



DIABETES QUESTIONNAIRE TO BE COMPLETED BY THE PROPOSED INSURED

Name of Proposed Insured: _____ DOB: _____
MM/DD/YYYY

- 1) What date was diabetes diagnosed by a member of the medical profession? _____
- 2) What type of diabetes do you have? Type I Type II Gestational
- 3) Please list all physicians that have treated you for your diabetes, provide names and addresses:

- 4) Date you last consulted above physician? _____
- 5) How often do you see? _____
- 6) How is your diabetes controlled? Diet Oral Medications Insulin
- 7) List all medications currently taken, provide dosage and frequency:

- 8) How often do you test your blood sugar? _____
 - a) What are the dates & results of the last three readings?
 - 1) _____ 2) _____ 3) _____
 - b) What are the dates & results of your last three HgA1c (glycohemoglobin) readings?
 - 1) _____ 2) _____ 3) _____
- 9) Have you ever been diagnosed or treated by a member of the medical profession, if yes, provide date of diagnosis, physician(s), and treatment/medication(s):
 - a) Diabetic Coma or Insulin Shock? No Yes _____
 - b) Heart Trouble, TIA or Stroke? No Yes _____
 - c) High Blood Pressure? No Yes _____
 - d) Kidney Trouble or protein in urine? No Yes _____
 - e) Neuropathy or numbness/tingling? No Yes _____
 - f) Retinopathy or eye problems? No Yes _____
 - g) Recurrent Infections? No Yes _____

- 10) Have you ever been hospitalized due to your diabetes?
 - No Yes If yes, provide dates, names and addresses for all treatment locations:

- 11) What is your current height & weight? _____
- 12) Please provide any additional information you feel is important concerning your diabetes:

I understand that this declaration will be relied upon by the 1891 Financial Life in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere, could render the policy, if issued, voidable. I declare that the above answers are true and complete to the best of my knowledge and belief.

SIGNATURE OF PROPOSED INSURED _____ DATE _____

If age 16 or over, or Parent or Guardian if under age 16 or the age of majority required by the state where the policy is issued for delivery