

The Thompson Agency of New England

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 A1C level? _____

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

9. How long has the glycohemoglobin level remained constant? _____

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

B.P. Reading _____ / _____ 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

Agent _____

Address _____

Phone _____ Fax _____