

DIABETES.

IMPORTANT INFORMATION

Please remember that if you do not answer the following questions truthfully and accurately it will very likely mean that a claim will be declined and the policy cancelled. If you are not sure whether any information is relevant, please disclose it anyway. Where examples are shown, they are not intended to be a complete list.

Applicant Name

Title	Initials	Surname
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Date of Birth

D	D	M	M	Y	Y	Y	Y
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Application Number/Reference

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1 When was your diabetes first diagnosed?

D	D	M	M	Y	Y	Y	Y
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2 a) What treatment do you receive? (e.g. human insulin, tablets, diet only or combination of any of these). If tablets, please state which (e.g. Daonil, Glibenclamide).

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b) Do you follow a strict diet?

Yes No

3 a) How frequently do you attend your hospital, clinic or GP for monitoring?

b) How frequently do you monitor your diabetes and is this by testing your blood or urine for glucose (sugar)?

c) Please indicate your usual test results for:

i) Blood glucose

ii) Urine

(give range, e.g. 8 - 11, or + to ++)

d) What was the date and result of your last HbA1c (glycosylated haemoglobin)?

D	D	M	M	Y	Y	Y	Y	
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e) Please state results of other investigations e.g. creatinine, ketone/acetone

4 Have you ever had a diabetic (hyperglycaemic) or insulin (hypoglycaemic) coma?

Yes No

5 Have you ever had any problems with your;

i) eyes

Yes No

ii) feet or legs (e.g. numbness or tingling)

Yes No

iii) blood pressure/cholesterol

Yes No

iv) heart or circulation

Yes No

v) kidneys (e.g. protein in urine)

Yes No

6 Have you ever been off work for this complaint?

Yes No

7 Have you used cigarettes, cigars, pipes or nicotine replacements in the last 12 months – including occasional use? (A simple medical test may be required to check the validity of the answer to this question.)

Yes No

If you smoke cigarettes, how many do you, or did you, smoke on average per day? (If you do not smoke cigarettes, or have not smoked cigarettes in the past 12 months, please tick N/A.)

N/A

8 If you have any further information not covered by the previous questions please provide it here.

DECLARATION

I declare that the answers I have given are to the best of my knowledge and belief, true and complete.

Please remember that all items of information requested in this questionnaire are material facts which are taken into account when assessing acceptance of the application and in calculating the premium. If you do not give any of this information or if you mis-state any information it will very likely mean that a claim will be declined and the policy or policies cancelled.

I agree that this questionnaire will form part of my application for life, critical illness, income protection or mortgage protection insurance and I also agree to inform Legal & General of any change to this information between the date of this questionnaire and the issue of the policy contract.

Applicant's Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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Legal & General Assurance Society Limited

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