

QUESTIONNAIRE FOR DUTY OF DISCLOSURE – HEALTH

Application reference number(s) or policy number(s):

Please take care when answering the questions to make sure they're accurate, true and complete. If they're 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 a report from your GP or a medical examination/blood test.

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.

You must tell us if any of the answers to the questions on your application change before your cover starts. This includes any change to your job.

We understand that your health changed, or you noticed new symptoms after your application was submitted to us and before your policy start date.

Please answer the following questions about this change, giving as much detail as possible:

YOUR CHANGE IN HEALTH/NEW SYMPTOMS

1. What change in health or new symptoms have you had?

2. If applicable, when did you first notice your change in health (exact date)?

3. If applicable, when did your new symptoms start (exact date)?

4. Do you still have the change in health or new symptoms mentioned in your answer to question 1? If so, please give dates, frequency and duration of symptoms.

 Yes No

YOUR INVESTIGATIONS

5. When did you first plan to see a medical professional or your GP about these new symptoms (exact date)?

6. Are you having or waiting for medical investigations or tests? Yes No
If so, when did your medical professional or GP request these investigations or tests (exact date)?

7. What investigations have you had for your change in health or new symptoms?

8. What were the results?

YOUR DIAGNOSIS AND TREATMENT

9. What diagnosis have you been given or what was the cause of your change of health or new symptoms?

10. When was your diagnosis made or cause established (exact date)?

11. Are you waiting for any form of treatment to start? If so, what is the nature of the treatment.

Yes No

12. What treatment/medication have you had for these symptoms? Please give full details including the name and dose

13. Are you still having this treatment/medication?

Yes No

14. Have you ever needed or are you waiting for any surgery for the change of health or new symptoms? If yes, please give the date and nature of the surgery.

Yes No

If you'd like to give us copies of any hospital letters, please include them when you reply.

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 payment 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.

Your name:	<input type="text"/>	<input type="text"/>	
Signature:	<input type="text"/>		
Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>