

ANXIETY/STRESS/DEPRESSION QUESTIONNAIRE

Name

Application Number

This questionnaire will form part of the application. If you do not understand any question please ask your financial adviser or contact us on 0300 123 3203 and ask for further information.

1. What are the exact symptoms you suffered?

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2. Has a diagnosis been made? If yes please provide details including what the diagnosis was, when it was diagnosed and what type of doctor diagnosed it?

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3. When did you first get symptoms?

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4. Please list all the dates when you have suffered from symptoms

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5. Have you received any treatment? (e.g medication or inpatient care). If yes please provide details including all past & present treatment and dates.

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6. Have you been referred to a specialist or consultant? If yes please provide details including what type of doctor you saw, when this was and if you remain under follow-up.

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7. Are investigations planned? If yes please provide details.

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8. Have you ever been off work with this condition? If yes please provide full details including all dates and the duration of time off.

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9. Does your condition have any effect on your daily life or ability to do your job? If yes please provide details.

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10. Have you ever thought about or attempted to harm yourself or take your own life? If yes please provide details including when this was.

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I declare that the answers I have given are, to the best of my knowledge, true.

I understand that failure to answer the above questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled.

Signature: _____ Date: _____

140421/2002