

DIABETIC QUESTIONNAIRE

(To be completed by the life insured)

1. Life insured's details

Policy no. _____ Identity no. _____

Name of insured _____

1.1 When was diabetes first diagnosed?

D	D	M	M	Y	Y	Y	Y
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1.2 Name and address of doctor or clinic supervising your treatment _____

1.3 Has your weight changed over the past year? YES NO

If YES, give details? _____

1.4 Are you taking insulin? YES NO

If YES, state the type of insulin and units per day _____

1.5 If you are taking oral treatment, state the type of drug and dosage _____

1.6 Has your intake of insulin or oral drugs varied during the last 2 years? YES NO

If YES, at what intervals? _____

1.7 a. Do you regularly do follow ups with your Doctor? YES NO

If YES, at what intervals? _____

b. Do you do home blood glucometer checks? YES NO

If YES, give the latest blood sugar reading _____

1.8 Since your treatment began, have you ever been in a diabetic or insulin coma? YES NO

If YES, state number of attacks and dates _____

1.9 Has an electrocardiographic examination ever been carried out? YES NO

If YES, state date of most recent examination and name of physician _____

1.10 Are you aware of any diabetic complications such as eye problems, pain or numbness in feet, kidney problems or poor circulation? YES NO

If YES, state complications and date of diagnosis _____

1.11 Are you on treatment for hypertension? YES NO

If YES, give details of treatment _____

Initials

2. Declaration by life insured

I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statements together with my application shall be the basis of the contract between me and Hollard Life.

I authorise Hollard Life to approach any doctor or medical institution to confirm the details of my medical history.

Please take note of the following Hollard disclosures

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signature
(life insured)

Date

D	D	M	M	Y	Y	Y	Y
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