

# **FAST TRACK UNDERWRITING**

### **CUSTOMER MEDICAL QUESTIONNAIRE - DIABETES**



<b>Application Number:</b>															
Name of customer applying for cover															
Date of Birth (dd/mm/yyyy)		/		/											
Financial Adviser															

#### Guide to filling in this questionnaire

- 1 Make sure you fill in the customer details above.
- 2 You should read the **important note** below about telling us about material facts.
- 3 Please complete the questionnaire, providing as much details as possible about your medical history.
- 4 Read through the answers you have given and the declaration and sign it, on the last page of this form.

### Important note - Telling us about material facts

Please read the information below carefully - ask your financial adviser if you have any questions.

- You must tell us everything relevant when filling in this questionnaire. If you do not, or if any of the answers to these questions are not true and complete, we could treat the plan as void. If this happens there will be no cover under the plan and we will not refund the payments. In these circumstances we will not pay a claim. A relevant fact (material fact) includes anything that a reputable insurer would treat as likely to influence their decision to provide insurance. If you are not sure whether something is relevant, you should tell us anyway. If there is anything not covered by the questions on this form that you think we should know, please tell us in the "further medical information" section.
- We will rely on what you tell us and you must not assume that we will automatically confirm with your GP or any other doctor any information that you provide. If relevant, you can consult your GP about the questions on this form, but we cannot cover the cost of your doctors time. You can provide any highly confidential information direct to our Chief Medical Officer in a sealed envelope and give this to your financial adviser. In these circumstances you must refer to this information when answering your health questions.
- You do not need to tell us about any genetic test (that is, analysis of chromosomes, DNA or RNA to detect genetic
  abnormalities in individuals) which you may have had. However, you must tell us if you are having treatment for or
  experiencing symptoms of a genetic condition. We may also ask you to give us full information about your family history,
  including all genetic conditions.
- You must tell us in writing about any change in your personal medical circumstances or family history or dangerous pursuits you take part in between the time you apply for cover and the time your application is accepted.

<b>D</b> I	agnosis				
Q1.	Please give your age and date when	n you were diagnosed wit	h diabetes?		
	Age Date of diagnos	is / /			
Q2.	Please confirm the type of diabetes	you have.			
	Type I diabetes mellitus (also know	n as juvenile onset or insu	lin-dependent diabetes mellitu	ıs)	
	Type II diabetes mellitus (also know	n as maturity onset or no	n insulin-dependent diabetes r	nellitus)	
	Gestational diabetes (during pregna	ancy)			
Q3.	For gestational (pregnancy) diabete	es only			
	Did your glucose return to normal f	ollowing your pregnancy	?	Yes	No (
Q4.	Please give the date and result of yo	our last three HbA1c, bloo	od pressure and cholesterol rea	adings, if you know	them
		HbA1c	Blood Pressure	Cholestero	ol
	Date				
	/ / /				
<b>Q</b> 5.	Do you test your blood to monitor s	sugar levels?		Yes	No (
	Blood Average fasting	glucometer readings over	ast two to three months		
Q6.	Have you ever needed laser eye su	rgery due to your diabete	s?	Yes	No (
	Please confirm the date and results	of your last eve test with	the National Diabetic Retinal S	creening Programn	ne?
	ricase committee date and results	or your last eye test with	the National Diabetic Nethal 3	creening rrogramm	
<b>Q</b> 7.	Do you have a copy of your diabete	es clinic passport to provid	de with this questionnaire?	Yes	No (
	If so please provide a copy of page	s 16 – 21 showing the res	ults from your regular check u	ps	

