into the joint, “gold” injections, operations to the joint and hospitalisation etc. _____

   _____
9. Please state the name and address of the doctor last consulted for arthritis and the date of last consultation.

   _____

   _____

I hereby declare that the above particulars and answers are complete and true.

Dated at _____ this _____ day of _____ _____

_____
Signature of Applicant

Please note that in the event of any modification or variation of this standard form Resolution Life will regard this form as being invalid and of no force and effect.

Resouw 002 vers 05/08

Do not sign blank or incomplete forms.