

Diabetic Questionnaire – Confidential

To be completed in English by the life assured.

Full name

Date of birth (dd/mm/yyyy)

We understand that you suffer from diabetes and we would appreciate your answers to the following questions.

1. When was diabetes first diagnosed?

2. Regarding your treatment:

Do you take tablets? Yes No If Yes, please state the name.

Do you take Insulin? Yes No If Yes, please state type and dosage.

Has your treatment been changed in the last 2 years? Yes No If Yes, please provide full details below.

3. How often do you attend your doctor for a review of your condition and when was the last consultation?

4. Do you follow a strict diet? Yes No

5. Do you check your urine or blood on a regular basis? Yes No If Yes, please indicate your usual test result by ticking as appropriate:

Blood Glucose

below 6 6.1 - 8.0 8.1 - 9.0 9.1 - 11.0 11.1 or more

Urine Glucose

negative + ++ +++ or more

6. Please provide the dates and results of your last 2 HbA1c (glycosylated haemoglobin) tests, if known.

7. Since your treatment began, have you ever had a diabetic (hyperglycaemic) or insulin (hypoglycaemic) coma? Yes No If Yes, please provide full details below.

8. Have you ever had any of the following?

Problems with your eyes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
High Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Heart or circulatory trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Albumin or protein in your urine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Numbness or tingling in your feet or legs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If Yes to any of the above, please provide full details below.

9. Do you suffer from any other medical impairment? Yes No If Yes, please provide full details below.

10. Please give the name and address of the doctor or clinic supervising your treatment.

11. Are there any other relevant factors, symptoms or complications not already mentioned?

Data Protection Act

Any data you provide to RL360° may be shared, if allowed by law, with other companies both inside and outside of RL360° and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360° may be required to provide it to its regulator, its government or anyone else required by law.

RL360° will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360° will, at all times, make sure that your data and information is only used in ways that are allowed by law.

The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information RL360° holds about you.

For further information please write to: Data Protection Officer, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Declaration

I declare that the above answers are true to the best of my knowledge and that I have not withheld any information that may influence the assessment or acceptance of this application.

I agree that any supplementary questionnaire will form part of my application to the company and that non-disclosure of any material fact known to me may invalidate the contract.

Signature of life assured

Date (dd/mm/yyyy)

--	--	--	--	--	--	--	--