IndiaFirstLife

Diabetes Questionnaire

Appl No: | | | | | | | | | | | **Policy no:** | | | | | | | | | | |

Name of life to be Assured: | | | F | I | R | S | T | | | | | | | | L | A | S | T | | | | **Age:** | | |

1. Date of First Diagnosis of Diabetes Mellitus: _____

2. Nature of Diabetes – Type 1 ☐ Type 2 ☐

3. a) Weight at the time of diagnosis: _____ kg

   b) Have you lost more than 5 Kgs in the past year? Yes ☐ No ☐

   If yes, please provide the details of weight loss in kg _____

4. Do you consume tobacco in form such as Cigarettes, Gutka etc.? Yes ☐ No ☐
   If yes, please provide average number of cigarettes smoked or Gutka consumed per day.

   Less than 10 ☐ 10-20 ☐ Over 20 ☐

5. Is your diabetes controlled by diet alone? Yes ☐ No ☐ **(If "No", provide list of medications used)**

Medicine	Daily Dosage

6. Do you do regular blood sugar measurements? Yes ☐ No ☐
   If "Yes", Please provide the details of last 2 measurements below.

Date	FBS	PPBS	RUA	HbA1c

7. Have you ever been diagnosed with abnormal **Electrocardiogram, Heart disease or condition, An eye abnormality/Retina related disease, Albumin or protein in urine, Kidney problem, High blood pressure?**

   Yes ☐ No ☐ (If "Yes", Please provide the consultation, treatment and follow up reports).

8. Details of family physician, treating consultant

   Name: _____

   Address: _____

I declare that the answers to the above question are true and completed and shall form the part of an application with IndiaFirst Life Insurance Company Limited for insurance on my life.

_____ _____

Signature of SP / Agent / BDM / ABH RBH or ZBH

Date: | D | D | M | M | Y | Y | Y | Y |

Place: _____

Signature of life to be Assured.

Date: | D | D | M | M | Y | Y | Y | Y |

Place: _____

IndiaFirst Life Insurance Company Ltd.,
12th and 13th Floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center,
Western Express Highway, Goregaon (East), Mumbai – 400063,
CIN: U66010MH2008PLC183679.

Tel: +91 22 6165 8700 **Fax:** +91 22 6857 0600 **Toll Free:** 1800-209-8700
E-mail: customer.first@indiafirstlife.com **Website:** www.indiafirstlife.com