



## 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 Rx for Success 12 and 13.**

**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 $\leq 135/85$ , and HDL $>45$		
Evidence of <b>excellent</b> control: <ul style="list-style-type: none"><li>random glucose <math>\leq 170</math> mg/dl or fasting glucose <math>\leq 126</math> mg/dl, and</li><li>glycohemoglobin <math>\leq 7.0</math> or fructosamine <math>\leq 1.7</math></li></ul>	Onset age 30-49 and diet control or Onset age 50+ and diet control or oral medication	No debits, may qualify for PNS
Evidence of <b>good</b> control: <ul style="list-style-type: none"><li>random glucose <math>\leq 220</math> mg/dl or fasting <math>\leq 140</math> mg/dl, and</li><li>glycohemoglobin <math>\leq 8.0</math> or fructosamine <math>\leq 1.9</math></li></ul>	Onset age 50-69 and diet control or oral medication  Onset age 70+ and diet control or oral medication	No debits, may qualify for NS  No debits, may qualify for PNS

**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" *per* underwriter for an informal quote.**

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



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

Producer \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has diabetes, please answer the following:

- ① Please list date when first diagnosed: \_\_\_\_\_
- ② How often does your client visit their physician? \_\_\_\_\_  
*(also note date of last visit)*
- 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 glycohemoglobin (HbA1c) or fructosamine level \_\_\_\_\_
- ⑧ Please check if your client has had any of the following:  

<input type="checkbox"/> chest pain or coronary artery disease	<input type="checkbox"/> overweight
<input type="checkbox"/> protein in the urine	<input type="checkbox"/> elevated lipids
<input type="checkbox"/> neuropathy	<input type="checkbox"/> kidney disease
<input type="checkbox"/> retinopathy	<input type="checkbox"/> black out spells
<input type="checkbox"/> abnormal ECG	<input type="checkbox"/> hypertension
- ⑨ Has your client smoked cigarettes in the last 12 months?  
☐ yes  
☐ no
- ⑩ Does your client have any other major health problems (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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