

Short statement of health questionnaire



Application to restart a policy

Policy number

Name (Life assured)

Date of birth

D		D		M		M		Y		Y		Y		Y
---	--	---	--	---	--	---	--	---	--	---	--	---	--	---

Address

Email address

Please answer the following questions fully and accurately. You also need to tell us of anything that would change any of your answers up to the date on which we tell you that we have restarted your cover.

We will assess your request from the information you tell us on this form, so if you answer 'Yes' to any of the questions please provide as much information as possible.

You do not need to tell us about any predictive genetic test results unless this application, together with any existing cover, will total over £500,000 of life insurance. If your cover is over this limit, we only need to know about predictive genetic tests for Huntington's disease. You can tell us about any negative predictive genetic test results because this may help your application.

FAILURE TO GIVE ACCURATE AND COMPLETE ANSWERS MAY RESULT IN NON PAYMENT OF A CLAIM

Please briefly explain why the premiums were not collected or paid on time:

Your health:

1 Since the first premium due date on [first arrears date]:

D		D		M		M		Y		Y		Y		Y
---	--	---	--	---	--	---	--	---	--	---	--	---	--	---

a) Have you had any medical consultation, any medical test, advice or treatment or been referred to a hospital or clinic for any reason?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

b) Have you been prescribed or taken any medicine or drug?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

(If Yes, please give further information below.)

2 Are you now:

a) Waiting for any medical advice, investigation or test results or expecting to undergo any medical investigation or test?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

b) Intending to seek any medical advice regarding a condition or symptoms that you currently have, or have recently had?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

(If Yes, please give further information below.)

Continued over page

Your activities:

Since the first premium due date on [first arrears date]:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

3 Has your occupation or any of your normal duties changed or do you expect them to?

Yes		No	
-----	--	----	--

(If Yes please tell us your new occupation and duties including any work at heights over 40ft, aviation, offshore, underground, underwater or with explosives.)

4 Have you started taking part in any hazardous sport or pastimes or do you intend to start?

Yes		No	
-----	--	----	--

(Mountaineering, motor sport, sub-aqua diving and private flying are examples but you should include any activity that is hazardous. You do not need to include sports such as horse riding, skiing, football, rugby, hockey, cricket or racquet sports)

5 Have you changed your country of residence or do you intend to reside, work or travel outside of your current country of residence, other than for holidays, within the next two years?

Yes		No	
-----	--	----	--

(If Yes, please give further information below.)

Please continue on a separate piece of paper if necessary, and note this below. Please include the dates of any medical consultations and the name and address of the doctor concerned.

I declare that to the best of my knowledge and belief all of the information I have given above on this form is true and no fact has been withheld. I understand that failure to disclose accurate information may result in non-payment of a claim and cancellation of the policy.

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

