

Underwriting Questionnaire

Diabetes Mellitus



Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Type of Diabetes Type I Type II Date of diagnosis _____ Age at onset _____

Most current Glycohemoglobin (HbA1C) test reading _____ Date _____ Recent range _____

How often does the proposed insured visit their physician for a diabetic checkup? _____

Date of most recent physician visit _____

The client controls his/her diabetes by

Diet Only Weight loss/control Regular exercise (indicate type and frequency)

Oral Medication (medication, dosage, frequency) _____ Insulin _____ (units per day)

List any medications the client is taking

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

Current Height _____ Weight _____ Weight 1 year ago _____ Reason for change _____

Blood sugar reading _____ A1C level _____ Microalbumin Level _____

Triglycerides _____ Bad cholesterol (LDL) _____ Good cholesterol (HDL) _____ Cholesterol _____

Blood Pressure _____

Has the proposed insured experienced any of the following - if yes, provide details below

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Weight problems | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Insulin shock |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Abnormal ECG | <input type="checkbox"/> Elevated lipids | <input type="checkbox"/> Diabetic coma |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Retinopathy | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Alcohol/drug abuse |
| <input type="checkbox"/> Protein in the Urine | <input type="checkbox"/> Albuminuria | <input type="checkbox"/> Glycosuria | <input type="checkbox"/> Other |

Details

List any other major health problems the client has:



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