

Diabetes questionnaire

Please complete this application clearly in **BLOCK CAPITALS**.

The questions in this application and any other information we ask for are essential for us to underwrite and administer your plan.

You must tell us about all material facts before we can accept an application or renew the plan. If you do not tell us all material facts or you misrepresent any material facts, it may affect your rights or your dependants' rights under the plan.

A material fact is information likely to influence us in assessing or accepting the insurance. If there is any doubt about whether a fact is Material, for your own protection, you must tell us. Failure to answer all questions fully and honestly may invalidate your insurance.

A copy of the completed application can be supplied on request, but you should keep a record of all information you supply to us, including copies of all letters.

We must receive all outstanding information before we can process your application. If you do not complete this application in full it will cause delays.

'You' refers to relevant life in all cases.

Name of applicant

1. Have you ever been diagnosed with diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to question 1 is 'Yes', please proceed to question 4.

2. Please give details of the following:
--

2.1 In the last five years, what medical investigations, diagnostic tests and procedures have you had for or in relation to diabetes, and when did you have them?

2.2 Why did you have the medical investigations, diagnostic tests and procedures?

2.3 What was the outcome of the medical investigations, diagnostic tests and procedures?
--

3. Please give details of all follow-up consultations, medical investigations, diagnostic tests and procedures that you need, or have been recommended, for or in relation to diabetes. Include dates, and also the frequency where applicable.
You do not need to answer questions 4 to 12.

4. When were you first diagnosed, and what type of diabetes were you diagnosed with? Date of diagnosis (dd/mm/yyyy) _____ Type of diabetes _____

5. Are you insulin-dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

6. Please give the following blood sugar readings.		
	Date of reading (dd/mm/yyyy)	Blood sugar reading (HbA1c)
Most recent		
Three months ago		
One year ago		

7. Please give details of all medication that you have received for diabetes, including the dosage and the dates received.
--

Medication	Dosage	Date received (dd/mm/yyyy)

8. Please give details of any other treatment and any special diets that you have received for diabetes, including the dates received.

9. Have you suffered any one or more complications of diabetes, including:

- any acute episode* of diabetes;
- any existing medical condition that your diabetes has made worse; and
- the onset of any medical condition that is related to your diabetes?

Yes No

If the answer to question 9 is 'No', please proceed to question 11.

* An acute episode of diabetes is any unexpected change to the usual state of your diabetes that responds to treatment which aims to return you to your state of health before the event occurred. An example of an acute episode is diabetic shock caused by your blood sugar levels.

10. Please give details of each complication of diabetes that you have suffered and any treatment, medication or special diet that you have received for each complication, including the dates you received them and the dosage where applicable. You do not need to give any details relating to:

- any medication, treatment or special diet that you have already told us about in questions 7 or 8 in the Diabetes questionnaire; or any related medical condition that you have already told us about in the Medical questionnaire.

11. Please give details of any treatment, medication or special diet that you need, or will need, for or in relation to diabetes or any related medical condition, but have not yet received.

12. Please give details of all of the following that you need, or have been recommended, for or in relation to your diabetes or any related medical condition, regardless of whether or not they are needed at regular intervals:

- consultations;
- medical investigations;
- diagnostic tests and procedures.

Include dates, and also the frequency where applicable.

I declare that all the information given to you for the purpose of assessing my application for cover is true and complete.

Signature	Date (dd/mm/yyyy)
-----------	-------------------

Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.

Policies issued in the Middle East and Africa but outside the United Arab Emirates (UAE) are insured by Aetna Life & Casualty (Bermuda) Limited or by another insurance company as stated in the insurance documentation. Policies issued outside the UAE are administered by Aetna Global Benefits Limited - A Company Regulated by DFSA and Aetna Global Benefits (Middle East) LLC. Aetna Global Benefits Limited, registered address: Emirates Financial Tower, 1701 – F, 17th Floor, North Tower, DIFC, PO Box 6380, Dubai, UAE. Aetna Global Benefits (Middle East) LLC registered address: 28th Floor, Media One Tower Building Dubai Media City, PO BOX 6380, Dubai, UAE.

No warranty or representation is given, whether expressed or implied, as to the completeness and/or accuracy of the information contained in this document and accordingly the information given is for guidance purposes only. You are requested to verify the above information before you act upon it. You should not rely on such information and should seek your own independent legal advice. We will not be liable for any loss and damage, whether direct or indirect, from your use of the information and the materials contained therein.

Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programmes provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of cover. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna International plans, refer to www.aetnainternational.com.

Whenever coverage provided by any insurance policy is in violation of any U.S, U.N or EU economic or trade sanctions, such coverage shall be null and void. For example, Aetna companies cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Asset Control (OFAC) license. Learn more on the US Treasury's website at: www.treasury.gov/resource-center/sanctions.

Please read carefully the disclaimers at the end of the form.
Please retain a copy for your records.