

Policy number(s)

Surname (please print)

Given name(s)

**The Life to be Insured is requested to supply full and complete answers to the following questions:**

(a) When was diabetes first diagnosed?

(b) Name and address of your present doctor (or clinic) whom you are attending:

(c) How often do you consult the doctor or clinic regarding your diabetic condition?

(d) Do you take: (a) Insulin? If yes, state number of units daily:   
 (b) Oral drugs? If yes, state type and daily dosage:

(e) Do you monitor your own blood glucose? No  Yes   
 If yes, give average levels:

(f) Have you ever suffered from a coma related to diabetes? No  Yes   
 If yes, how often and when?

(g) Have you been hospitalised (for diabetes) other than at the time of onset of diabetes? No  Yes   
 If yes, please provide date and name of hospital

(h) How much time have you lost from your employment during the last 12 months as a result of your diabetic condition?

(i) Do you attend an eye specialist? No  Yes  If yes, please provide dates, name and address:

(j) Have you ever had:  
 (i) Eye problems? No  Yes   
 (ii) Heart or kidney trouble? No  Yes   
 (iii) High blood pressure? No  Yes   
 (iv) Carbuncles, abscesses or infection of the skin, particularly the feet? No  Yes   
 (v) Recurring or prolonged illness? No  Yes   
 If you answered 'yes' to any of Question (j) please provide details below:

(k) Are you a member of a diabetic association?

**Declaration**

I declare that the statements given above are complete and true and I understand that AXA Australia or Australian Casualty & Life will be relying on the complete accuracy of the statements in assessing my application for insurance.

/ /

Name

Signature

Date

**Please send completed form(s) to:  
 AXA Australia Customer Service Centre PO Box 14330 MELBOURNE VIC 8001  
 Telephone 132 987 Facsimile 1800 502 072**