

DECLARATION OF HEALTH – REINSTATEMENT (NO MONTHLY PREMIUM PAID)

Complete this questionnaire if your policy lapsed within the last 2 months, you hadn't paid any monthly premiums before it lapsed, and you would now like to reinstate it.

Please take care when answering the following questions to make sure they're accurate, true and complete. If not, you risk your cover being cancelled or when we assess a claim you risk us paying a reduced amount or nothing at all.

You don't need to tell us the results of predictive genetic tests unless your existing life cover and application(s) total more than £500,000. Above that limit, you only need to tell us the result of genetic tests for Huntington's disease. You can choose to tell us about any negative genetic test result which might enable us to offer better terms.

Your name (first/last name):

Policy number:

Cover type:

Policy application date (dd/mm/yyyy):

Please tick Yes or No for all questions:

1. Since your policy application date, have you had any new medication or treatment lasting more than 2 weeks, or attended any hospital or clinic for tests or investigations?

☐ Yes ☐ No

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2. Since your policy application date, have you noticed or been aware of:

- A lump or swelling?
- A mole or freckle that's changed in appearance or sensation or has required monitoring?
- Any other breast, testicular or skin changes including firmness, hardening or dimpling?
- Any unexplained bleeding or weight loss?
- A cough that has lasted for more than 3 weeks?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

3. Since your policy application date, have you:

- Had depression, anxiety, stress, eating disorder(s) or any other mental health condition or illness that has involved time off work, treatment, counselling or consultation with a health professional? ☐ Yes ☐ No
 - Had chronic fatigue syndrome, or recurrent fatigue or tiredness, long Covid or fibromyalgia? ☐ Yes ☐ No
 - Tried to take your own life or intentionally harm yourself or had thoughts about taking your own life or intentionally harming yourself? ☐ Yes ☐ No
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4. Please only answer this question if you're reinstating a Critical Illness Protection, Combined Life and Critical Illness Protection or Income Protection policy.

Since your policy application date, have you had back, neck, joint or muscular condition requiring you to take any type of medication or to consult a health professional (for example nurse, doctor, physiotherapist, chiropractor)?

☐ Yes ☐ No

This includes sciatica, slipped disc, muscular back pain or whiplash and / or any conditions or pain affecting your hips, shoulders, knees, ankles, wrists.

5. Are you currently:

- Having or waiting for medical investigations or tests? ☐ Yes ☐ No
 - Waiting for any form of treatment to start? ☐ Yes ☐ No
 - Waiting for test results? ☐ Yes ☐ No
 - Experiencing any new symptoms you're planning to see a medical professional or your GP about? ☐ Yes ☐ No
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If you've answered Yes to any questions, we may need to contact you for more information.

We may need to ask your doctor for information to support or check the answers you gave us in your application and declaration of health. If we do we'll ask you for your consent under the Access to Medical Reports Act (AMRA) 1988. If you don't give your consent we may not be able to reinstate your policy. We may request this information up to 6 months after your cover is reinstated.

Signature:

Date (dd/mm/yyyy):



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