

## SecureLife Preliminary Underwriting Questionnaire

### DIABETES

General: Insurability for those with diabetes depends on the age at diagnosis, the degree of control and any complications. Individuals diagnosed prior to age 10 cannot be considered. Also, any individual with Type I diabetes (requiring insulin) and a diagnosis of neuropathy (loss of sensation), retinopathy (eye disorder) or nephropathy (involvement of the kidneys) will be declined. Most other applicants may be considered, provided there is a satisfactory degree of control and compliance with doctor's orders. As these are general guidelines only, we recommend that you submit a preliminary inquiry prior to proceeding with a full application. To do so, please complete the following brief questionnaire and fax (416-322-6846) or email ([info@hunmcc.com](mailto:info@hunmcc.com)) it to us.

Client name (optional): ..... Age or Birthdate: .....

Height: ..... Weight: .....  Male  Female Smoker:  Yes  No

1. Age at diagnosis .....

2. **What treatment:**

Type of insulin ..... Units per day: .....

Type of oral medication: ..... Amount per day: .....

3. How frequently do you consult your physician? .....

Date of last consultation (month/year): .....

4. Have you ever been hospitalized for diabetes?  Yes  No

If yes, please provide date(s), reason for hospitalization and the results of treatment:

.....  
 .....

5. **Most recent blood sugar readings:**

Date (day/month/year)	Time since food	Result
How frequently is urine tested for sugar?		Results:

7. Most recent A1C, if known: .....

8. **Any history of:**                      **Yes**    **No**                      **If yes, give details:**

Retinitis or eye trouble?			
Neuritis?			
Heart attack?			
High blood pressure?			
Other circulatory trouble?			
Repeated infections?			
Albumin or nephritis?			

9. Is there any other history or condition that you think may affect your insurability? If yes, please provide a brief summary, or complete the appropriate questionnaire:

.....  
 .....

Advisor name: \_\_\_\_\_ email: \_\_\_\_\_

Advisor telephone: \_\_\_\_\_ Today's date: \_\_\_\_\_