

INCOME PROTECTION COVER AMENDMENT DECLARATION

Complete this form if you would like to make a change to your Income Protection.

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:

Policy number:

Cover type:

Policy start date:

Please tick Yes or No for all questions and include any additional information requested:

1. Since your policy start 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

2. Since your policy start date have you taken more than 21 consecutive days off work for any reason? (You don't need to tell us about holidays)

 Yes No

3. Since your policy start date have you noticed or been aware of:

- A lump or swelling? Yes No
 - A mole or freckle that's changed in appearance or sensation or has required monitoring? Yes No
 - Any other breast, testicular or skin changes including firmness, hardening or dimpling? Yes No
 - Any unexplained bleeding or weight loss? Yes No
 - A cough that has lasted for more than 3 weeks? Yes No
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4. Since your policy start 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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5. Since your policy start date have you:

- Had back pain, slipped disc, sciatica, whiplash or anything else affecting your back, neck or shoulders? Yes No
 - Had joint pains, arthritis, or any other symptoms affecting the knees, hips, ankles, feet, elbows, wrists or hands? Yes No
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6. 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

7. Since your policy start date has your job changed? If yes please state your new job title Yes No

8. Since your policy start date, have you started taking part in or do you intend take part in any of the following:

- Mountaineering Yes No
- Scuba or deep sea diving Yes No
- Sailing other than inland Yes No
- Flying (other than as a fare paying passenger) Yes No
- Motor sports Yes No
- Extreme sports (including but not limited to, bungee or base jumping, canyoning, caving/potholing, white water rafting, extreme mountain biking) Yes No
- Professional or semi-professional sport (including, but not limited to, rugby league, rugby union, football) Yes No

9. Since your policy start date have you been a UK resident and are you still registered with a UK GP? Yes No

10. Since your policy start date have you lived in Africa, Thailand, Russia, Ukraine or the Caribbean for more than 3 months?

Yes No

If yes please state the date you returned to the UK

11. In the next 2 years, are you planning to travel, live or work outside the European Union (EU), Isle of Man, Channel Islands, Australia or New Zealand?

Yes No

If yes which countries do you expect to visit? How many months do you expect to spend in this country/region in the next year?

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 offer you any insurance. We may request this information up to 6 months after your cover is issued.

Signature:

Date: