

Surname of the life to be insured	Given name(s)	Application number

Date diabetes was first diagnosed

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Do you follow a strict diet?

No <input type="checkbox"/> Yes <input type="checkbox"/> Give details	

Are you having oral treatment?

No <input type="checkbox"/> Yes <input type="checkbox"/> Please specify the name of the drug and your dosage	

Are you taking insulin?

No <input type="checkbox"/> Yes <input type="checkbox"/> How many units do you take each day?	
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Has your intake of insulin or oral drugs varied during the last 2 years?

No <input type="checkbox"/> Yes <input type="checkbox"/> Give details	

How often do you test your blood or urine for sugar?

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Please specify your blood or urine sample readings over the last 3 months

Blood	Urine
1.	1.
2.	2.
3.	3.

Since your treatment began, have you ever had a diabetic or insulin coma?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Give details including dates	

Have you ever had any illness, problems or disease of the heart, kidneys, eyes, circulatory or nervous systems?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Give details	

Are there any other relevant factors, symptoms or complications not already mentioned?


Please provide the name, contact number and address of the doctor or clinic currently treating you.


Please specify your glycosylated haemoglobin (Hb A1C) results over the past 3 months, including dates recorded


*Privacy laws protect the privacy of individuals. The way in which we collect, use, disclose and handle your information is described in the TOWER Privacy Statement. Please be aware that if you wish to provide information to us, the duty of disclosure explained in your application for insurance applies to the information you give in this form. If you fail to comply with this duty you may be in breach of it. The consequences of this are explained in your application. Please phone the Privacy Officer on (02) 9448 9416 if you have any questions or would like to request a copy of our Privacy Policy.*

**Declaration**

I understand that this statement forms part of my application(s) for TOWER insurance cover and declare that its contents are true and correct.

Signature of **life insured**

Date

Signature of **witness**

Date

<b>X</b>
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<b>X</b>
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<p>Please return the completed form to: <b>TOWER Australia</b> <b>GPO Box 5380</b> <b>Sydney NSW 2001</b></p>
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