

***This application supplement is attached to and made part of the application for insurance. In this application supplement, "you" and "your" mean the proposed insured.***

|                  |            |
|------------------|------------|
| Proposed Insured | Birth Date |
|------------------|------------|

1. When were you first diagnosed by a medical professional as having diabetes ? Month: \_\_\_\_\_ Year: \_\_\_\_\_
2. Name and address of the medical professional who diagnosed you:  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Name and address of the medical professional currently treating you:  
 \_\_\_\_\_  
 \_\_\_\_\_
4. How frequently do you visit your medical professional? \_\_\_\_\_  
 Date of your most recent visit: \_\_\_\_\_
5. What is your current treatment for diabetes (check all that apply)?  
 Diet  Insulin: give name(s) and dosage  
 Oral medication: give name(s) and dosage \_\_\_\_\_  
 \_\_\_\_\_  
 If insulin, do you use a pump? .....  Yes  No
6. When did you last test your glycated hemoglobin (HbA1c)? \_\_\_\_\_  
 What was the result of your last test for glycated hemoglobin (HbA1c)? \_\_\_\_\_
7. In the last 10 years, have you been diagnosed by a medical professional as having any of the following?

| Diagnosis                   | Yes | No | If yes, date of diagnosis | If yes, provide details of treatment |
|-----------------------------|-----|----|---------------------------|--------------------------------------|
| Retinopathy (eye disorder)  |     |    |                           |                                      |
| Neuropathy (nerve damage)   |     |    |                           |                                      |
| Diabetic coma               |     |    |                           |                                      |
| Other diabetic complication |     |    |                           |                                      |

8. **Remarks.** (Use this space for any additional information or details regarding any of the above questions.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I Represent That:** All answers in this application supplement are true and complete to the best of my knowledge and belief; and they are correctly recorded; and any and all answers I have provided to any Standard representative are recorded in this application.

**NOTE: A person who knowingly presents false information or conceals material information in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**

\_\_\_\_\_  
 Signature of Proposed Insured

Signed at \_\_\_\_\_ on \_\_\_\_\_  
 City, State Date