

Activities Questionnaire

Policy Number: _____ Insured /Annuitant Name: _____

In order to continue our assessment of your claim, we require that the following questions be answered completely and to the best of your ability. Your cooperation is appreciated.

1 What do you understand your medical condition to be?

2 What are your current daily activities?

3 What activities are you no longer able to perform as a result of your medical condition?

4 Do you require assistance to complete the activities you can no longer perform? Who provides this assistance?

5 What symptoms are you currently experiencing and how frequent are they?

6 Are you currently working? Yes No

7 If “yes”; please provide details (e.g., number of hours worked per day, duties, etc.)

8 If you are not working, what is specifically preventing you from working?
