

QUESTIONNAIRE FOR PERSONAL CHANGE IN BUILD

Complete this questionnaire if you're paying an increased premium due to your build, have maintained a weight loss for at least 6 months and would like us to consider whether we can reduce your premium.

Please take care when answering the 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.

We may request an independent height, weight and waist measurement.

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(s)

Cover reference(s)

Please answer the following questions

1. What is your height without shoes?

2. What is your weight in normal indoor clothing?

3. What is your waist measurement in cm or inches?

4. For how long has your weight been stable at the current measurement?

If available, please include evidence of sustained weight loss for at least 6 months (e.g. a copy of slimming club weight records).

5. Have you been diagnosed with a medical condition that has affected your weight? If yes, please tell us the name of the condition and diagnosis date (mm/yyyy).

☐ Yes ☐ No

6. Have you ever had any surgery to aid your weight loss? If yes, please state the nature of the surgery and the date (mm/yyyy).

☐ Yes ☐ No

7. In the last 12 months, have you been prescribed any medication or treatment lasting more than 2 weeks? If yes, please give full details.

☐ Yes ☐ No

8. In the last 12 months, have you attended any doctor, hospital or clinic for tests or investigations? If yes, please give full details.

☐ Yes ☐ No

9. Were you advised by a medical professional to lose weight due to an existing or recently diagnosed medical condition? If yes, please give full details including the name of the condition and date (mm/yyyy) of diagnosis.

☐ Yes ☐ No

Declaration

I confirm that the answers I've given are accurate to the best of my knowledge and belief and I understand that if they're not:

- You may reduce the amount you pay on any claim or not make any payout at all.
- You may amend the terms of my cover.
- You may cancel my policy completely.
- Where you cancel my policy, you may not refund the premiums I've paid.

Signature:

Date: