



## Fast Track Underwriting - Customer Medical Questionnaire

Crohn's disease, ulcerative colitis and gastro intestinal inflammatory disorders

**PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.**

If any item is blank or illegible, this will cause a delay in processing your application.

Name of customer applying for cover

Date of Birth  /  /

Application Number

Financial Adviser

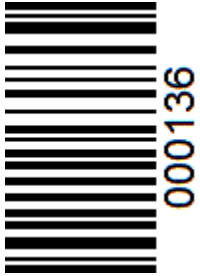
### Guide to filling in this questionnaire

- 1 Make sure you fill in the customer details above.
- 2 You should read the **important note** below about telling us about material facts.
- 3 Please complete the questionnaire, providing as much details as possible about your medical history.
- 4 Read through the answers you have given and the declaration and sign it, on the last page of this form.

### Important note – Telling us about material facts

**Please read the information below carefully - ask your financial adviser if you have any questions.**

- You must tell us everything relevant when filling in this questionnaire. If you do not, or if any of the answers to these questions are not true and complete, we could treat the plan as void. If this happens there will be no cover under the plan and we will not refund the payments. In these circumstances we will not pay a claim. A relevant fact (material fact) includes anything that a reputable insurer would treat as likely to influence their decision to provide insurance. If you are not sure whether something is relevant, you should tell us anyway. If there is anything not covered by the questions on this form that you think we should know, please tell us in the "further medical information" section.
- We will rely on what you tell us and you must not assume that we will automatically confirm with your GP or any other doctor any information that you provide. If relevant, you can consult your GP about the questions on this form, but we cannot cover the cost of your doctors time. You can provide any highly confidential information direct to our Chief Medical Officer in a sealed envelope and give this to your financial adviser. In these circumstances you must refer to this information when answering your health questions.
- You do not need to tell us about any genetic test (that is, analysis of chromosomes, DNA or RNA to detect genetic abnormalities in individuals) which you may have had. However, you must tell us if you are having treatment for or experiencing symptoms of a genetic condition. We may also ask you to give us full information about your family history, including all genetic conditions.
- You must tell us in writing about any change in your personal medical circumstances or family history or dangerous pursuits you take part in between the time you apply for cover and the time your application is accepted.





## Treatment

Q10. Do you currently take any medication or other treatments for this condition?

Yes  No

If Yes, please provide full details including name and dosage

Q11. Have you ever been treated in hospital?

Yes  No

If Yes, please confirm dates and details

Q12. Have you ever had surgery for this condition?

Yes  No

If Yes, please confirm dates and details

Q13. Have any treatment changes been discussed, are you currently awaiting any further investigations, specialist review or surgery?

Yes  No

If Yes, please give details

Q14. Is there any other information that you would like to include to assist our assessment?

