Underwriting Questionnaire | Diabetes Mellitus

Underwriting

Financial Professional Information

Name:_____ Phone: _____ Date:_____

Client Information

Name:_____ Date of Birth: _____ State of Residence:_____

☐ Male ☐ Female Height:____ft.____in. Weight:____lbs.

Face Amount:_____ Max Premium $_____/yr.

Desired Life Insurance Type: ☐ 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

☐ Weight problems ☐ High blood pressure ☐ Chest pain ☐ Insulin shock
☐ Coronary Artery Disease ☐ Abnormal ECG ☐ Elevated lipids ☐ Diabetic coma
☐ Neuropathy ☐ Retinopathy ☐ Kidney disease ☐ Alcohol/drug abuse
☐ Protein in the Urine ☐ Albuminuria ☐ Glycosuria ☐ Other

Details

List any other major health problems the client has:

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