



financial life

A Fraternal Benefit Society

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DIABETES QUESTIONNAIRE

TO BE COMPLETED BY THE PROPOSED INSURED.

Any answer that requires additional space may be completed on a separate page.

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 within 5 years 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) In the last 5 years, have you 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) In the last 5 years, have you 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 1891 Financial Life in determining my insurability. A false statement on this application will not prevent the right to receive the benefit unless the false statement was made with the actual intent to deceive and unless it materially affected the acceptance of the risk assumed by the insurer. 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