

Diabetes Questionnaire- 5.1

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Diabetes Questionnaire answered by the Life to be Assured and duly signed by the Life to be Assured and Proposed Policy Holder, if any.

Please note: Wherever examples are provided, they are not intended to be complete list.

Application No / Proposal No	
Name of Life to be Assured in full	
1. Have you ever been diagnosed with diabetes or raised blood sugar? (Please answer 'Yes' or 'No')	Yes / No
Please answer all the following questions, only if the answer to above question is 'Yes'. If the answer is 'No' then please return the form duly signed.	
2. Please state the date when diabetes was first diagnosed.	
3. Have you ever undergone an ECG, X-Ray, blood sugar test, Hba1c, blood lipid test or other investigations? If yes, please provide name(s) of investigation(s) undergone and results thereof. (Kindly attach copies of all investigation reports)	Yes / No
4. Kindly answer the following regarding your treatment	
4. a) Do you take tablets? If yes, please mention name of medication, dosage and frequency.	Yes / No • Medication name..... • Dosage..... • Frequency.....
4. b) Do you take insulin? If yes, please mention type of insulin and details of units per day.	Yes / No • Insulin Type..... • Unit per day.....
4. c) Do you follow a strict diet?	Yes / No
5. Kindly answer the following regarding the monitoring of your condition.	
5.a) Please provide the name, contact number and address of the doctor supervising your treatment/ health condition.	
5. b) How often do you consult your doctor?	
5. c) How often do you test your blood and / or urine for glucose?	
5. d) Please indicate your usual test results.	HbA1c Blood Glucose

5. e) Tick if any of the along side listed is present in urine test.	<input type="checkbox"/> Glucose <input type="checkbox"/> Ketone <input type="checkbox"/> Protein <input type="checkbox"/> None of the above
6. Have you ever been diagnosed with any of the following? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please tick diagnosed condition/health ailment from below list.	
a. Numbness or tingling in the feet or legs <input type="checkbox"/> b. High blood pressure <input type="checkbox"/> c. Kidney problems <input type="checkbox"/> d. Protein or albumin in the urine <input type="checkbox"/>	e. Heart or circulatory problems <input type="checkbox"/> f. Retinopathy <input type="checkbox"/> g. Amputation or history of abscess <input type="checkbox"/> h. High level of cholesterol <input type="checkbox"/>
7. Since your treatment began, have you ever had a diabetic (hyperglycemic) or insulin (hypoglycemic) coma? If yes, please mention _____ Date of Diagnosis _____ Treatment Received _____	Yes / No
8. Do you smoke cigarettes/ bidis / any other form of tobacco etc?	Yes / No
If yes, how many do you smoke per day? 9. Have you ever been off work or hospitalised on account of elevated blood sugar/diabetes or any complication thereof? If yes, please enclose copy of discharge summary.	Per day _____ units Yes / No
10. Please provide any additional information apart from the above, which will enable us in better assessment of the application form.	

❖ An incomplete Questionnaire will not be considered valid

Declaration of Life to be Assured:

I agree and understand that the information given herein is true and complete in all respects and will form an integral part of the proposal made by me for an insurance policy from HDFC Life Insurance Company Limited and that failure to disclose any material fact known to me may invalidate the contract.

Signature/thumb impression
(Life to be Assured)

Date:.....
Place:.....

Signature/thumb
impression(Proposed Policy
Holder if different from Life to be
Assured)

Date:.....
Place:.....

In the case of thumb impression\ signature in vernacular language:

In case of thumb impression of the Life to be Assured the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him. I hereby declare that I have explained the contents of this form to the Life to be Assured in _____ language and have truthfully recorded the answers provided to me and that the Life to be Assured has signed /affixed thumb impression(s) above after fully understanding the contents thereof.

Signature

Date:.....
Place:.....

Name and address of the declarant _____

HDFC Life Insurance Company Limited [Formerly HDFC Standard Life Insurance Company Limited] (HDFC Life).

CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, call us on **1860-267-9999** (Local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm |

Email - service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com