



Online Protection

Data Capture Form and Additional Questionnaires

Term Assurance with optional Critical Illness Cover

Important customer information

- **Please make sure that you:**
 - use BLOCK CAPITALS throughout in black ink
 - correct and initial any alterations
 - complete both columns for joint life plans
- **Throughout this form, 'Client' means the person whose life is to be assured**
- **If your Financial Adviser is going to complete this form on your behalf:**
 - you must read all of the answers carefully before signing the Declaration at the end. Your Financial Adviser is acting on your behalf in this respect

Please be aware of the following points before you start to complete this form:

- **You must tell Legal & General everything they ask for**

You must tell Legal & General everything they ask for as all material facts are taken into account when assessing acceptance of the application and in calculating the premium. Please remember that if you do not answer the following questions truthfully and accurately it will very likely mean that a claim will be declined and the policy or policies cancelled. **If you are not sure if any information is relevant, please disclose it anyway.** If you have provided the information in the past please disclose it again.

Legal & General will try to rely on the information that you tell them and you must not assume that they will always clarify that information with your doctor (GP). However, Legal & General may, as part of their administrative procedures, request a report from your doctor (GP) to check medical disclosures.
- **If any of your answers change**

If any of your answers to the following questions change AFTER you fill this form in, but BEFORE your policy starts (see section opposite) you must tell Legal & General immediately. This is just as important as giving full, accurate and truthful answers in the first place.
- **The Contract will be governed by the law of England and Wales**
- **Confidentiality**

Legal & General follow a strict confidentiality code about all medical information you give them, or which they get from any additional medical report. This means that your medical information is held securely and access is limited to authorised individuals who need to see it.

A copy of the confidentiality policy is available on request.
- **The information you give Legal & General**

They will only use the information given in this form, or in any additional medical report, for the purpose of underwriting, processing and administering the policy or policies requested. Legal & General will keep the information for the duration of any policy issued and for a period after the policy has ceased. They may also use the information in processing any claim under the policy or policies. If the application does not go ahead, the information will only be held for a limited period of time from the date of cancellation.
- **Your personal and medical information**

Legal & General will not pass any personal or medical information to a third party without your consent. This will only be necessary in the following circumstances:

 - If Legal & General ask you to attend a medical screening or they need to get a report from your doctor;
 - If Legal & General need to send your personal and medical information to their Reassurer for its opinion or agreement on the acceptance terms to be offered, and/or, at a later stage, for the purposes of administering your policy. This will only be in accordance with Legal & General's reinsurance business principles, details of which are available on request;
 - If you ask Legal & General to send your medical information to another insurance provider to whom you are applying, or that provider asks Legal & General for your medical information;
- If Legal & General need to share information, at the time of a claim, with other insurance companies to prevent fraudulent claims. This would be via a Register of Claims and a list of participants is available on request.
- **When your policy starts**

The benefits provided by the policy or policies will not start until Legal & General have assessed and accepted your application, you have agreed to any revised premium or revised policy conditions, the chosen start date has been reached, and the first premium has been paid.
- **Genetic Testing**

Under the Association of British Insurers' policy on genetics and insurance, you do not need to tell Legal & General about any genetic test result you have had if this application for insurance, taken together with any other insurance policies you already have for this type of insurance, totals:

 - £500,000 or less for life insurance;
 - £300,000 or less for other types of insurance

Above these limits, you may need to tell Legal & General about certain genetic test results when applying for insurance. Legal & General will only be interested in genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use. If you think this may apply to you, please go to the ABI website at www.abi.org.uk/consumer2/disclosure.htm for details of the current position.

However, you must tell Legal & General if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition. You must also tell them of any family history of a medical condition as asked for in the relevant question in the application.

If you wish to tell Legal & General about a negative genetic test result they will be willing to consider this when setting your premium.

A copy of the Association of British Insurers' Code of Practice on Genetic Testing is available from Legal & General on request.
- **Complaints Procedure**

Legal & General have a formal complaints procedure and details will be given to you when you receive your policy documentation.
- **Confirmation Declaration**

Legal & General will post a Confirmation Declaration to each life assured reiterating the application details submitted to them, and asking for any errors or omissions to be notified to them. For joint life applications, each life assured will only be sent the medical details applicable to him or her. Failure to notify Legal & General of any errors or omissions may mean that a claim under the policy or policies may not be paid.

Part 1 Initial client details Further details will be requested in Part 4

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

Client one	Client two
<p>1 What is your full name?</p> <p>Mr, Mrs, Miss, Ms, Dr, Rev, other <input type="text"/></p> <p>Forename(s) and middle name(s) in full <input type="text"/></p> <p>Surname <input type="text"/></p>	<p>Mr, Mrs, Miss, Ms, Dr, Rev, other <input type="text"/></p> <p>Forename(s) and middle name(s) in full <input type="text"/></p> <p>Surname <input type="text"/></p>
<p>2 What is your sex?</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>	<p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>
<p>3 What is your date of birth?</p> <p><small>Give date of birth in dd/mm/yyyy format</small></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p><input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>4 Have you used any tobacco products within the last 12 months?</p> <p><small>This includes cigarettes, cigars and pipes, or nicotine replacements. A simple medical test may be required to check the validity of the answer to this question.</small></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Part 2 Occupation details

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

Client one	Client two
<p>1 Are you any of the following: a houseperson, unemployed, student or retired?</p>	
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'yes', which one?</p> <p>Houseperson <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/></p> <p>Retired <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'yes', which one?</p> <p>Houseperson <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/></p> <p>Retired <input type="checkbox"/></p>
<p>➔ If you have answered YES to question 1, please now go straight to Part 3</p> <p>➔ If you have answered NO to question 1, please continue with question 2</p>	

2 What is your employment status?

Please only tick one box

Full time employed <input type="checkbox"/>	Part time employed <input type="checkbox"/>	Contract worker <input type="checkbox"/>	Self employed <input type="checkbox"/>
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3 Does your occupation, or occupations if you have more than one, involve working in any of the following?

<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'yes', please tick all that apply:</p> <p>Externally above 40ft (12.2 metres) for more than 10% of the time <input type="checkbox"/></p> <p>In the Armed Forces <input type="checkbox"/> In the fishing industry <input type="checkbox"/></p> <p>In the offshore oil or gas production industry <input type="checkbox"/> Underwater <input type="checkbox"/></p> <p>Underground <input type="checkbox"/> With explosives <input type="checkbox"/> As a sports professional <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'yes', please tick all that apply:</p> <p>Externally above 40ft (12.2 metres) for more than 10% of the time <input type="checkbox"/></p> <p>In the Armed Forces <input type="checkbox"/> In the fishing industry <input type="checkbox"/></p> <p>In the offshore oil or gas production industry <input type="checkbox"/> Underwater <input type="checkbox"/></p> <p>Underground <input type="checkbox"/> With explosives <input type="checkbox"/> As a sports professional <input type="checkbox"/></p>
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- ➔ If you have answered YES to ANY parts of question 3, please now go straight to question 5a on page 5
- ➔ If you have answered NO to ALL parts of question 3, please select ONE occupation type from the list in question 4

4 Please indicate your occupation type, for your main occupation, from the categories listed below and opposite:

- Tick one box only. If your occupation does not fit into one of these categories, please tick 'other' and continue with question 5a. If you are able to select a category of work or employment from our list there is no need to answer questions 5a or 5b. The examples shown against each category are not intended to be a complete list.
- Please note specifically that the 'driving' category should **not** be chosen if your job involves driving any of the following vehicles:
 - heavy plant machinery; bulldozer; excavator; JCB; earth-moving machinery; Tarmac-laying machinery; crane; tractor; vehicles designed or adapted for racing

