

Diabetes Mellitus Controlled

Diabetes Mellitus (DM) is a disorder of sugar metabolites, which is characterized by high blood sugar levels. DM damages the large and small vessels causing many complications, including coronary artery disease, renal failure, and blindness. Atherosclerosis (hardening of the arteries) is a major factor in diabetic mortality. See Diabetes Mellitus (Rx#12) and Diabetes Mellitus Complications (Rx13).

Good control of blood sugar in Type 2 DM can delay the progression of small vessel disease thereby improving life prognosis. Hypertension and elevated lipids are additive risk factors for mortality. Control of blood pressure and lipids are especially important in DM to prevent renal failure and heart disease or to slow their progression.

Let's use an analogy of twins A and B with diabetes mellitus diagnosed at age 50 when they are overweight (i.e. Table A for Build) and now applying for life insurance at age 55. Neither has yet been diagnosed with coronary artery disease.

Twin A follows his doctor's advice to lose weight. His blood sugar is normal as is the glycohemoglobin A1c, a blood test marker for blood sugar control. He had mild elevation in blood pressure before he lost the weight. Now it is normal. He applied for life insurance and is rated Preferred Nonsmoker.

Twin B does not follow the doctor's advice to lose weight and applies for life insurance. His blood pressure is 140/85 and glycohemoglobin is 7.7. He is rated Table D for the combination of diabetes mellitus plus build.

Adjustments for Best Case Scenarios Type 2 diabetes or type unknown, no known diabetic complications, no debit for build, BP <135/85, and HDL >45			
glucose <126 mg/dl,	Onset age 50+ and diet control or		
and	oral medication		
• glycohemoglobin <7.0 or fructosamine ≤ 1.7			
Evidence of good control:	Onset age 50-69 and diet control or	No debits, may qualify for NS	
 random glucose <220 mg/dl or fasting <140 mg/dl, 	oral medication		
and			
• glycohemoglobin <8.0 or fructosamine <1.9	Onset age 70+ and diet control or oral medication	No debits, may qualify for NS+	

To get an idea of how a client with older age Diabetes would be viewed in the underwriting process, feel free to use the attached Ask "Rx" pert underwriter for an informal quote.

This material is intended for insurance informational purposes only and is not personal medical advice for clients.

This marketing material includes an expiration date and use of this material must be discontinued as of the expiration date.

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{Name Phone Number E-mail Address Website Address}



Diabetes - Ask "Rx" pert underwriter (ask our experts)

Producer	Phone	Fax
Client	Age/DOB	Sex
If your client has diabetes, please answer the follow	ving:	
1. Please list date when first diagnosed:		
2. How often does your client visit their physician?		
3. The client's diabetes is controlled by:		
☐ diet alone		
☐ oral medication	(medication & doses)	
☐ insulin	(amount of units/day)	
4. Is your client on any other medications?		
☐ yes, please give details		
□ no		
5. Please give the most recent blood sugar reading		
6. Does your client monitor their own blood sugar?		
7. If available, please give the most recent glycoher	moglobin (HbA1c) or	
fructosamine level		
8. Please check if your client has had any of the fol	llowing:	
☐ chest pain or coronary ☐ overwe	eight	
artery disease $\ \square$ elevat	ed lipids	
\square protein in the urine \square kidney	y disease	
\square neuropathy \square black	□ black out spells	
☐ retinopathy ☐ hypert	tension	
☐ abnormal ECG		
9. Has your client smoked cigarettes in last 12 mor	nths?	
□ yes		
□ no		
10. Does your client have any other major health pr	roblems (ex: cancer, etc.)?	
☐ yes, please give details		
□ no		

After reading the Rx for Success on Diabetes, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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