

# DIABETIC QUESTIONNAIRE

## CONFIDENTIAL

To be completed in English by the life assured.

Full name of life assured

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  No  
High Blood Pressure       Yes  No  
Heart or circulatory trouble       Yes  No  
Albumin or protein in your urine       Yes  No  
Numbness or tingling in your feet or legs       Yes  No

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**

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services RL360 can provide to you or may stop us being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at [www.rl360.com/privacy](http://www.rl360.com/privacy). 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.

You can receive a copy of the information RL360 holds about you free of charge by writing to our Data Protection Officer at: RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles, or by emailing [dpo@rl360.com](mailto:dpo@rl360.com). We can reserve the right to not send you your personal data in some circumstances. If we do we will write to you setting out the reasons why.

Our full privacy statement can be viewed at [www.rl360.com/privacy](http://www.rl360.com/privacy) or can be obtained by requesting a copy from our Data Protection Officer.

**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 give my express consent for the information in this form to be processed.

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)

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