Reset Form

☐ **Transamerica Life Insurance Company**

☐ **Transamerica Premier Life Insurance Company**

Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499

Supplement to Application dated _____

Diabetes Questionnaire

Name of Proposed Insured	Date of Birth
Date of diagnosis?	
How is your diabetes treated (i.e. diet, oral medication, insulin, other)?	
What medication(s) are you currently taking and dosage(s)?	
Do you check your own blood sugars? ☐ Yes ☐ No If yes, how often do you test and what are your average readings?	
What was the date & result of your last hemoglobin A1C test?	
Have you ever been hospitalized for this condition? ☐ Yes ☐ No If yes, give details:	
Have you had any complications as a result of your diabetes? (i.e. heart disease, circulatory problems, skin infections, eye problems, stroke, kidney problems, etc.)	

Physician's Name	Address	Phone Number	Area of Specialty (i.e. family physician, endocrinologist, other)
How often do you see each doctor and date last seen?			

I hereby represent, to the best of my knowledge and belief, that all the above statements are complete and true, and I agree that they shall form a part of the application and become a part of any contract of insurance issued on such application.

Dated at _____ this _____ day of _____ , 2 _____ .

_____ Signature of Proposed Insured

_____ Signature of Agent

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