UV INSURANCE

INDIVIDUAL INSURANCE

Diabetes Questionnaire

EQC064

Important: Fill out in block letters and answer each section as accurately as possible.

Section A – Collection, Use and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to make a decision about your insurance application.

The personal information is used to:

- Identify the individual;
- Establish and update information and the needs of the individual, as appropriate
- Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud.

The information disclosed on this form will be forwarded to the UV Insurance staff in charge of processing the claim, as well as to any other person authorized by law.

Section B – Identification of the Insured

1. Application or contract # _____
2. First name _____ Last name _____
3. Date of birth Y M D

Section C – Questionnaire

1. Date of diabetes diagnosis Y M D
2. Are you under medical supervision? ☐ Yes ☐ No

Attending physician

1. First name _____ Last name _____
2. For how many years have they been your attending physician? _____
3. Clinic address _____
   City _____ Province _____ Country _____ Postal code _____
4. Date of last consultation Y M D
5. What are the treatments?

Treatment	Yes	No	Dosage
Insulin	☐	☐	
Oral medication	☐	☐	

6. Are you following a diabetic diet plan? ☐ Yes ☐ No
7. Do you check your blood sugar levels yourself with a glucose meter? ☐ Yes ☐ No
   If **Yes**, frequency and result of the last 3 tests:

Date	Result
Y M D	
Y M D	
Y M D	

8. How often do you have your blood sugar levels checked by your doctor? _____
   Date and result of last blood sugar test by your doctor Y M D Result _____

Section C – Questionnaire (cont'd)

9. Have you ever had episodes of diabetic coma or reactions to insulin? ☐ No ☐ Yes

If **Yes**, date(s): Y M D Y M D Y M D

10. Have you ever had the following issues?

☐ Cardiovascular	☐ Pulmonary	☐ Renal	☐ High blood pressure	☐ Skin disease
☐ Retinopathy and/or cataracts	☐ Neuropathy	☐ Coma	☐ Neuritis and rheumatism	☐ Albumin in the urine

11. Additional notes (if applicable)

Section D – Consent and Signature

By signing, you understand that if any of your personal information is inaccurate, incomplete, or ambiguous, you may request a correction by contacting UV Insurance. You also have the right to request information about how your personal information is used.

In addition, the employee may withdraw their consent to the disclosure or use of personal information at any time by contacting the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more details, please visit our website and see our **Privacy Policy.**

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein. This consent also applies to the collection, use, and disclosure of the beneficiaries' personal information, and the undersigned confirms that prior consent has been obtained from such beneficiaries.

Signatures

By signing below, the undersigned certifies that the information provided is complete and true and that a photocopy of this document has the same value as the original.

Signed in _____ Date Y M D

X _____ _____

Signature of person to be insured | Signatory's name in block letters

X _____ _____

Owner's signature
(if the insured person is under 18 years old, the signature of a parent or guardian is required) | Signatory's name in block letters

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