

Joint questionnaire

(by insured life)

Policy number

Member number*

Group number* (*Fill in for FundsAtWork)

1: Details of insured life

Name of insured life

Permanent identity/passport number

Date of birth

Financial adviser's name

Broker house code

Permanent identity number

Yes

No

Telephone

Financial adviser code

Telephone

2: General questions

1. When did you first have symptoms?

2. When did you last have symptoms?

3. When was the condition first diagnosed?

4. When did you last receive treatment for the condition?

5. What was the final diagnoses?

6. Which joints were or are affected?
(Indicate left or right side)

Hands and wrists

L

R

Elbows

L

R

Shoulder

L

R

Spine

L

R

Hips

L

R

Knees

L

R

Ankles

L

R

Feet

L

R

Other

L

R

If "other", specify:

7. What was the cause of the condition?

Accident or injury

Degenerative disease

Infection

Complication of another disease or disorder

Other

Provide full details:

8. Describe the symptoms, characteristics and complications of this condition:

Pain and swelling

Inflammation

Restricted movement

Calcification

Dislocation

Fracture

Mild

Moderate

Severe

Daily

Monthly

Annually

Osteoarthritis

Back pain

Other

If "other", specify:

2: General questions (continued)

9. What treatment and investigations did you receive, or are you receiving for this condition?

Surgery		Arthroscopy		Medication	
Physiotherapy		X-rays		CT/MRI scans	

Provide full details:

10. Has your ability to perform your occupation, sport or activities of daily living (bathing, walking, eating and cleaning) been affected?

Yes		No	
-----	--	----	--

If "yes", provide full details:

11. Have you ever been hospitalised for this condition?

Yes		No	
-----	--	----	--

If "yes", provide full details, including dates and duration of hospitalisation:

12. Provide the names of all the doctors and medical practitioners consulted regarding this condition:

Surname		Initials				
Surname		Initials				
Surname		Initials				
Surname		Initials				

13. Provide any additional information relevant to this condition:

3: Declaration by insured life

I declare that all the statements that I have made and details that I have supplied in this form (whether in my own handwriting or not), are complete and true. I also understand and agree that the information that I have supplied, together with the application for life insurance and any other relevant documents will form the basis of any insurance contract that may come into existence as a result of such application

Signed at

Signature of insured life

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---