Working in an office-type environment for at least 75% of your typical working day e.g. clerical work, administration, management, accounts, telesales, secretarial, reception <input type="checkbox"/>	Working in an office-type environment for at least 75% of your typical working day e.g. clerical work, administration, management, accounts, telesales, secretarial, reception <input type="checkbox"/>
Education e.g. teacher, lecturer, head teacher, principal, classroom assistant, nursery worker <input type="checkbox"/>	Education e.g. teacher, lecturer, head teacher, principal, classroom assistant, nursery worker <input type="checkbox"/>
Scientist, chemist, pharmacist, optician, architect, solicitor or barrister <input type="checkbox"/>	Scientist, chemist, pharmacist, optician, architect, solicitor or barrister <input type="checkbox"/>
Nursing e.g. nurse, nursing auxiliary, paramedic, nursing sister, practice nurse <input type="checkbox"/>	Nursing e.g. nurse, nursing auxiliary, paramedic, nursing sister, practice nurse <input type="checkbox"/>
Surgeon, dentist, veterinarian, care assistant or social worker <input type="checkbox"/>	Surgeon, dentist, veterinarian, care assistant or social worker <input type="checkbox"/>

[continued opposite](#)

Part 2 continued

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

Client one	Client two
Question 4 continued	
Laboratory technician, medical practitioner, hospital doctor (except surgeon) <input type="checkbox"/>	Laboratory technician, medical practitioner, hospital doctor (except surgeon) <input type="checkbox"/>
Retail e.g. salesperson, retailer, shop worker or manager (except market traders) <input type="checkbox"/>	Retail e.g. salesperson, retailer, shop worker or manager (except market traders) <input type="checkbox"/>
Engineer, technician or mechanic <input type="checkbox"/>	Engineer, technician or mechanic <input type="checkbox"/>
Catering e.g. caterer, chef, cook, waiter, waitress, kitchen staff <input type="checkbox"/>	Catering e.g. caterer, chef, cook, waiter, waitress, kitchen staff <input type="checkbox"/>
Licensed trade e.g. bar staff, bar manager, publican <input type="checkbox"/>	Licensed trade e.g. bar staff, bar manager, publican <input type="checkbox"/>
Prison service, police (except motor cycle patrol) <input type="checkbox"/>	Prison service, police (except motor cycle patrol) <input type="checkbox"/>
Driving e.g. HGV, PSV, train, van, taxi, chauffeur, driving instructor, examiner <input type="checkbox"/>	Driving e.g. HGV, PSV, train, van, taxi, chauffeur, driving instructor, examiner <input type="checkbox"/>
Tradesmen or women e.g. carpenter, electrician, heating and ventilation engineer, joiner, painter, decorator, plumber <input type="checkbox"/>	Tradesmen or women e.g. carpenter, electrician, heating and ventilation engineer, joiner, painter, decorator, plumber <input type="checkbox"/>
House building industry e.g. builder, labourer, bricklayer <input type="checkbox"/>	House building industry e.g. builder, labourer, bricklayer <input type="checkbox"/>
Factory, warehouse, production-line worker, domestic or office cleaner, landscape gardener <input type="checkbox"/>	Factory, warehouse, production-line worker, domestic or office cleaner, landscape gardener <input type="checkbox"/>
Other (including the exceptions above) <input type="checkbox"/>	Other (including the exceptions above) <input type="checkbox"/>

➔ If you have ticked a category apart from 'other' in question 4, please now go straight to Part 3

➔ If you have ticked the 'other' category in question 4, please continue with question 5a

5a What is your job title?

- Only applicable if you have ticked 'yes' to any part of question 3 or 'other' in question 4
- If you have more than one job, please state them all in the 'job title' box below

Job title: <input type="text"/>	Job title: <input type="text"/>
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➔ If you DON'T require Critical Illness Cover or Waiver of Payment, please now go straight to Part 3

➔ If you DO require Critical Illness Cover or Waiver of Payment, please continue with question 5b

5b What are the main tasks that you carry out at work?

- This question is only applicable if you require Critical Illness Cover or Waiver of Payment, and you have ticked 'yes' to any part of question 3 or 'other' in question 4
- Please list the main tasks that you carry out at work in a typical working week and the percentage of time spent on each task. If your job only consists of one principal task then please still state the task and mark the task with 100% against it. Jobs where task details are essential are those like Manager, Engineer, Technician, Director, Mechanic (unless they fit any of our specified categories listed in question 4).
- Main tasks do not need to be too specific and could be, for example: 'clerical work'; 'hospital work'; 'working with heavy machinery'; 'driving a vehicle (specify which)'; 'external farm work'; 'building site work'; 'construction site work'; 'general labouring'; 'garage manual work'; 'working off-shore'; 'working at sea'; 'using explosives'; 'bomb disposal'; 'working underground or underwater'; 'flying as aircrew or as a passenger'; 'external work at heights above 40 feet', etc. This is not intended to be a complete list.

Task 1: <input type="text"/>	for <input type="text"/>	% of day	Task 1: <input type="text"/>	for <input type="text"/>	% of day
Task 2: <input type="text"/>	for <input type="text"/>	% of day	Task 2: <input type="text"/>	for <input type="text"/>	% of day
Task 3: <input type="text"/>	for <input type="text"/>	% of day	Task 3: <input type="text"/>	for <input type="text"/>	% of day

Part 3 Product details

1 On which life or lives do you require cover?

Tick one box only for the life or lives for which cover is required

Joint lives or Life 1 or Life 2

2 What is the policy type?

Tick one box only for the policy type

Mortgage Protection or Family Protection

3 What is the start date of your policy?

Please give the full date in dd/mm/yyyy format if known, otherwise tick the 'as soon as possible' or 'unknown' box

/ / As soon as possible Unknown

4 What Sum Assured do you require?

£

5 What premium frequency do you require?

Monthly Annually

6 What policy term do you require?

years

7 Is it your intention to put this product under trust?

Yes No N/A

8 What options do you require?

Type of cover:	Level <input type="checkbox"/>	Decreasing <input type="checkbox"/>	<small>Only applicable to Term Assurance taken out for Mortgage Protection</small>
Indexation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<small>Not available if you select Critical Illness Cover rider or Decreasing Term Assurance cover</small>
Waiver of Payment Benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<small>If 'yes', on which life? Both lives <input type="checkbox"/> Life 1 <input type="checkbox"/> Life 2 <input type="checkbox"/></small>
Critical Illness Cover rider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Total and Permanent Disability (TPD) Definition:	Own <input type="checkbox"/>	Functional Assessment Tests <input type="checkbox"/>	<small>Only applicable if Critical Illness Cover rider selected</small>
Guaranteed or reviewable premiums?	Guaranteed <input type="checkbox"/>	Reviewable <input type="checkbox"/>	<small>Only applicable if Critical Illness Cover rider selected</small>

Part 4 Additional client details

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

Client one	Client two
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- 1 What is your marital status?
- Please only choose one marital status from the list
 - If you are single, divorced or separated, but living with your fiance(e) or partner, please select 'co-habiting'
 - If you are sharing a property with someone whose only relationship to you is as a business or mortgage partner, then do **not** select 'co-habiting', but select one of the other options
 - If neither of the above points apply to you, then please choose whichever status is appropriate currently

Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Co-habiting <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Co-habiting <input type="checkbox"/>
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- 2 What is the address of the property to be insured or purchased, including postcode?
Only applicable if this application is Mortgage related. Please check that you have filled in your postcode as this is essential for processing the application more quickly.

