

Diabetes Questionnaire

(to be filled by the Life to be Assured)

Proposal Number: _____

Name of the life to be Assured: _____

Date of birth: _____

Male/Female: _____

1. Which type was diabetes mellitus first diagnosed?

a) Type 1 (Insulin dependent/Juvenile diabetes)

b) Type 2 (Non insulin dependent)

2. Kindly mention year of diagnosis _____

3. Treatment details:

a) Do you take oral medications?

If Yes, please state type of medication(s) & Dosage (s) _____

b) Do you use Insulin?

If Yes, please state the type of Insulin and dosage, including number of times used daily

4. Monitoring of your Condition:

a) How often you test your own blood or urine for glucose? _____

b) Please indicate the last 3 results from blood glucose test:

Result	Date

c) Please indicate the last 3 results from urine glucose test:

Result	Date

d) Please indicate the last 2 HBA1c results, if known:

Result	Date

e) Do you have any family history of diabetes? _____

f) When was your last consultation? (Please provide name and address of the doctor, clinic)

5. Since your treatment began, have you ever been hospitalized for any condition related to Diabetes mellitus?

If Yes, provide details _____

6. Have you ever had any of the following?

- a. Protein or albumin in urine
- b. Problems with your eyes
- c. Numbness or tingling in your arms, hands, feet or legs
- d. High blood pressure

- e. Heart or circulatory problems
 f. Problem with your kidneys

If Yes to any, please provide full details _____

7. Do you smoke or consume tobacco in any other form?

If Yes, number of sticks per day or quantity of same _____

8. Have you been off work due to any illness in the past (last 1yr), If yes, please provide detail

9. Please provide any additional information on your condition, which you think may be helpful in processing your application _____

I hereby declare the above answers 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 agree that this form will constitute part of my application for insurance, and that failure to disclose any material fact known to me, may invalidate the contract.

Signature:

Date:

If signature is in vernacular or proposer is illiterate:

I hereby declare that I have read out and explained the contents of this questionnaire to the proposer in _____ Language and that he/she had understood the same and the answers were truly and correctly recorded. I have fully explained that this forms part of the contract and if there has been any non-disclosure of material fact, the policy may be treated as null and void.

Signature of person making the declaration:

Name and address:

Place:

Date:

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

Toll Free No.: 1800 266 8833 (9:00 am to 7:00 pm – Mon to Sat)

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