



## 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 the above physician? \_\_\_\_\_
- 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 details concerning your diabetes:

\_\_\_\_\_

I understand that this declaration will be relied upon by 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*