Postcode

- 3 What is your correspondence address, including postcode, if different from the address provided above?
Please check that you have filled in your postcode as this is essential for processing the application more quickly

	Same as Client one <input type="checkbox"/>
Postcode	Postcode

- 4 What are your contact details?

Work phone	Work phone
Home phone	Home phone
Mobile phone	Mobile phone
Email address	Email address

Part 5 is "FOR FINANCIAL ADVISER USE ONLY":

➔ All Clients please now go straight to Part 6

Part 5 Client identification

FOR FINANCIAL ADVISER USE ONLY All Clients should now go straight to Part 6

Money Laundering client identification: Client one

I certify that, in accordance with the provisions of the UK Money Laundering Regulations 2003, the Guidance Notes for Insurance and Retail Investment Products, as amended from time to time:

- a) I have seen Documentary Evidence to verify Personal Identity and Address in the form of:
Please note, the same document cannot be used as both the Personal Identification document and Documentary Evidence of Address. **Original documents** must be seen.

Identity:

Document seen:	<input type="text"/>
Issuing authority or country of origin:	<input type="text"/>
Reference number or Account number:	<input type="text"/>
Issue Date and Expiry Date:	Issued: / / Expires: / /

AND

Address:

Document seen:	<input type="text"/>
Issuing authority or country of origin:	<input type="text"/>
Reference number or Account number:	<input type="text"/>
Issue Date and Expiry Date:	Issued: / / Expires: / /

- b) the identity has not been confirmed due to the small premium life insurance exemption.

Money Laundering client identification: Client two

I certify that, in accordance with the provisions of the UK Money Laundering Regulations 2003, the Guidance Notes for Insurance and Retail Investment Products, as amended from time to time:

- a) I have seen Documentary Evidence to verify Personal Identity and Address in the form of:
Please note, the same document cannot be used as both the Personal Identification document and Documentary Evidence of Address. **Original documents** must be seen.

Identity:

Document seen:	<input type="text"/>
Issuing authority or country of origin:	<input type="text"/>
Reference number or Account number:	<input type="text"/>
Issue Date and Expiry Date:	Issued: / / Expires: / /

AND

Address:

Document seen:	<input type="text"/>
Issuing authority or country of origin:	<input type="text"/>
Reference number or Account number:	<input type="text"/>
Issue Date and Expiry Date:	Issued: / / Expires: / /

- b) the identity has not been confirmed due to the small premium life insurance exemption.

Part 6 Other application, residency and hazardous pursuits details

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

Client one

Client two

- 1 Are you making any other application to Legal & General or any other provider for Life Cover, health insurance or Critical Illness Cover or have you done so within the last 12 months?

Yes No

If 'yes', why are you also completing THIS current application? Is it:

To replace that other application or policy

For comparison purposes only For other purposes

If 'for other purposes', please give details of the OTHER application or policy:

Type of cover:

Life Cover Critical Illness Cover Mortgage Payment Insurance/Income Protection Benefit

Total amount of cover for each type:

Life Cover £

Critical Illness Cover £

Mortgage Payment Insurance/Income Protection Benefit £

Yes No

If 'yes', why are you also completing THIS current application? Is it:

To replace that other application or policy

For comparison purposes only For other purposes

If 'for other purposes', please give details of the OTHER application or policy:

Type of cover:

Life Cover Critical Illness Cover Mortgage Payment Insurance/Income Protection Benefit

Total amount of cover for each type:

Life Cover £

Critical Illness Cover £

Mortgage Payment Insurance/Income Protection Benefit £

- 2 Are you currently living or residing **outside** England, Scotland, Wales or Northern Ireland?

We can normally only offer cover to clients currently residing in England, Scotland, Wales or Northern Ireland. Only answer 'yes' if you are **not** resident in one of these countries. In this context, 'currently living or residing' means that you spend the majority of your time (i.e. more than 50%) outside of these countries at the time you are applying for this policy.

I currently live **outside** England, Scotland, Wales or Northern Ireland:

Yes No

I currently live **outside** England, Scotland, Wales or Northern Ireland:

Yes No

- 3 In the last 5 years have you lived, worked or travelled outside of Western Europe, USA, Canada, Australia or New Zealand?

- Holidays for up to 1 month at a time and business trips up to 1 week at a time can be ignored
- Please note that Western Europe does **not** include: Albania, Belarus, Bosnia, Croatia, Kosovo, Russia, Turkey, Ukraine, Serbia, Montenegro, FYR of Macedonia

Yes No

If 'yes', please state:

Country:

Duration of stay or, if intermittent, average number of months per year:

Up to and including 1 month 2-3 months 4-6 months

7-12 months 1-2 years 3-5 years

More than 5 years

How long ago?

0-1 year 2-3 years 4-5 years

Is there another country to disclose? Yes No

If 'yes', please give the same details as above in the Additional Information section in Part 10

Yes No

If 'yes', please state:

Country:

Duration of stay or, if intermittent, average number of months per year:

Up to and including 1 month 2-3 months 4-6 months

7-12 months 1-2 years 3-5 years

More than 5 years

How long ago?

0-1 year 2-3 years 4-5 years

Is there another country to disclose? Yes No

If 'yes', please give the same details as above in the Additional Information section in Part 10

Part 6 continued

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

Client one	Client two
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- 4 Do you intend to live, work or travel outside of Western Europe, USA, Canada, Australia or New Zealand?
- Holidays for up to 1 month at a time and business trips up to 1 week at a time can be ignored
 - Please note that Western Europe does **not** include: Albania, Belarus, Bosnia, Croatia, Kosovo, Russia, Turkey, Ukraine, Serbia, Montenegro, FYR of Macedonia
 - If you do not know when you intend to live, work or travel abroad please either use a 'best guess' and tick one of the 'within the next x months' boxes, or if definitely unknown tick the 'not known' box

Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If 'yes', please state:		
Country <input style="width: 100%;" type="text"/>		
Duration of stay or, if intermittent, average number of months per year:		
Up to and including 1 month <input type="checkbox"/>	2-3 months <input type="checkbox"/>	4-6 months <input type="checkbox"/>
7-12 months <input type="checkbox"/>	1-2 years <input type="checkbox"/>	3-5 years <input type="checkbox"/>
More than 5 years <input type="checkbox"/>		
When do you intend to go?		
Not known <input type="checkbox"/>	Within the next month <input type="checkbox"/>	Within the next 3 months <input type="checkbox"/>
Within the next 6 months <input type="checkbox"/>	Within the next 12 months <input type="checkbox"/>	Later than 12 months <input type="checkbox"/>
Is there another country to disclose? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If 'yes', please give the same details as above in the Additional Information section in Part 10		

Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If 'yes', please state:		
Country <input style="width: 100%;" type="text"/>		
Duration of stay or, if intermittent, average number of months per year:		
Up to and including 1 month <input type="checkbox"/>	2-3 months <input type="checkbox"/>	4-6 months <input type="checkbox"/>
7-12 months <input type="checkbox"/>	1-2 years <input type="checkbox"/>	3-5 years <input type="checkbox"/>
More than 5 years <input type="checkbox"/>		
When do you intend to go?		
Not known <input type="checkbox"/>	Within the next month <input type="checkbox"/>	Within the next 3 months <input type="checkbox"/>
Within the next 6 months <input type="checkbox"/>	Within the next 12 months <input type="checkbox"/>	Later than 12 months <input type="checkbox"/>
Is there another country to disclose? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If 'yes', please give the same details as above in the Additional Information section in Part 10		

- 5 Do you, or are you likely to, take part in any of the following activities?
- Where examples are shown, they are not intended to be a complete list. For all of the activities listed you can ignore one occurrence a year in connection with a charity event or holiday.
 - Please note that **flying** (other than as a fare-paying passenger) includes aviation either as a pastime, or as part of an occupation, or both, but excludes cabin crew; **motor car** and **motor cycle sport** includes all forms of motor car or motor cycle used for any type of racing including rallying, sprints, hill trials, time trials and pursuits; **scuba diving** in lakes, rivers, quarries, pits or coastal waters on holidays or for leisure purposes **not** exceeding 20 dives each year can be ignored; single or double handed **sailing** in coastal waters or inland lakes or reservoirs, with no organised competitions, can be ignored

Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If 'yes', please tick all that apply:		
Flying (other than as a fare-paying passenger or cabin crew) <input type="checkbox"/>	Caving <input type="checkbox"/>	
Potholing <input type="checkbox"/>	Diving <input type="checkbox"/>	Hang gliding <input type="checkbox"/>
Motor car sport <input type="checkbox"/>	Motor cycle sport <input type="checkbox"/>	Parachuting <input type="checkbox"/>
Sky diving <input type="checkbox"/>	Powerboat racing <input type="checkbox"/>	Rock climbing <input type="checkbox"/>
	Mountaineering <input type="checkbox"/>	Sailing <input type="checkbox"/>
Any Extreme Sport e.g. bungee or BASE jumping, canyoning, white water rafting <input type="checkbox"/>		

Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If 'yes', please tick all that apply:		
Flying (other than as a fare-paying passenger or cabin crew) <input type="checkbox"/>	Caving <input type="checkbox"/>	
Potholing <input type="checkbox"/>	Diving <input type="checkbox"/>	Hang gliding <input type="checkbox"/>
Motor car sport <input type="checkbox"/>	Motor cycle sport <input type="checkbox"/>	Parachuting <input type="checkbox"/>
Sky diving <input type="checkbox"/>	Powerboat racing <input type="checkbox"/>	Rock climbing <input type="checkbox"/>
	Mountaineering <input type="checkbox"/>	Sailing <input type="checkbox"/>
Any Extreme Sport e.g. bungee or BASE jumping, canyoning, white water rafting <input type="checkbox"/>		

➔ If you have answered NO to question 5, please now go straight to Part 7

➔ If you have answered YES to question 5, please complete the Hazardous Pursuits Questionnaire in Part 9 on page 19, before continuing with Part 7

Part 7 Medical details

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

Client one	Client two
<p>1 What is your height without shoes?</p>	
<input type="text"/> m or <input type="text"/> ft <input type="text"/> in	<input type="text"/> m or <input type="text"/> ft <input type="text"/> in
<p>2 What is your weight in indoor clothes? If you are pregnant, please give your weight immediately prior to this pregnancy</p>	
<input type="text"/> kg or <input type="text"/> st <input type="text"/> lb	<input type="text"/> kg or <input type="text"/> st <input type="text"/> lb
<p>3 If you smoke cigarettes, how many do you, or did you, smoke on average each day? Choose from one of the following. If you do not smoke cigarettes or have not smoked cigarettes in the last 12 months, please tick 'N/A'.</p>	
N/A <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40+ <input type="checkbox"/>	N/A <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40+ <input type="checkbox"/>
<p>4 What is your average weekly consumption of alcohol? A unit of alcohol is equivalent to half a pint of beer, lager or cider, one standard glass of wine or a single measure of spirits</p>	
<input type="text"/> units	<input type="text"/> units
<p>5 In the last 5 years has your average alcohol consumption ever been higher than your current average?</p>	
Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', please state: Amount: <input type="text"/> units How long ago? 0-1 year <input type="checkbox"/> 2-3 years <input type="checkbox"/> 4-5 years <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', please state: Amount: <input type="text"/> units How long ago? 0-1 year <input type="checkbox"/> 2-3 years <input type="checkbox"/> 4-5 years <input type="checkbox"/>
<p>6 Have you ever been medically advised to reduce your alcohol consumption?</p>	
Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', please state how long ago and the reason: 0-1 year <input type="checkbox"/> 2-3 years <input type="checkbox"/> 4-5 years <input type="checkbox"/> More than 5 years <input type="checkbox"/> Reason: <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', please state how long ago and the reason: 0-1 year <input type="checkbox"/> 2-3 years <input type="checkbox"/> 4-5 years <input type="checkbox"/> More than 5 years <input type="checkbox"/> Reason: <input type="text"/> <input type="text"/>
<p>7 Have you ever tested positive for HIV/AIDS, or are you awaiting the results of such a test?</p>	
Yes, tested positive <input type="checkbox"/> Awaiting results <input type="checkbox"/> No <input type="checkbox"/>	Yes, tested positive <input type="checkbox"/> Awaiting results <input type="checkbox"/> No <input type="checkbox"/>

Part 7 continued

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

Client one	Client two
-------------------	-------------------

8 In the last 5 years, have you tested positive, or been treated, for other sexually transmitted infection(s) (STI), or are you awaiting the results of such a test ?

Yes No

If 'yes', please state if:

Tested positive and/or treated Awaiting results

If you have tested positive and/or been treated, please give further details:

Name of infection:

How long ago? 0-1 year 2-3 years 4-5 years

Number of instances: 1 2 3 or more

Has a full recovery been made? Yes No

Do you have another STI to disclose? Yes No

If 'yes', please give the same details as above in the Additional Information section in Part 10

Yes No

If 'yes', please state if:

Tested positive and/or treated Awaiting results

If you have tested positive and/or been treated, please give further details:

Name of infection:

How long ago? 0-1 year 2-3 years 4-5 years

Number of instances: 1 2 3 or more

Has a full recovery been made? Yes No

Do you have another STI to disclose? Yes No

If 'yes', please give the same details as above in the Additional Information section in Part 10

9 Do you belong, or have you ever belonged, to any of the following groups: intravenous (IV) drug user, gay men, bisexual men?

Yes No

If 'yes', which?

IV drug user Gay men Bisexual men

Yes No

If 'yes', which?

IV drug user Gay men Bisexual men

10 Are you or have you ever been a sexual partner of anyone in any of the following groups: intravenous (IV) drug user, gay men, bisexual men?

Yes No

If 'yes', please state:

Which group?
IV drug user Gay men Bisexual men

When was this?
Currently Within last 5 years More than 5 years ago

Yes No

If 'yes', please state:

Which group?
IV drug user Gay men Bisexual men

When was this?
Currently Within last 5 years More than 5 years ago

Part 7 continued

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

Client one			Client two
<p>11 Do you currently have, or have you ever had, any of the following? For each 'yes' answer you give you will need to complete the Medical Questionnaire in Part 8</p>			
<p>a) Heart attack, angina or any heart defect or murmur? This question does include Cardiomyopathy and heart abnormalities or defects from birth</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) A stroke, transient ischaemic attack (TIA) or brain haemorrhage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>c) Any other disease or disorder of the arteries, including disease in the legs or of the aorta? This question does include aneurysm, blockage or narrowing of an artery, intermittent claudication and inflammation of an artery</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Cancer, Hodgkin's disease, lymphoma, brain or spinal tumour, or leukaemia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Any form of neurological disorder, multiple sclerosis, visual disturbances including optic or retrobulbar neuritis, paralysis, epilepsy or fits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Diabetes, or sugar in the urine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Mental illness that has required hospital treatment or referral to a psychiatrist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>➔ If you have answered NO to ALL parts of question 11, please continue with question 12</p> <p>➔ If you have answered YES to ANY parts of question 11, please complete the Medical Questionnaire in Part 8, before continuing with question 12</p>			

12 Do you currently have, or in the last 5 years have you had, any of the following (please answer 'yes' even if you have not yet sought medical advice)?

- Where examples are shown, they are not intended to be a complete list
- For each 'yes' answer you give you will need to complete the Medical Questionnaire in Part 8
- If you have told us about one of the following medical conditions in the answer to an earlier question, please DO NOT repeat it when answering the following questions

<p>a) A lump or growth of any kind, or any mole or freckle that has bled, become painful, changed colour or increased in size? You can ignore the following: blood blister, boil, bunion, corn, ganglion, nasal polyp, verruca and wart (if no biopsy or hospital investigation needed)</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>b) Chest pain, irregular heart beat, raised blood pressure, raised cholesterol, or condition affecting your veins (varicose veins without complications can be ignored)? This question does include heart rhythm disorders, palpitations, deep vein thrombosis (DVT) and phlebitis</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Any form of numbness, tingling, dizziness, balance problems, persistent pins and needles or facial pain (dental pain can be ignored)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>d) A scan or other investigation of the heart, brain or nervous system e.g. angiogram, ECG, MRI, CT scan? If the result of the scan or investigation is not yet known, or if the results were uncertain, 'negative' or 'normal', please still answer 'yes' to this question and state the symptoms or condition which led to the scan or investigation being needed in the Medical Questionnaire in Part 8</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>e) Arthritis, rheumatism, gout or any form of neck, back, spine or joint trouble e.g. osteo or rheumatoid arthritis, slipped disc, sciatica, RSI? If you are applying for Life Cover only, you can ignore the following: backache, back spasm, cricked neck, fibrositis, frozen shoulder, lumbago, stiff neck, trapped nerve or operation to correct this</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Anxiety, depression, or any form of nervous or mental disorder for which you have been prescribed tranquillisers or anti-depressants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Any eating disorder, chronic fatigue or persistent tiredness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

continued overleaf

Part 7 continued

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

Client one	Client two
Question 12 continued	
<p>h) Any problem, disease or abnormality affecting your ears or hearing? If you are applying for Life Cover only, you can ignore the following: deafness (partial or total), earache, ear infection, ear wax or syringing, glue ear, grommet insertion and otitis</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>i) Any problem, disease or abnormality affecting your eyes or vision (not wholly corrected by spectacles or lenses)? If you are applying for Life Cover only, you can ignore the following: astigmatism, black eye, blocked tear duct, cataract(s), conjunctivitis, droopy eye, dry eyes, long sighted, myopia (short sighted), squint and sty(e)s. If Critical Illness Cover or Waiver of Payment has been applied for, you can ignore only the following – astigmatism, black eye, blocked tear duct, conjunctivitis, dry eyes, long sighted, myopia (short sighted), sty(e)s)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>j) Any problem, disease or abnormality affecting your thyroid, including over or under activity?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>k) Any problem, disease or abnormality affecting your blood, including anaemia, sickle cell disorder or clotting abnormality?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>l) Asthma, bronchitis or any other problem, disease or abnormality affecting your lungs e.g. sarcoidosis, emphysema, embolism? You can ignore the following only if no hospital investigation has been advised or completed: chesty cough, pleurisy and upper respiratory tract infection (URTI)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>m) Any problem, disease or abnormality affecting your stomach, bowel, pancreas or liver e.g. ulcer, colitis, Crohn's disease, hepatitis? You can ignore the following only if no hospital investigation has been advised or completed: diarrhoea, food poisoning, indigestion, sickness or vomiting and stomach bug or upset</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>n) Any problem, disease or abnormality affecting your bladder, kidneys or prostate e.g. urinary tract infections, blood or protein in the urine, pyelitis, nephritis?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>o) FOR FEMALES ONLY: A cervical smear or gynaecological disorder or breast problem for which you have needed further investigations, tests, advice or for which you have not yet been discharged from follow-up?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>

13 Do you have any other medical condition or any other symptoms, illness or injury, not mentioned previously, for which:

- For each 'yes' answer you give you will need to complete the Medical Questionnaire in Part 8
- If you have already told us about one of the following medical conditions in the answer to an earlier question, please DO NOT repeat it when answering the following questions

<p>a) you have had, or been advised to have, in the last 12 months, any medical investigations or blood tests? Negative or normal results can be ignored, as can blood donations and routine vaccinations</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>b) you are currently waiting to have, or are waiting for the results of, any medical or surgical consultation or follow-up?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>c) you currently take prescribed drugs, medicines, tablets or are having any other treatment? You can ignore the following – blister, boil, broken wrist, arm or finger, bunion or corn, cold sore(s), common cold, ear syringing, haemorrhoids, hayfever or dust allergy, infertility treatment, influenza, ingrowing toenail, laryngitis, miscarriage, mouth ulcer(s), muscle strain, pulled muscle or sprain, pregnancy without complications, rupture, shingles, sinus trouble, tonsillitis, varicose veins (where there are no complications), wisdom teeth</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

- ➔ If you have answered NO to ALL parts of questions 12 and 13, please now continue with all applicable questions opposite
- ➔ If you have answered YES to ANY parts of questions 12 or 13, please complete the Medical Questionnaire in Part 8, before continuing with all applicable questions opposite

Part 7 continued

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

Client one	Client two
<p>➔ If you DON'T require the Waiver of Payment Benefit option, please now go straight to question 16</p> <p>➔ If you DO require the Waiver of Payment Benefit option, please continue with questions 14 and 15</p>	

- 14 In the last 5 years have you ever sought medical advice, been investigated or received treatment for any form of joint pain or stiffness, or muscular pain, not mentioned previously?
- This question is only applicable if you require the Waiver of Payment Benefit option
 - If you have already told us about a medical condition in the answer to an earlier question, please **DO NOT** repeat it when answering this question
 - You can ignore the following provided it has **not** kept you off work for 2 weeks or more (if it has, see question 15 below) – minor sporting injuries e.g. muscle strain, pulled muscle, torn ligament or tendon, sprained joint
 - If you answer 'yes' you will need to complete the Medical Questionnaire in Part 8

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

- 15 In the last 5 years have you had any other illness, injury or disability, not mentioned previously, which has kept you off work for a total of 2 continuous weeks or more e.g. stress, tension, pressure of work, headaches or trapped nerve?
- This question is only applicable if you require the Waiver of Payment Benefit option
 - If you have already told us about a medical condition in the answer to an earlier question, please **DO NOT** repeat it when answering this question
 - If you answer 'yes' you will need to complete the Medical Questionnaire in Part 8
 - You can ignore the following – appendicitis without complications, broken or dislocated arm, leg, wrist or finger, influenza, miscarriage, pregnancy without complication, rupture, shingles, tonsillitis, varicose veins where there were no complications
 - Where examples are shown, they are not intended to be a complete list

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

➔ If you have answered **NO** to questions 14 and 15, please continue with question 16

➔ If you have answered **YES** to question 14 and/or 15, please complete the Medical Questionnaire in Part 8, before continuing with question 16

- 16 Have any of your natural parents, brothers or sisters, before the age of 65, been diagnosed with or died from any of the following?
- For each 'yes' answer please state: a) number of relatives affected
b) the youngest age that any relative was affected
c) the second youngest age that any relative was affected
 - If you choose 'cancer of another site' please state the part of the body affected by the 'primary' cancer i.e. where it first occurred in the body. If more than one relative has had a 'cancer of another site' please state all sites plus the total number of relatives and the two youngest (lowest) ages.
 - 'Any other hereditary disorder' does not imply that the other conditions stated in the list are always hereditary. Under this heading, you can ignore the following – short or long sight, colour blindness, asthma, high blood pressure, heart murmur (other than in connection with Cardiomyopathy), dermatitis, eczema, rheumatoid or osteo arthritis.

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																																																								
<p>If 'yes', please tick all that apply (continued overleaf):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">No. of relatives affected</th> <th style="text-align: center;">Youngest age affected</th> <th style="text-align: center;">Second youngest age affected</th> </tr> </thead> <tbody> <tr><td>Heart attack, Angina, Stroke or Diabetes</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Cardiomyopathy</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Cancer of the Breast</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Cancer of the Ovary</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Cancer of the Colon (Bowel)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Polyposis coli (Familial Adenomatous)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> <p>continued overleaf</p>		No. of relatives affected	Youngest age affected	Second youngest age affected	Heart attack, Angina, Stroke or Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiomyopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer of the Breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer of the Ovary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer of the Colon (Bowel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polyposis coli (Familial Adenomatous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>If 'yes', please tick all that apply (continued overleaf):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">No. of relatives affected</th> <th style="text-align: center;">Youngest age affected</th> <th style="text-align: center;">Second youngest age affected</th> </tr> </thead> <tbody> <tr><td>Heart attack, Angina, Stroke or Diabetes</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Cardiomyopathy</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Cancer of the Breast</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Cancer of the Ovary</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Cancer of the Colon (Bowel)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Polyposis coli (Familial Adenomatous)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		No. of relatives affected	Youngest age affected	Second youngest age affected	Heart attack, Angina, Stroke or Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiomyopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer of the Breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer of the Ovary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer of the Colon (Bowel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polyposis coli (Familial Adenomatous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Part 7 continued

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

Client one	Client two
-------------------	-------------------

Question 16 continued

		No. of relatives affected	Youngest age affected	Second youngest age affected		No. of relatives affected	Youngest age affected	Second youngest age affected
Polycystic Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Neurone Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Huntington's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked 'Multiple Sclerosis', please state if mother, father, brother(s) or sister(s)	<input type="text"/>							
	<input type="text"/>							
Cancer of another site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked 'cancer of another site', please give site	<input type="text"/>							
	<input type="text"/>							
Any other Hereditary Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked 'another Hereditary Disorder', please give name of the disorder(s)	<input type="text"/>							
	<input type="text"/>							

17 Doctor's details:

- Please include your doctor's practice name or clinic, postcode and telephone number as this is essential for processing your application more quickly
- There is no need for Client two to enter their doctor's details unless they are different to those given by Client one

<p>Name <input style="width: 90%;" type="text"/></p> <p>Address <input style="width: 90%;" type="text"/></p> <p style="margin-left: 100px;"><input style="width: 80%;" type="text"/></p> <p>Postcode <input style="width: 80%;" type="text"/></p> <p>Phone number <input style="width: 90%;" type="text"/></p>	<p>Same as Client one <input type="checkbox"/> Name <input style="width: 80%;" type="text"/></p> <p>Address <input style="width: 90%;" type="text"/></p> <p style="margin-left: 100px;"><input style="width: 80%;" type="text"/></p> <p>Postcode <input style="width: 80%;" type="text"/></p> <p>Phone number <input style="width: 90%;" type="text"/></p>
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[➔ Please now go straight to Part 11](#)

Part 8 Medical Questionnaire

➔ Only applicable if you have been asked in Part 7 to complete a Medical Questionnaire. Otherwise, please now go straight to Part 11.

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

Client one	Client two
<p>1 Please state which part number, question number, and if relevant, question part (i.e. a, b, c) this information relates to:</p>	
<p>Part <input type="text"/> Question <input type="text"/> part <input type="text"/>)</p>	<p>Part <input type="text"/> Question <input type="text"/> part <input type="text"/>)</p>
<p>2 Name of actual medical condition, illness or injury: If growth or lump, also state the part of body affected</p>	
<p><input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/></p>
<p>3 How long ago did the condition first occur?</p>	
<p><input type="text"/> years <input type="text"/> months</p>	<p><input type="text"/> years <input type="text"/> months</p>
<p>4 Duration of the symptoms:</p>	
<p>N/A <input type="text"/> Minutes <input type="text"/> Hours <input type="text"/> Days <input type="text"/> Months <input type="text"/> Years <input type="text"/> Constant <input type="text"/></p>	<p>N/A <input type="text"/> Minutes <input type="text"/> Hours <input type="text"/> Days <input type="text"/> Months <input type="text"/> Years <input type="text"/> Constant <input type="text"/></p>
<p>5 How often do the symptoms occur?</p>	
<p>No symptoms <input type="text"/> Fully recovered <input type="text"/> Constant <input type="text"/> Daily <input type="text"/> Weekly <input type="text"/> Monthly <input type="text"/> Yearly <input type="text"/></p>	<p>No symptoms <input type="text"/> Fully recovered <input type="text"/> Constant <input type="text"/> Daily <input type="text"/> Weekly <input type="text"/> Monthly <input type="text"/> Yearly <input type="text"/></p>
<p>6 Time since last major attack or symptom(s):</p>	
<p>N/A <input type="text"/> <input type="text"/> years <input type="text"/> months</p>	<p>N/A <input type="text"/> <input type="text"/> years <input type="text"/> months</p>
<p>7 Are you currently receiving treatment for this condition? If more than one treatment, please state them all</p>	
<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', please give the name of the medicine, tablet or other treatment: <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', please give the name of the medicine, tablet or other treatment: <input type="text"/> <input type="text"/> <input type="text"/></p>

Part 8 continued

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

Client one	Client two
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8 Have you ever had, or are you expecting to receive, any of the following in connection with this condition?

<p>Surgery or operation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 100px;">If 'yes', when? <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Other hospital admission? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 100px;">If 'yes', when? <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Steroid tablets? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 100px;">If 'yes', when? <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Specialist referral? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 100px;">If 'yes', when? <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Different treatment than current? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 100px;">If 'yes', when? <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>If 'yes' to any of the above, please give details:</p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 20px;"></div>	<p>Surgery or operation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 100px;">If 'yes', when? <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Other hospital admission? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 100px;">If 'yes', when? <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Steroid tablets? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 100px;">If 'yes', when? <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Specialist referral? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 100px;">If 'yes', when? <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Different treatment than current? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 100px;">If 'yes', when? <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>If 'yes' to any of the above, please give details:</p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 20px;"></div>
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9 How much time off work has your condition caused you in total over the last 5 years?

No time <input type="checkbox"/>	1 week or less <input type="checkbox"/>	2-4 weeks <input type="checkbox"/>	5-12 weeks <input type="checkbox"/>
	3-6 months <input type="checkbox"/>	7-12 months <input type="checkbox"/>	More than 12 months <input type="checkbox"/>

10 How long ago was the most recent time off work?

N/A <input type="checkbox"/>	Current <input type="checkbox"/>	1-6 months ago <input type="checkbox"/>	7-12 months ago <input type="checkbox"/>
1-2 years ago <input type="checkbox"/>	3 years ago <input type="checkbox"/>	4-5 years ago <input type="checkbox"/>	More than 5 years ago <input type="checkbox"/>

11 Do you have any more medical conditions to disclose, as a result of answering 'yes' to a question in Part 7?

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

- ➔ If you DON'T have any more medical conditions to disclose, please now finish completing the remaining medical questions in Part 7 if you have not done so already, otherwise please now go straight to Part 11
- ➔ If you DO have a further medical condition(s) to disclose, thank you for informing us. We will contact you, if necessary, for this additional information. Please now finish completing the remaining medical questions in Part 7 if you have not done so already, otherwise please now go straight to Part 11

Part 9 Hazardous Pursuits Questionnaire

➔ Only applicable if you have answered 'yes' to question 5 in Part 6. Otherwise, please now go straight to Part 11.

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

Client one	Client two
1 What is the name of the activity?	
<input type="text"/>	<input type="text"/>
2 Are you a member of a recognised club, association or professional body?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 If applicable, to what professional standard or qualification do you carry out this activity?	
N/A <input type="checkbox"/> <input type="text"/>	N/A <input type="checkbox"/> <input type="text"/>
4 Where is the activity carried out?	
UK only <input type="checkbox"/> Europe only <input type="checkbox"/> Other <input type="text"/>	UK only <input type="checkbox"/> Europe only <input type="checkbox"/> Other <input type="text"/>
5 How many times a year do you do this activity, and how many hours do you spend on it (on average)?	
Average number of times a year <input type="text"/> Average number of hours a year <input type="text"/>	Average number of times a year <input type="text"/> Average number of hours a year <input type="text"/>
6 If applicable, what is the maximum climbing height or diving depth (in metres)?	
N/A <input type="checkbox"/> <input type="text"/> metres	N/A <input type="checkbox"/> <input type="text"/> metres
7 If applicable, please state the type(s) and engine type and size, of motor car, motor cycle, aircraft or boat:	
N/A <input type="checkbox"/> <input type="text"/> <input type="text"/>	N/A <input type="checkbox"/> <input type="text"/> <input type="text"/>
8 For this activity do you, or are you likely to participate in any of the following?	
Aerobatics Yes <input type="checkbox"/> No <input type="checkbox"/> Expeditions Yes <input type="checkbox"/> No <input type="checkbox"/> Internal wreck exploration Yes <input type="checkbox"/> No <input type="checkbox"/> Record attempts Yes <input type="checkbox"/> No <input type="checkbox"/> Testing of experimental vehicles or equipment Yes <input type="checkbox"/> No <input type="checkbox"/>	Aerobatics Yes <input type="checkbox"/> No <input type="checkbox"/> Expeditions Yes <input type="checkbox"/> No <input type="checkbox"/> Internal wreck exploration Yes <input type="checkbox"/> No <input type="checkbox"/> Record attempts Yes <input type="checkbox"/> No <input type="checkbox"/> Testing of experimental vehicles or equipment Yes <input type="checkbox"/> No <input type="checkbox"/>
9 Do you have another activity to disclose?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
➔ If you DON'T have another activity to disclose, please now continue with question 1 in Part 7 if you have not done so already, otherwise please now go straight to Part 11 ➔ If you DO have another activity to disclose, please give the same answers as above in the Additional Information section in Part 11, otherwise we will contact you, if necessary, for this additional information. Please now continue with question 1 in Part 7 if you have not done so already, otherwise please now go straight to Part 11.	

Part 10 Additional Information

➔ Only applicable if you need more space to answer any questions. Otherwise, please now go straight to Part 11.

Client one			Client two		
Part	Question	Further details	Part	Question	Further details

Part 11 Further mortgage information

➔ Only applicable if you are applying for a mortgage related product. Otherwise, please now go straight to Part 12.

Please remember that failure to answer the following questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled

- 1 If relevant, please provide details of any third parties who have an interest in the property to be insured (e.g. mortgage lender or freeholder)

N/A <input type="checkbox"/>	Third party or lender name	<input type="text"/>
	Third party or lender address including postcode	<input type="text"/>
		<input type="text" value="Postcode"/>
	Mortgage or loan amount	£ <input type="text"/>
	Mortgage or loan account number	<input type="text"/>

Part 12 Customer Declaration and Consent

- Please ensure that you have read the Important Customer Information at the beginning of this form
- You must CAREFULLY read the answers YOU HAVE GIVEN TO THE QUESTIONS before accepting the following Declaration
- The information you give will form the basis of your contract with Legal & General
- If you have passed a half birthday while the application is being processed, the terms may differ from those originally quoted
- In most instances the payments will be as originally quoted. Legal & General may sometimes offer revised terms and/or premiums and very occasionally may not be able to offer the benefits requested. Legal & General will inform you as soon as possible if this is the case.
- Please remember that all items of information asked for in this application are material facts which are taken into account when assessing acceptance of the application and in calculating the premium. Please also remember that if you do not answer the questions truthfully and accurately it will very likely mean that a claim will be declined and the policy(ies) cancelled. If you are not sure if any information is relevant, please disclose it anyway. If you have given information to Legal & General in the past, please disclose it again. If necessary, please return to the questions and amend your answer in the appropriate place
- Legal & General will try to rely on the information you provide and you must not assume that they will always clarify that information with your doctor (GP). However, as part of their administrative procedures, Legal & General may ask for a report from your GP to check medical disclosures.
- Legal & General may ask you to contact your doctor if they are waiting for reports which they have asked for
- If Legal & General asks you to attend a medical examination, it may be necessary to share the application information with another company which they have authorised. If so, that company will make the arrangements for the examination to take place.

All Clients – please declare and agree the following:

I/we declare that, to the best of my/our knowledge and belief all the statements made, including anything I/we may have said, are true and complete and have been recorded accurately in this form. Also, I/we agree these statements will form the basis of the insurance contracts.

I/we understand that if I/we do not give all of the requested information truthfully and accurately it will very likely mean that a claim will be declined and the policy or policies cancelled.

I/we agree to immediately inform Legal & General in writing of any changes to the following answers on the application that occur before the policy starts, about:

- medical disclosures
- occupation
- pastimes
- country of residence (other than for holidays)
- family history.

I/we understand that failure to do so may result in the contract being declared void and the benefits due under the policy not being paid.

I/we agree to Legal & General getting relevant information from another insurance company about previous or concurrent applications for Life, Critical Illness, Sickness, Disability, Accident or Private Medical Insurance that I/we have applied for. I/we authorise them to give this information.

I/we also agree to Legal & General sharing any medical information obtained in connection with this application with another insurance company to whom I am/we are applying or may apply to in the future. Also, when necessary, sharing it with a Reassurer and/or third party administrator.

I/we understand that Insurers share information with each other to prevent fraudulent claims via a Register of Claims and that a list of participants is available on request. The information I/we supply on this form, together with that provided on any additional medical reports and any other information in the event of a claim, will be given to the Register and made available to other participants.

I/we agree that if the policy is to be set up as joint lives, it will be owned jointly by us or by the survivor of us.

I/we confirm that I/we have received and read the Key Features for this product. I/we understand the features and risks of the product and are satisfied that it meets my/our needs.

To comply with Money Laundering Regulations, I/we understand that my/our identity needs to be verified. This is achieved by using credit reference agencies to search sources of information relating to me/us (an 'identity search'). This will not affect my/our credit rating. I/we further understand that the results of such an identity search relating to me/us or any person with whom I/we have a financial link may be used by Legal & General and other companies if I/we or other members of my household apply for other facilities.

I/we acknowledge that any company within the Legal & General group of companies ('Legal & General') will process by computer or otherwise, information including medical and health details obtained about me/us as a result of this application, whether or not it proceeds, and also information which relates to any contract I/we

enter into with Legal & General ('Personal Data'). By accepting this declaration I/we consent to Legal & General using the Personal Data to:

- 1 Enable Legal & General and its representatives to manage my/our dealings with Legal & General
- 2 Underwrite and administer the policy
- 3 Process any claim that might be submitted under the policy
- 4 Share with another insurance company to whom I am/we are applying or may apply to in the future, and also, where necessary, with a Reassurer
- 5 Carry out market research, statistical analysis and customer profiling
- 6 Bring to my/our attention marketing information about Legal & General's products which may be of interest to me/us, and I/we understand that Legal & General may contact me/us by post, telephone, e-mail and any other appropriate means of communication and that the Personal Data may be passed to other Legal & General companies for marketing purposes.

Please tick the box if you do NOT wish the Personal Data to be used to send or communicate marketing information to you about Legal & General products as described in 6 above.

Please give forename and surname and tick box if applicable

Client 1

Client 2

I/we understand that Legal & General may need to transfer the Personal Data to countries outside of the European Economic Area and I/we consent to such a transfer.

I/we understand that I/we have the right to ask for a copy of the Personal Data in return for payment of a small fee and to require Legal & General to correct any inaccuracies in the Personal Data.

I/we confirm I am/we are a UK resident.

I/we have been told that Legal & General have a formal complaints procedure, details of which will be given to me/us when I/we receive the policy documentation.

I/we have been told that the contract will be governed by the law of England and Wales.

I/we understand that the full terms and conditions of the policy and a copy of the completed application is available on request.

I/we have sent or attached the answers to the medical questions on this form in an envelope for the attention of Legal & General's Chief Medical Officer. Only tick this box if you have done this:

Client 1

Client 2

Part 12 continued

All Clients (continued) – please declare and agree the following:**Access to Medical Reports**

Notice of your Statutory Rights under the Access to Medical Reports Act 1988, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, and the Isle of Man Access to Health Records and Reports Act 1993.

Legal & General may need to get medical reports to support your application. Before they can ask any doctor that you have consulted to fill in a report they need your permission under the above Acts. This permission is requested opposite. Your legal rights are as follows:

- you do not need to give your permission, but if you do not Legal & General may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance
- you can ask to see the report before the doctor returns it, in which case please tick the box opposite. If you do this the doctor can see that you require access and keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time the doctor will send the report to Legal & General
- if you choose not to see the report at this stage you may ask the doctor for a copy within six months of it being sent. Legal & General can send a copy of the report to the doctor if you ask to see it at a later date
- if you think that any part of the report is not correct or is misleading you may ask the doctor to amend it. If the doctor refuses to make the amendments you may ask him or her to attach a statement outlining your views, which will then accompany the report
- the doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- your current health
 - any care, medication or treatment you are currently receiving
 - the results of referrals or tests you are waiting for
- any time off work in the last three years
- your past health
 - details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
 - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
 - musculoskeletal disease or injury, for example arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
 - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
 - suicidal thoughts or attempts at suicide; or
 - conditions related to drug or alcohol misuse or smoking or chewing tobacco
 - details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (test on urine), x-rays or other investigations
 - any blood pressure readings in the last three years.
- any history of disease among your parents or brothers or sisters that you have told your doctor about.

Legal & General will ask your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually transmitted infections unless there could be long-term effects on your health; or
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in Legal & General:

- refusing to provide insurance;
- increasing premiums above standard rates; or
- setting premiums at standard rates.

If you have any questions about your rights under the Act or questions relating to the process of getting, assessing or storing medical information, please write to: Claims and Underwriting Director, Legal & General Assurance Society Limited, 2, Montefiore Road, Hove, East Sussex BN3 1SE.

Medical Consent

If Legal & General decide they need to obtain a report from my/our doctor, I/we agree to them asking any doctor I/we have consulted about my/our physical or mental health to provide medical information so that they may assess my/our application. They may gather relevant information from other insurers about any other applications for Life, Critical Illness, Sickness, Disability, Accident or Private Medical Insurance that I/we have applied for. I/we authorise those asked to provide medical information when they see a copy of this consent form. This form allows Legal & General to gather medical reports within six months of the start of the policy, or after my/our death to support any claim made on the policy proceeds.

I/we agree that this information can also be used to maintain management information for business analysis.

I/we agree, that by signing this Declaration, I/we allow Legal & General to process my/our application using the information that I/we have given, together with any other medical information given in the course of this application, solely for the purposes of underwriting and administering my/our policy, and/or any subsequent policy, and in connection with any claim.

If Legal & General need to obtain a report from my/our doctor:

- I/we DO NOT want to see the report before it is sent to Legal & General
- I/we DO want to see the report before it is sent to Legal & General

Client 1

Client 2

I/we confirm that I/we have read the Declaration, and the Important Customer Information section, and my rights under the Access to Medical Reports Act.

Please remember that all items of information requested in this application form are material facts which are taken into account when assessing acceptance of the application and in calculating the premium.

If you do not give any of this information or if you mis-state any information, it will very likely mean that a claim will be declined and the policy(ies) cancelled.

If you are uncertain as to the relevance of any such information or if you believe that there is any other information which may be relevant, please return to the questions and answer in the appropriate place. If you have given information to Legal & General in the past please disclose it again.

Client 1Name: Date of birth: Signature: Date: **Client 2**Name: Date of birth: Signature: Date:

Part 13 Payment details

Instruction to your Bank or Building Society to pay Direct Debits:

Please make sure that you fully complete all of the white boxes and that this instruction is signed and dated

Legal & General Assurance Society Limited,
 Legal & General House, Kingswood,
 Tadworth, Surrey KT20 6EU



Originator's Identification Numbers

8	0	6	1	6	2	9	1	3	1	4	8
5	1	1	1	4	8	9	9	6	8	4	1

1 Name and full postal address of your Bank or Building Society branch

Bank or Building Society:

Address:

Postcode:

2 Name(s) of account holder(s):

3 Bank or Building Society Acc. No:

5 Reference No: (L&G use only)

4 Branch sort code:

6 Instruction to your Bank or Building Society

Please pay Legal & General Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with Legal & General and, if so, details will be passed electronically to my Bank or Building Society.

Signature:

Signature:

Date:

Date:

Banks and Building Societies may not accept Direct Debit instructions for some types of account

➔ Please now tear off the Direct Debit Guarantee below, and keep somewhere safe

 Cut off here and keep the Direct Debit Guarantee somewhere safe



The Direct Debit Guarantee – this guarantee should be detached and retained by the payer



- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.
- If an error is made in the payment of your Direct Debit, either by us (Legal & General Assurance Society Limited) or by your Bank or Building Society, you are entitled to a full and immediate refund from your bank branch. Simply contact your Bank or Building Society to arrange a refund or, if you prefer, contact Legal & General and they shall arrange to repay you direct.
- You can cancel a Direct Debit at any time by simply contacting your Bank, Building Society or us. **Written confirmation may be required.**
- If there are any changes to the amount, date or frequency of your Direct Debit, Legal & General will notify you in advance of your account being debited; this will be 5 working days or as otherwise agreed.
- If you request us to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

Legal & General Assurance Society Limited
Registered in England No. 166055
Registered Office: Temple Court, 11 Queen Victoria Street, London EC4N 4TP
www.legalandgeneral.com
W10215 11/04 Approval Number: H16462 Approval Date: 23/11/04

