

Field Underwriting Questionnaire - Diabetes

Name: _____

Male Female DOB _____

Height _____ Weight _____

Smoker? Yes No

Other Company(s) Actions:

- Rated table _____
- Postponed _____
- Declined _____

1. Age at onset of diabetes? _____

2. What is the method of control?

- Diet only
 - Diet and oral medication
- (list medications) _____

Diet and insulin injections

3. How many times per day do you administer your insulin?

- I am on an insulin pump
- One or two times per day
- Three or more times per day

4. How often do you monitor sugar levels?

- One or two times per day
- Three or more times per day

5. Please indicate below if you have had any of the following:

- EKG abnormalities
- insulin reactions
- diabetic coma
- any eye trouble
- heart trouble
- protein in urine
- skin ulcerations
- amputations
- neuropathy or loss of feelings
- Other _____

6. In the past 6 months have you had a glycohemoglobin (A1C) test?

- Yes No

7. If "yes" to question #6, what was the level?

- below 7.5 10.1 to 13
- 7.6 to 10 above 13

8. Are you receiving treatment or are you under supervision now? Yes No

9. How long has the glycohemoglobin level remained constant?

- 0 to 6 months
- 6 to 12 months
- 13 months or more

10. Indicate most recent blood pressure reading with or without medication (to the best of your knowledge)

B.P. _____/_____
Medication (if any) _____

11. Last time you visited a physician?

- 0 to 6 months
- 6 to 12 months
- 12 to 24 months
- 24 months or longer

12. Is cholesterol level below 200?

- Yes No

13. Do you exercise 3 or more times per week on a regular basis?

- Yes No

14. Has either parent or any brother or sister died before age 65, other than by accident? Yes No

Notes: _____

Agent _____

Address _____

Phone _____

Fax _____