



**WILLIAM PENN LIFE INSURANCE
COMPANY OF NEW YORK**

A Legal & General America Company
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**Quick Quote for Diabetes
Mellitus (DM)**

GA/Broker: _____

GA Case #: _____
(Assigned by GA)

Proposed Insured: ☐ Male ☐ Female Date of Birth _____

Family History:	Age if Living	Age at Death	Cause of Death
Mother	_____	_____	_____
Father	_____	_____	_____
Siblings	_____	_____	_____
_____	_____	_____	_____

Date of diagnosis: _____

Date of last doctor visit: _____

List all medications including aspirin and vitamins:

How often does client monitor blood sugar? _____

What is range: _____

What is most recent glycohemoglobin (HgbA1c)? _____

What is client's CHOL/HDL ratio? _____

Has client been diagnosed with any of the following?

Chest pain or coronary artery disease..... ☐ Yes ☐ No

Date(s): _____

Protein in the urine ☐ Yes ☐ No

Nerve damage ☐ Yes ☐ No

Eye damage ☐ Yes ☐ No

Abnormal EKG..... ☐ Yes ☐ No

Overweight ☐ Yes ☐ No

Current height _____ weight _____

Elevated cholesterol ☐ Yes ☐ No

Kidney disease ☐ Yes ☐ No

Black out spells..... ☐ Yes ☐ No

High blood pressure (hypertension) ☐ Yes ☐ No

Infections ☐ Yes ☐ No

Has client ever used tobacco or nicotine-based products? ☐ Yes ☐ No

If yes, last date used _____

Does client have an exercise program? ☐ Yes ☐ No

If yes, describe: _____

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