

AMERICAN INCOME LIFE INSURANCE COMPANY

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www.aillife.com

DIABETIC QUESTIONNAIRE

INSURED'S NAME _____ APPLICATION NUMBER _____

1. DATE DIABETES DIAGNOSED? _____

2. INSULIN -- DOSAGE _____

ORAL MEDICATION -- NAME & DOSAGE _____

DIET ONLY

3. NAME AND ADDRESS OF THE DOCTOR WHO CURRENTLY TREATS YOUR DIABETES: _____

PHONE NUMBER: _____

4. HOW LONG HAVE YOU BEEN UNDER THE ABOVE DOCTOR'S CARE? _____

HOW OFTEN DO YOU SEE HIM? _____

WHAT WAS YOUR LAST BLOOD SUGAR READING? _____

DATE OF LAST VISIT? _____

5. HAVE YOU EVER BEEN HOSPITALIZED FOR YOUR DIABETES? YES NO

WHEN AND WHERE: _____

6. ADDITIONAL REMARKS (INCLUDING NAMES OF DOCTORS SEEN PRIOR TO THE DOCTOR LISTED ABOVE): _____

X _____
(PROPOSED INSURED'S SIGNATURE)

DATE _____

