

MEDICAL HISTORY 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.

Please provide information regarding:

1. What is the name of the medical condition, illness or injury that you have had or currently have? (If appropriate please provide details of the organ or limb involved, e.g left/right arm).

--

2. Please provide a full description of your medical condition illness or injury.

--

3. When did you first have symptoms?

--

4. How often do you have symptoms and when did you last have symptoms?

--

5. Have you received any treatment for this? If yes when was this, what treatment did you have and are you still receiving this treatment?

--

6. Have any medical tests been carried out either by your GP or a hospital? If yes what were these tests, when were they carried out and what were the results?

--

7. Are any further medical tests planned? If please provide details

--

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

--

9. Does this condition affect your day to day activities or ability to do your job? If yes please provide details.

--

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: _____

140421/2004