

**SecureLife Underwriting Questionnaire**

**DIABETES**

Note: 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

Proposed Insured Name: ..... Age or Birthdate: .....

1. Age at diagnosis .....
2. How frequently do you consult your physician? .....  
Date of last consultation (month/year): .....
3. Have you ever been hospitalized for diabetes?  Yes  No  
If yes, please provide date(s), reason for hospitalization and the results of treatment:  
.....  
.....

4. **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?			

I hereby declare that the above statements are complete and true and that this questionnaire shall form part of my application for insurance.

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date