

**Ask “Rx”pert Underwriter (Ask Our Expert)**

After reading the *Rx for Success* on Diabetes Mellitus, use this form to Ask “Rx”pert Underwriter for an informal quote. The rating for DM depends on the age of onset, the duration, treatment, control of the blood sugar, and complications if any.

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has had Diabetes Mellitus, please answer the following:

**1. Please list date of first diagnosis.**

\_\_\_\_\_

**2. How often does your client visit their physician (Also note date of last visit.)?**

\_\_\_\_\_

**3. The client’s diabetes is controlled by:**

- Diet alone  Insulin (Medication and dose.) \_\_\_\_\_  
 Oral medication \_\_\_\_\_  Other (Medication and dose.) \_\_\_\_\_

**4. Is your client on any medications?**

- Yes. Please give details. \_\_\_\_\_  
 No

**5. Please give the most recent blood sugar and hemoglobin A1c readings. (\*\*Required Information\*\*)**

\_\_\_\_\_

**6. Please check if your client has had any of the following:**

- Chest pain or coronary disease  Black out spells  Neuropathy  
 Abnormal lipids  Hypertension  Retinopathy  
 Kidney disease  Protein in urine  Abnormal ECG

**7. Has your client smoked cigarettes in the last 12 months?**

- Yes  
 No

**8. Does your client have any other major health problems (e.g., cancer, etc.)?**

- Yes. Please give details. \_\_\_\_\_  
 No

**9. Please tell us your client’s height and weight.**

Height \_\_\_\_\_ Weight \_\_\_\_\_

**10. Product Type.**

Type \_\_\_\_\_ Death Benefit? \_\_\_\_\_