## Symptoms

Have you ever been admitted to hospital because of diabetes?  If yes please give dates and details  O. Have you ever been told that your urine contains albumin or protein or that you had other kidney abnormalities?  If yes, please give full details including nature of the problem and dates.  Dates  Nature of problem  I. Have you ever had any problems with:  Your Heart? Yes No or have you ever had any cardiac investigations? Yes No  The blood vessels in your legs? Yes No  Raised cholesterol? Yes No  Numbness, tingling or any other neurological symptoms? Yes No  Your skin? Yes No  Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)?		How often do you have severe low blood sugars (hypoglyc	aciiia):						
If yes please give dates and details  O. Have you ever been told that your urine contains albumin or protein or that you had other kidney abnormalities?  If yes, please give full details including nature of the problem and dates.  Dates  Nature of problem  I. Have you ever had any problems with:  Your Heart? Yes No or have you ever had any cardiac investigations? Yes No  The blood vessels in your legs? Yes No  Raised cholesterol? Yes No  Numbness, tingling or any other neurological symptoms? Yes No  Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)?									
A. Have you ever been told that your urine contains albumin or protein or that you had other kidney abnormalities?  If yes, please give full details including nature of the problem and dates.  Dates  Nature of problem  Abure of problem  Nature of problem  Abure you ever had any problems with:  Your Heart? Yes No or have you ever had any cardiac investigations? Yes No  The blood vessels in your legs? Yes No  Raised cholesterol? Yes No  Numbness, tingling or any other neurological symptoms? Yes No  Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)?		Have you ever been admitted to hospital because of diabet	es?				,	Yes	No
other kidney abnormalities?  If yes, please give full details including nature of the problem and dates.  Dates  Nature of problem  Have you ever had any problems with:  Your Heart? Yes No or have you ever had any cardiac investigations? Yes No  The blood vessels in your legs?  Raised cholesterol?  Raised blood pressure?  Yes No  No  Numbness, tingling or any other neurological symptoms?  Yes No  Your skin?  Yes No  Yes No  Yes No  Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)?		If yes please give dates and details							
other kidney abnormalities?  If yes, please give full details including nature of the problem and dates.  Dates  Nature of problem  Have you ever had any problems with:  Your Heart? Yes No or have you ever had any cardiac investigations? Yes No  The blood vessels in your legs?  Raised cholesterol?  Raised blood pressure?  Yes No  No  Numbness, tingling or any other neurological symptoms?  Yes No  Your skin?  Yes No  Yes No  Yes No  Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)?									
Nature of problem		other kidney abnormalities?			you ha	d	Y	'es	No
Have you ever had any problems with:  Your Heart? Yes No or have you ever had any cardiac investigations? Yes No  The blood vessels in your legs? Yes No  Raised cholesterol? Yes No  Numbness, tingling or any other neurological symptoms? Yes No  Your skin? Yes No  Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)?									
Your Heart? Yes No or have you ever had any cardiac investigations? Yes No  The blood vessels in your legs? Yes No  Raised cholesterol? Yes No  Raised blood pressure? Yes No  Numbness, tingling or any other neurological symptoms? Yes No  Your skin? Yes No  Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)?									
Your Heart? Yes No or have you ever had any cardiac investigations? Yes No  The blood vessels in your legs? Yes No  Raised cholesterol? Yes No  Raised blood pressure? Yes No  Numbness, tingling or any other neurological symptoms? Yes No  Your skin? Yes No  Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)?									
Your Heart? Yes No or have you ever had any cardiac investigations? Yes No  The blood vessels in your legs? Yes No  Raised cholesterol? Yes No  Raised blood pressure? Yes No  Numbness, tingling or any other neurological symptoms? Yes No  Your skin? Yes No  Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)?									
The blood vessels in your legs?  Raised cholesterol?  Raised blood pressure?  No  Numbness, tingling or any other neurological symptoms?  Yes  No  Yes  No  Yes  No  Yes  No  Your skin?  Yes  No  No  No  Yes  No  No  No  Yes  No  No  No  Yes  No  No  No  No  No  No  No  No  No  N	١.	Have you ever had any problems with:							
Raised cholesterol?  Raised blood pressure?  Numbness, tingling or any other neurological symptoms?  Yes No  No  Your skin?  Yes No  Yes No  No  Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)?		Your Heart? Yes No or have you ever had a	ny cardiac ir	ıvest	tigations	? Ye	s 🔾	No 🔘	
Raised blood pressure?  Numbness, tingling or any other neurological symptoms?  Yes No  Your skin?  Yes No  Yes No  No  Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)?		The blood vessels in your legs?	Yes	N	o ()				
Numbness, tingling or any other neurological symptoms? Yes No  Your skin? Yes No  Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)?		Raised cholesterol?	Yes	N	o (				
Your skin?  Yes No  Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)?		Raised blood pressure?	Yes	N	o ()				
Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)?		Numbness, tingling or any other neurological symptoms?	Yes	N	0				
healing time for cuts, pains in your calves, heels or feet)?		Your skin?	Yes	N	0				
		Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)?	Yes	N	0				
If you have answered 'Yes' to any of the questions above, please give full details here.		If you have answered 'Yes' to any of the questions above, p	lease give f	ull d	etails he	re.			

	•	<b>Treatment</b>								
	(	212. Do you take insulin?		Yes		No (				
		If 'Yes', please give the following details.								
		Name:	Total units p	er day:						
				_						
	(	213. If you are taking diabetic tablets, please tell us the type and dose each day.								
	(	214. Do you visit your doctor or clinic regularly about your diabetes?		Yes 🔵	١	No (				
		How often do you visit your GP?	ate of last visit	/	/					
		How often do you visit the diabetic clinic?	ate of last visit	/	/					
	(	Please, outline details of any regular exercise you undertake or lifestyle change	15. Please provide any other information on this subject which you feel may be beneficial in assessing your applica Please, outline details of any regular exercise you undertake or lifestyle changes your doctor has recommended yourself have implemented as a result of your condition (for example, weight reduction, low-salt diet or other).							
		Declaration								
		Please review the answers given in this questionnaire and then read, sign an	d date this declara	tion.						
		I agree that this questionnaire will form part of my application for cover to Irish Lit	fe Assurance plc.							
		I have read and understood the note on the first page of this form about telling Irish Life about material facts and I understand that if I do not reveal all these facts, Irish Life could treat the plan as void and in these circumstances Irish Life will not pay a claim or refund my payments.								
		I have read over the answers to all the questions on this form and declare that all statements (including any statements written down for me) are true and complete. I understand a copy of this form is available to me if I ask.								
		I understand that this cover will not start until you have accepted me for cover and I have paid the first premium.								
		I understand that I must tell you in writing about any changes in my personal medical circumstances, family history or taking part in dangerous pursuits before this cover is accepted.								
	<b> </b>	Signature								
Please sign and date		Date dd/mm//yyyy								

In the interest of customer service we will record and monitor calls.

Irish Life Assurance plc is registered in Ireland number 152576, VAT number 9F55923G.

