

## Diabetes Supplementary Statement

This statement should be completed by the Proposed Insured/Policyowner

Proposed Insured	Date of Birth
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Please answer each question **truthfully, accurately** and **completely** and where appropriate, provide particulars.

1. When was you diabetes first diagnosed and by whom?

2. Are you currently under medical supervision? If so, please provide the names and addresses of your attending physicians or diabetic clinic and the date of your last visit.

3. What treatment are you presently receiving?  
a) oral medication (please indicate name of drug and dosage)?  
b) insulin (please indicate number of units per day)?  
c) other (please specify)?

4. How frequently do you test your blood or urine for sugar? Please provide sample readings over past 3 months.

5. When did you last undergo and electrocardiogram (ECG)? Chest X-ray?

6. Have you ever had:  
a) elevated blood pressure?  
b) heart attack?  
c) eye trouble?  
d) kidney trouble?  
e) recurrent infections?  
a) problems with your vision?  
b) circulation problems with your legs?  
c) albumin or protein in your urine?  
If so, please specify.

I hereby declare that the above statements are true and complete and agree that this supplementary statement together with the proposal dated \_\_\_\_\_ shall form part of the contract between me and Allianz PNB Life Insurance, Inc.  
I authorize Allianz PNB Life Insurance, Inc. to process the information I have provided in accordance with the Data Privacy Act.

\_\_\_\_\_  
Signature over printed name of Proposed Insured

\_\_\_\_\_  
Date