

## **Overview:**

*Diabetes Mellitus* is a chronic incurable disease in which the hormone insulin, produced by the pancreas, is inadequate. The lack of appropriate levels of insulin deprives cells of energy and leaves excess glucose in the blood stream. Individuals under age 40 who develop diabetes often experience serious symptoms and are diagnosed quickly. Individuals over age 40 typically develop the disease more gradually and do not experience any symptoms. It is not uncommon for adult onset diabetics to be diagnosed as the result of blood and urine studies performed as part of an insurance exam. Diabetes is classified either as *Insulin Dependent Diabetes Mellitus (IDDM)*, also called “juvenile” or “Type I” diabetes, or as *Non Insulin Dependent Diabetes Mellitus (NIDDM)*, sometimes referred to “adult onset” or “Type II” diabetes.

Insulin dependent diabetics have to inject insulin several times a day in order to control the disease; some wear insulin pumps that supply the hormone continually. Insulin dependent diabetes is often the more serious form of the disease as it typically starts earlier in life and therefore has a greater impact on life expectancy. The more common form of the disease is non insulin dependent diabetes found in older adults. Non insulin dependent diabetics control their disease with a special diet, weight loss, exercise, and medications. About 20% of the population over age 70 has NIDDM.

## **Impact on Life Underwriting:**

Elevated blood sugar (glucose) levels are of greatest concern for life underwriting purposes. This kind of blood chemistry makes bad cholesterol proteins (LDL) more active and harmful to arteries, while at the same time, it decreases the effectiveness of good cholesterol proteins (HDL). The combination of overly active bad cholesterol and ineffective good cholesterol causes arteries to harden prematurely, leading to coronary artery disease, heart attacks, strokes, and/or kidney disease at a younger age than in the general (non-diabetic) population.

*Establishing the degree of diabetic control is key in our effort to underwrite any diabetic (insulin dependent or not). At the very minimum, we will need to know: (a) the age at diagnosis; (b) recent results of the glycohemoglobin HbA1C test; and (c) details in regard to any complications; (d) details about any abnormal lab. values, such as protein in the urine. Medical compliance, as evidenced by regular medical checkups, are another key to successful diabetic underwriting.*

Although non insulin dependent diabetics are generally offered insurance rates lower than those available to younger, insulin dependent proposed insureds, an insulin dependent diabetic with excellent control could obtain a better offer than the non insulin dependent diabetic with poor control. The method of treatment does not affect the risk: it is the result of the treatment that matters most for life underwriting purposes.

*The lab. value viewed as most critical to diabetes underwriting is that reported for the glycohemoglobin HbA1C test, also referred to as the A1C test. It is an indicator of average blood sugar levels over a period of six weeks or more. Normal A1C values for non-diabetics are generally under 6.*

Diabetics with excellent control will have A1C readings in the 6 to 7 range. Individuals with such values, especially if the condition was diagnosed after age 60, often qualify for standard rates. Moderate diabetic control is indicated by A1C test readings in the 8 to 9 range; ratings vary from Table 2 to Table 6, depending primarily on age of onset (the older, the better). A1C test results in the double digits (i.e. 10 +) indicate poor control. Even with frequent physician visits, a consistent A1C test of 10 or higher will lead to highly rated cases. A1C test results of 12 and higher are offered at tables 12 and up; many will be postponed until further control can be documented. Similarly, many underwriters will postpone or decline an applicant with a history of infrequent physician visits (less than at least once a year) and otherwise inadequate compliance in regard to disease management.

Continued nicotine use, excessive alcohol use, uncontrolled high blood pressure, high levels of bad cholesterol and low levels of good cholesterol, evidence of kidney disease, existing heart disease, a history of strokes and other vascular disease, and infrequent or irregular medical evaluation, will lead to high ratings and/or declines. Conversely, evidence of excellent blood pressure, low levels of bad cholesterol and high levels of good cholesterol, frequent medical follow up, a regular exercise program, and recent normal cardiac evaluations, such as a negative stress electrocardiogram, will lead to underwriting *credits* of up to several tables. In addition to the following diabetes specific questionnaire, please also review our “Search for Underwriting Credits” tip sheet. Any positive information not normally asked on a life insurance application will help us negotiate for the lowest possible rates for your client. SB 10/29/2001



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## DIABETES MELLITUS QUESTIONNAIRE

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Insured Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_\_\_  
 Face Amount: \_\_\_\_\_ Max. Premium: \$ \_\_\_\_\_/year  UL  WL  Term  Survivorship  
 Do you currently smoke cigarettes?  Y  N If no, did you ever smoke:  Never  Quit (Date): \_\_\_\_\_  
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...):  Y  N  
 If Yes, please provide details: \_\_\_\_\_  
 When did you last use any form of tobacco: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Type used last: \_\_\_\_\_

(1) *Date of diagnosis:* \_\_\_\_\_ *or Age at Onset:* \_\_\_\_\_

(2) *Most current Glycohemoglobin (HbA1C) test reading:* \_\_\_\_\_ *Date:* \_\_\_\_\_ *Recent range:* \_\_\_\_\_

**It is very important to have these numbers for any useful preunderwriting premium estimate. If the proposed insured is unaware of recent values for this test, please have her/him obtain these values from their health care provider. A typical value lies between 6 and 12, often expressed with a decimal, such as 7.3. Slightly higher or lower values are possible.**

(3) *How often does the proposed insured visit their physician for a diabetic checkup?*

- Monthly  Every 3 Months  Every 6 Months  Once a Year  Less than Yearly

Date of most recent physician visit: \_\_\_\_\_ Date of next physician visit: \_\_\_\_\_

(4) *The proposed insured controls his/her diabetes by:*

- Diet Only  Weight loss/control  Regular exercise (indicate type and frequency): \_\_\_\_\_  
 Oral Medication: \_\_\_\_\_ (medication, dosage, frequency)  Insulin: \_\_\_\_\_ (units per day)

(5) *Does the proposed insured take any other medication(s)?* If yes, please list:

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(6) *Recent readings:*

Current Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Weight one year ago: \_\_\_\_\_ Reason for change: \_\_\_\_\_

Blood sugar reading: \_\_\_\_\_ Fructosamine level: \_\_\_\_\_ Microalbumin Level: \_\_\_\_\_

Triglycerides: \_\_\_\_\_ Bad cholesterol (LDL): \_\_\_\_\_ Good cholesterol (HDL): \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

(7) *Has the proposed insured experienced any of the following? If yes, provide details below under question (8):*

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Weight problems         | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Chest Pain      | <input type="checkbox"/> Insulin shock      |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Abnormal ECG        | <input type="checkbox"/> Elevated Lipids | <input type="checkbox"/> Diabetic coma      |
| <input type="checkbox"/> Neuropathy              | <input type="checkbox"/> Retinopathy         | <input type="checkbox"/> Kidney Disease  | <input type="checkbox"/> Alcohol/drug abuse |
| <input type="checkbox"/> Protein in the Urine    | <input type="checkbox"/> Albuminuria         | <input type="checkbox"/> Glycosuria      | <input type="checkbox"/> Other              |

(8) *Please provide any additional details regarding the proposed insured's medical condition:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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