BROOKFIELD PARTNERS

Diabetic Questionnaire

UNDERWRITING QUESTIONNAIRE

AGENT & CASE INFORMATION

AGENT NAME | PHONE | E-MAIL

PROPOSED INSURED

CLIENT NAME | DATE OF BIRTH | STATE

HEIGHT | WEIGHT | FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

QUESTIONNAIRE

1. When was the proposed insured first diagnosed with diabetes?

2. What was the diagnosis?

☐ Type I ☐ Type II

3. Does the proposed insured receive any of the following treatments? (Check all that apply.)

☐ Diet control

☐ Oral medication Name, dosage & frequency:

☐ Insulin Units per day:

4. Blood sugar monitoring and most recent results.

HOW OFTEN IS BLOOD SUGAR CHECKED?

MOST RECENT BLOOD SUGAR READING

MOST RECENT A1C READING

5. How often does the proposed insured see their doctor for diabetes follow-up?

6. Has the proposed insured ever been in a diabetic coma? ☐ Yes ☐ No

If yes, provide date and circumstances:

7. Is there any history of diabetes or heart disease in the proposed insured's family? ☐ Yes ☐ No

If yes, provide relationship to proposed insured and age of onset:

8. Has the proposed insured experienced any of the following? (Check all that apply.)

- ☐ Eye trouble Details:
- ☐ Heart disease or chest pain Details:
- ☐ Poor circulation or leg cramps Details:
- ☐ Kidney disease Details:
- ☐ Neuropathy Details:

9. Is the proposed insured currently taking any medication(s)? ☐ Yes ☐ No

If yes, provide name, dosage and frequency of medication(s):