

# Diabetes Questionnaire

|  |                      |  |   |
|--|----------------------|--|---|
| <b>Client Name</b>   | <b>Date of Birth</b> | <b>Plan Type</b><br><input type="checkbox"/> Term<br><input type="checkbox"/> Perm<br><input type="checkbox"/> SUL | <b>Tobacco Use - Current</b><br><input type="checkbox"/> Cigarette Smoker <input type="checkbox"/> None<br><input type="checkbox"/> Cigars Use per month: _____<br><input type="checkbox"/> Other forms of tobacco: _____ |
| <b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female | <b>Face Amount</b>   |  |   |
| <b>Height</b>  |                      |  |   |
| <b>Weight</b>  |                      |  | <b>Tobacco Use - Past</b><br>Type: _____ Date Quit: _____   |

**1. Date or Age of Diagnosis** \_\_\_\_\_  Type 1  Type 2

**2. Treatment**  Diet  Oral Meds  Insulin

**3. Degree of Control** Most Recent A1 Reading: \_\_\_\_\_ Date: \_\_\_\_\_

< 7.0% (Excellent Control)  
7.1 - 8.5% (Average Control)  
8.6 - 10% (Below Ave Control)  
> 10% (Uncontrolled)

Are you self testing?  Yes  No  
If so, how frequently?  Daily  Intermittently

**4. Monitoring** Last follow-up:  0-6 months  6-12 months  12-24 months  24+ months

**5. Other Medical History**

Cardiovascular Disease (Heart Attack, Bypass/Stenting, Hypertension)  
 Cerebrovascular Disease (Stroke - TIA)  
 Kidney Disease/Protein in Urine  
 Neuropathy, Retinopathy, other  
 Other Medical History

**Details including dates:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. List All Medications**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Requestor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



# Diabetes Questionnaire

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## Condition and Description

Diabetes is a metabolic disorder caused by the inadequate production of insulin (Type 1) or inadequate insulin production with resistance to insulin action (Type 2)

The diabetic risk is tied to the complications developed from chronic elevations in blood sugar. In addition to assessing level of blood sugar control as measured by the A1c reading, the presence for complicating issues such as Heart Disease, Cerebrovascular Disease (strokes - TIA) Kidney Disease etc will affect the rating. A well followed diabetic with routine screening for some of these complicating issues can allow for a more aggressive offer.

## Likely Underwriting Decision

Base rate determined by level on A1c control.

### Type 1

- Best Case: Table 2 - Excellent control, no complication and over age 50
- Typical Case: Table 4 (good control without complicating factors)
- Worst Case: Uncontrolled or complications - Decline
- Juvenile Diabetics under age 18 are generally uninsurable

### Type 2

- Best Case: Standard Plus if over age 50 with excellent control, no complications and no use of insulin. (Preferred may be possible over age 60)
- Typical Case: Standard - Table 2 (good control without complicating factors)
- Worst case - Uncontrolled or lack of followup - Decline

*Your Highland Underwriting Team can assist in classifying your diabetic client with information provided on this questionnaire.*

