

Diabetes questionnaire

Application number:

Person to be Insured:

1) When was diabetes first diagnosed?

 / /

2) Regarding your treatment:

(a) Do you take tablets?

 Yes No

If 'yes', please advise type, dates, hospital and name and address of treating doctor.

(b) Do you take insulin?

 Yes No

If 'yes', please state type of insulin and dosage.

3) Has your treatment been changed in any way in the last 2 years?

 Yes No

If 'yes', please provide details.

4) Do you regularly test your blood glucose level?

 Yes No

If 'yes', please advise your last three readings and whether fasting, random or after meals.

1 2 3

5) Please advise the date and results of your last 2 HbA1c (glycosylated haemoglobin) tests, if known.

6) Since your treatment began have you ever had a diabetic or insulin coma?

 Yes No

If 'yes', please provide details including date/s.

7) Have you ever had any of the following?

(a) High blood pressure

 Yes No

(b) Problems with your eyes

 Yes No

(c) Heart or circulatory problems

 Yes No

(d) Albumin or protein in your urine

 Yes No

(e) Numbness or tingling in your feet or legs

 Yes No

If 'yes', to any of the above, please provide full details

Four empty text input boxes for providing details.

8) Have you ever been off work or had your normal daily activities restricted in any way due to diabetes or any associated condition? Yes No
If 'yes', please advise when and for how long.

Four empty text input boxes for providing details for question 8.

9) Please advise the name and address of doctor or clinic treating you for diabetes

Four empty text input boxes for providing name and address of doctor or clinic.

(a) When was your last consultation? / /

(b) How often do you attend for monitoring?

10) Since the date of your application have you suffered from any sickness or injury or had any reason to receive medical attention or advice? Yes No
If 'yes', please provide details.

Four empty text input boxes for providing details for question 10.

Your duty of disclosure (to be completed in all cases)

Please read carefully.

- 1) This questionnaire will form part of the application and together with the application, (declaration and any personal statement or telephone interview) shall be the basis of the proposed insurance contract.
- 2) The person insured and the policy owner must tell Asteron Life of any change in circumstances that is material to this application. This duty continues until the application is accepted and a policy document has been issued. This is important even if you have separately discussed something with your adviser. The duty of disclosure also applies if in future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.
- 3) If the information provided to us is incomplete or incorrect in any material way, then we may decline the application or it may affect the ability to claim in future. If this happens, we may reduce claim benefits or decide not to accept a claim. We may also exercise any legal rights we have to cancel or avoid the policy from inception. Premiums paid may be forfeited and any claims already paid may have to be paid back.

I declare that the answers given above are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I have read and understood the duty of disclosure described above, and acknowledge it is my responsibility to ensure I have provided all material information whether that information has been specifically requested or not.

Signature of the Person to be Insured Date / /