Underwriting Support

Diabetes



Please answer each question completely and provide as much detail as possible.

Producer Name:	Phone:	Date
Client Name:	Date of Birth:	Gender:
Coverage Type: ☐ Whole Life ☐ Term ☐ Universal Life	Face Amount:	Max Premium:
Please provide details of policy design requests and/or an	ny benefit riders requested:	
Does the client current currently smoke cigarettes?		
□ Yes □ No		
Does the client currently use any other form of tobacco p etc.?)	roducts (i.e. nicotine patch, snuff, pipe,	cigars, chew, Nicorette gum,
□ Yes □ No		
If yes, please provide details:		
DIABETES HISTORY		
Date of diagnosis:	Age at onset:	
Date of most recent A1C test:	A1C reading:	
How often is the client seen by their physician for diabetic	·	lly, every six months, annually,
Is the client treated with insulin? □ Yes □ No		
Total Amount of Insulin Units:		
Is the client treated with oral medication? ☐ Yes ☐ No	0	
If yes, please provide details:		
Please provide the name, dosage and frequency of any m	edication treatment:	



Cholesterol: Treated with medication? ☐ Y ☐ N Details: Height: Weight loss in last 12 months? ☐ Y ☐ N Details: Height: Weight change, please provide the reason and any other pertinent details: Has the client ever experienced any of the following? (If yes, please provide details in the space provided below) Weight problems ☐ High blood pressure ☐ Chest Pain ☐ Insulin shock ☐ Coronary artery disease ☐ Abnormal ECG/EKG ☐ Elevated Lipids ☐ Diabetic coma ☐ Neuropathy ☐ Retinopathy ☐ Kidney Disease ☐ Alcohol/drug abuse	Recent physical findings (please complete in as much accurate detail as possible) Blood Pressure:				l other treatments the clie				(I.E. die	itary regimen, structur
Blood Pressure: Treated with medication?	Treated with medication? Y N Details: Details: Details: Details: Details: Details: Details: Details: Details: De	vei	ght loss plan, etc.)							
Ilood Pressure:	Treated with medication? Y N Details:									
Cholesterol: Treated with medication? _ Y _ N _ Details: Height: Weight loss in last 12 months? _ Y _ N _ Details: Height: Weight loss in last 12 months? _ Y _ N _ Details: Height: Weight change, please provide the reason and any other pertinent details: Has the client ever experienced any of the following? (If yes, please provide details in the space provided below) Weight problems _ High blood pressure _ Chest Pain _ Insulin shock _ Diabetic coma _ Diabetic coma _ Neuropathy _ Retinopathy _ Kidney Disease _ Alcohol/drug abuse	Reight: Weight loss in last 12 months?	lec	ent physical findings <i>(ple</i>	ase cor	mplete in as much accurat	e detai	l as possible)			
Height: Weight loss in last 12 months? ☐ Y ☐ N Details: There has been a weight change, please provide the reason and any other pertinent details: Has the client ever experienced any of the following? (If yes, please provide details in the space provided below) Weight problems ☐ High blood pressure ☐ Chest Pain ☐ Insulin shock ☐ Coronary artery disease ☐ Abnormal ECG/EKG ☐ Elevated Lipids ☐ Diabetic coma ☐ Neuropathy ☐ Retinopathy ☐ Kidney Disease ☐ Alcohol/drug abuse	Reight: Weight loss in last 12 months? ☐ Y ☐ N Details:	Blo	od Pressure:		Treated with medicat	tion? □	IY 🗆 N	Details:		
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Has the client ever experienced any of the following? (<i>If yes, please provide details in the space provided below</i>) Weight problems	Has the client ever experienced any of the following? (<i>If yes, please provide details in the space provided below</i>) Weight problems	łеі	ght: Weight: _		Weight loss in last 12	2 montl	ns?□Y□N	Details:		
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□ Weight problems □ High blood pressure □ Chest Pain □ Insulin shock □ Coronary artery disease □ Abnormal ECG/EKG □ Elevated Lipids □ Diabetic coma □ Neuropathy □ Retinopathy □ Kidney Disease □ Alcohol/drug abuse	Weight problems	i th	nere has been a weight c	nange,	please provide the reasor	n and a	ny other pertir	ent details:		
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Coronary artery disease	Coronary artery disease									
Neuropathy	Neuropathy	łas	the client ever experien	ed any	of the following? (If yes,	please	provide details	in the space	provia	led below)
	Protein in the urine Albuminuria Glycosuria Other		•	_		_		in the space	-	
☐ Protein in the urine ☐ Albuminuria ☐ Glycosuria ☐ Other		3	Weight problems		High blood pressure		Chest Pain	·		Insulin shock
	lease provide the details of any items marked yes:]	Weight problems Coronary artery disease		High blood pressure Abnormal ECG/EKG		Chest Pain Elevated Lipi	ds		Insulin shock Diabetic coma
	lease provide the details of any items marked yes:]	Weight problems Coronary artery disease Neuropathy		High blood pressure Abnormal ECG/EKG Retinopathy	_ _	Chest Pain Elevated Lipi Kidney Disea	ds		Insulin shock Diabetic coma Alcohol/drug abuse
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In the area below, please provide any additional details pertinent to your client's medical/personal history and his or her alcohol use history: