

IMPORTANT INFORMATION

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Declaration of Health

Authorised and regulated by the Financial Services Authority

Legal & General Assurance Society Limited.

Registered in England No. 166055

Registered office: Temple Court, 11 Queen Victoria Street, London EC4N 4TP
until 30 September 2007.

With effect from 1 October 2007, our registered office
will be One Coleman Street, London EC2R 5AA.

www.legalandgeneral.com

W11173 06/07 NON GASD



DECLARATION OF HEALTH

Client Full Name

Reference

Client Date of Birth

1. Since completion of your application have you suffered any illness, injury or medical symptoms (whether a doctor has been consulted or not), or had or been advised to have any medical consultation, hospital investigation, treatment, operation, blood test or psychiatric advice?
(To help you answer this question we have listed our current application form questions. These are provided to indicate the conditions that are relevant. You do not need to answer each question individually).

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you have answered 'Yes' please give full details below.

2. Since completion of your application have you or do you intend to live, work or travel outside any of the countries stated below?
The United Kingdom, Australia, Austria, Belgium, Canada, the Channel Islands, Denmark, Finland, France, Germany, Greece, Holland, Isle of Man, Italy, Luxembourg, New Zealand, Portugal, Republic of Ireland (Eire), Spain, Sweden and the USA.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you have answered 'Yes' please give full detail below.

3. It may be necessary to contact you to discuss the information you provide in the form. This will help speed up the assessment of your application. Are you happy for us to telephone you in this event? Please note that we will not call at weekends.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes' please confirm the most suitable time	
Work: am <input type="checkbox"/>	pm <input type="checkbox"/>	preferred day of the week	<input type="text"/>
Work telephone number		<input type="text"/>	
Home: am <input type="checkbox"/>	pm <input type="checkbox"/>	preferred day of the week	<input type="text"/>
Home telephone number		<input type="text"/>	

CLIENT DECLARATION

I declare that to the best of my knowledge and belief all the statements made are true and complete and have been recorded accurately in this form. I agree these statements will form the basis of the insurance contract(s). Also, I agree to inform Legal and General of any change in my circumstances between now and the start of the policy.

Signature:

Date:

For Client Information Only. Please use the space provided on the Declaration of Health to disclose any changes

Do you currently have, or have you ever had, any of the following:

- Heart attack, angina or any heart defect or murmur?
- A stroke, transient ischaemic attack (TIA) or brain haemorrhage?
- Any other disease or disorder of your arteries including disease in the legs or of the aorta?
- Cancer, Hodgkin's disease, lymphoma, brain or spinal tumour (including benign growths), or leukaemia?
- Any form of neurological disorder, multiple sclerosis, visual disturbances including optic or retrobulbar neuritis, epilepsy, fits, myotonic (muscular) dystrophy or paralysis e.g. Parkinson's disease, motor neurone disease, cerebral palsy?

- Diabetes, or sugar in the urine?

- Mental illness that has required hospital consultation or treatment or referral to a community mental health team or psychiatrist?

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?

- A lump, tumour or growth of any kind or any mole or freckle that has bled, become painful, changed colour or increased in size?
- Chest pain, irregular heartbeat, raised blood pressure, raised cholesterol, or condition affecting your veins (varicose veins without complications can be ignored)?
- Any form of numbness, tingling, dizziness, balance problems, persistent pins and needles or facial pain (dental pain can be ignored)?
- A scan or other investigations of the heart, brain or nervous system e.g. angiogram, ECG, MRI or CT scan?
- Arthritis, rheumatism, gout or any form of neck, back, spine or joint trouble e.g. osteo or rheumatoid arthritis, slipped disc, sciatica, RSI?
- Anxiety, depression or any form of nervous or mental disorder for which you have been prescribed tranquillisers or anti-depressants?
- Any eating disorder, chronic fatigue, or persistent tiredness?
- Any problem, disease or abnormality affecting your ears or hearing, e.g. tinnitus, Meniere's disease, labyrinthitis?
- Any problem, disease or abnormality affecting your eyes or vision (not wholly corrected by spectacles or lenses)?
- Any problem, disease or abnormality affecting your thyroid, including over or under activity?
- Any problem, disease or abnormality affecting your blood, including anaemia, sickle-cell disorder or clotting abnormality?
- Asthma, bronchitis, or any other problem, disease or abnormality affecting your lungs, for example sarcoidosis, emphysema, embolism?
- Any problem, disease or abnormality affecting your stomach, oesophagus, bowel, pancreas or liver for example ulcer, colitis, Crohn's disease or hepatitis?
- Any problem, disease or abnormality affecting your bladder, kidneys or prostate for example urinary tract infections, blood or protein in the urine, pyelitis or nephritis?
- A cervical smear or gynaecological disorder or breast problem for which you have needed further investigations, test, advice or for which you have not yet been discharged from follow up?

In the last 12 months have you had any other medical condition, or other symptoms, illness or injury not mentioned previously, for which:

- You have had, or been advised to have, any medical investigation or blood test?
- You are waiting to have, or are waiting for the results of, any medical or surgical consultation or follow up?
- You currently take, or within the last 12 months have you taken or received, prescribed drugs, medicines, tablets or are having or have had any other treatment?

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?

In the last 5 years have you had any 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?

Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting the results of such a test? A negative HIV or Hepatitis test result will not, of itself, have any affect on your acceptance terms for insurance.

In the last 5 years have you been exposed to the risk of HIV infection? (This can be caught through unsafe sex, injecting a non-prescription drug, treatment with a blood product or blood transfusion or surgery undertaken outside any of the countries stated below).

- The United Kingdom, Australia, Austria, Belgium, Canada, the Channel Islands, Denmark, Finland, France, Germany, Greece, Holland, Isle of Man, Italy, Luxembourg, New Zealand, Portugal, Republic of Ireland (Eire), Spain, Sweden and the USA.

In the last 5 years have you tested positive or been treated for any disease which was transmitted sexually (STD)?

In the last 5 years have you used recreational drugs, other than cannabis, for example ecstasy, cocaine or heroin?

- Where examples are shown they are not intended to be a complete list
- Legal & General will only use the answer to this question in underwriting your application or at claim stage. Therefore there are no legal implications in responding to this question

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

- 0 units 1-21 units 22-28 units 29-42 units over 42 units

In the last 5 years has your average alcohol consumption ever been higher than your current average?

Have you ever been medically advised to reduce your alcohol consumption?

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