HUNTER McCORQUODALE

the co-operators®
A Better Place For You®

Acceptional Life™ is insured and underwritten by Co-operators Life Insurance Company and is distributed by Hunter McCorquodale and its contracted sales advisors.

Acceptional Life™

DIABETES QUESTIONNAIRE

PROPOSED LIFE INSURED

Name _____ (First Name) _____ (Initial) _____ (Last Name)

Date of Birth _____ (MMM/DD/YYYY) ☐ Male ☐ Female Height _____ ☐ ft/in ☐ cm Weight _____ ☐ lbs ☐ Kg Smoker ☐ Yes ☐ No

QUESTIONNAIRE

1. At what age were you diagnosed with diabetes? _____ Date of diagnosis _____ (MMM/YYYY)
2. Please provide full details of your present treatment:
   - ☐ Diet and exercise only _____
   - ☐ Oral medication (type and dosage) _____
   - ☐ Insulin (type and number of units per day) _____
   - ☐ Insulin pump (type of insulin and number of units per day) _____
3. Has your treatment changed in the last 2 years? ☐ Yes ☐ No
   If yes, provide full details _____
4. Have you ever had:
   - a) High blood pressure? ☐ Yes ☐ No
   - b) Elevated cholesterol levels? ☐ Yes ☐ No
   - c) An insulin reaction? ☐ Yes ☐ No
   - d) Heart trouble? ☐ Yes ☐ No
   - e) Circulatory problems? ☐ Yes ☐ No
   - f) A foot infection? ☐ Yes ☐ No
   - g) Eye or vision problems? ☐ Yes ☐ No
   - h) Albumuin or protein in your urine? ☐ Yes ☐ No
   - i) Kidney problems? ☐ Yes ☐ No
   - j) Numbness or tingling in your limbs? ☐ Yes ☐ No
   - k) A diabetic coma? ☐ Yes ☐ No
   - l) An amputation? ☐ Yes ☐ No

   If yes, provide full details including dates _____
5. Have you ever had a chest x-ray, an electrocardiogram or other cardiac evaluations? ☐ Yes ☐ No
   If yes, specify and provide dates and results _____
6. a) How often do you test your blood sugar level? _____
   b) Is your blood sugar level in a range acceptable to your doctor? ☐ Yes ☐ No
   c) What is your usual blood glucose reading? _____
   d) Date and results of your last Hgb A1c test _____
   e) When your blood sugar is elevated, do you adjust your medication? ☐ Yes ☐ No
7. Have you ever consulted an emergency room or been hospitalized because of diabetes or any related condition? ☐ Yes ☐ No
   If yes, advise date(s), reason(s) and name and address of hospital(s) _____
8. Are you followed by your family physician on a regular basis for your diabetes? ☐ Yes ☐ No
   If yes, specify frequency of follow-up visits and date of last consultation _____

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QUESTIONNAIRE (CONTINUED)

9. Are you followed by an ophthalmologist or an optometrist on a regular basis? ☐ Yes ☐ No

If yes, please provide details:

Name _____ _____ _____
First Name Initial Last Name

Address _____ _____ _____ _____
Street City Province Postal Code

Frequency of Follow-up Visits _____ Date of Last Consultation _____
MMM/YYYY

10. Have you ever been referred to a specialist for your diabetes? ☐ Yes ☐ No

If yes, please provide details:

Name _____ _____ _____
First Name Initial Last Name

Address _____ _____ _____ _____
Street City Province Postal Code

Frequency of Follow-up Visits _____ Date of Last Consultation _____
MMM/YYYY

11. Have you ever lost any time from work due to diabetes or any related complications? ☐ Yes ☐ No

If yes, provide details including dates and duration of time off work _____

_____

_____

12. Have your job duties or daily activities ever been restricted or modified in any way because of this condition? ☐ Yes ☐ No

If yes, describe restrictions, modifications or limitations _____

_____

_____

PRIVACY AND AUTHORIZATION

Co-operators Life Insurance Company Privacy Statement

The Co-operators is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

At The Co-operators, we recognize and respect the importance of privacy. When you enrol for insurance coverage or submit a claim, we establish a confidential file and collect, use and disclose your personal information for the purposes of issuing, administering, adjudicating and/or servicing your insurance. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other persons we have authorized who have a need to know it to perform their duties. Our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security extends to the contracts and agreements we sign with external suppliers and service providers. We may store or process your personal information in Canada, the United States or other countries for processing, storage, analysis or disaster recovery and, under applicable law, governments, courts, law enforcement or regulatory agencies, may, by lawful order, obtain disclosure of your personal information. You can find more details about The Co-operators privacy policy at www.cooperators.ca. If you have any questions regarding our privacy policies or about the collection, use and disclosure of your personal information, please contact our Privacy Officer at The Co-operators at Priory Square, Guelph, ON, N1H 6P8, Tel: 1-888-887-7773, E-mail: privacy@cooperators.ca (please include The Co-operators company you deal with in your inquiry).

If you do not agree with our use and disclosure of your information in connection with your application and servicing any policy that we issue, we will not be able to offer you the insurance product you are interested in, service your insurance or adjudicate your claim.

I declare and certify that the above information is true and complete and shall form part of my Application. I understand the personal information provided on this form will be used by Co-operators Life Insurance Company for underwriting purposes, and for any other lawful purpose in accordance with applicable federal and provincial laws. I also understand that Co-operators Life Insurance Company is relying on the information I have provided and if I have misrepresented any information, that Co-operators Life Insurance Company will be entitled to void my policy(ies).

Applicant Signature _____ Date _____
MMM/DD/YYYY

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