

Confidential



## Whole of Life Protection Plan

Application form and additional questionnaires



# 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 'Applicant' means the person whose life is to be assured.

- if there is more than one applicant applying for insurance each person **MUST** answer all of the questions themselves.

## If your Financial Adviser is going to complete this form on your behalf using information you have provided:

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.

If you would prefer to send Legal & General your answers to the questions on this form in a sealed envelope you have the right to do so. Please address the envelope to: The Chief Medical Officer, Legal & General Assurance Society Limited, City Park, The Drove Way, Hove, East Sussex BN3 7PY. Please tick the box in the Declaration at the end of this form if you have done this. It would be preferable if you attach the envelope securely to this form, but you can send it by post if required. If you do this, please ensure your full name and date of birth are shown clearly on the contents.

### • The information you give Legal & General

They will only use the information given in this application, or in any additional medical report, for the purposes of underwriting, processing and administering the policy or policies requested, or any subsequent policy(ies) and for statistical analysis. 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 its reinsurer for its opinion or agreement on the acceptance terms to be offered, and/or, at a later stage, for the purpose 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.

### • Confirming Your Identity

To protect you and us from financial crime, we may need to confirm your identity from time to time. We may do this by using reference agencies to search sources of information about you (an identity search). This will not affect your credit rating. If this identity search fails, we may need to ask you for documents to confirm your identity.

### • When your policy starts

The benefits provided by the policy or policies will not start until Legal & General has 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

The Association of British Insurers' (ABI) have a policy on genetics and insurance

Currently, you only need to tell us about any genetic test results concerning Huntington's Disease, for life insurance over £500,000 in total. This is because the Government's Genetics and Insurance Committee (GAIC) has approved this test for insurers to use. The total is for any life insurance application being made now together with any life insurance you have already. You don't need to tell us about any other genetic test result.

However, you must tell us if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition. You must also tell us of any family history of a medical condition as asked for in the relevant question in this application. If you want to tell us about a negative genetic test result, we'll be willing to consider this when setting your premium.

A copy of the ABI Code of Practice on Genetic Testing is available from us on request or from their website, [www.abi.org.uk](http://www.abi.org.uk)

### • Complaints Procedure

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

## Part 1 About your plan

Applicant one	Applicant two	Joint
1 What sum assured do you want?		
£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
2 Is this policy for:		
Family Protection <input type="checkbox"/> Inheritance Tax planning <input type="checkbox"/> Business Protection <input type="checkbox"/>	Family Protection <input type="checkbox"/> Inheritance Tax planning <input type="checkbox"/> Business Protection <input type="checkbox"/>	Family Protection <input type="checkbox"/> Inheritance Tax planning <input type="checkbox"/> Business Protection <input type="checkbox"/>
3 If this policy is for business protection, do you require the sum assured to be paid in instalments?		
Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please select benefit payment option required: 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please select benefit payment option required: 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please select benefit payment option required: 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/>
4 What is the premium amount?		
£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
5 Do you require Waiver of Premium Benefit?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', which applicant? 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both <input type="checkbox"/>
6 Do you require Indexation?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7 If you choose a joint life policy, under which of the following circumstances do you want the sum assured to be paid?		
<input type="text"/>	<input type="text"/>	1st Death <input type="checkbox"/> 2nd Death <input type="checkbox"/>
8 Is this policy to be issued under Trust?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		

## Part 1 Continued

9 Is this policy to be owned by someone other than the Applicant(s)?

If more than one policy has been applied for, the owner will be the same for all.

Yes

No

> If you have answered 'No' to question 9, please continue with question 10

> If you have answered 'Yes' to question 9, please ensure that you complete the Policy Owner Questionnaire in Part 5

### 10 Start Date

Assuming that Legal & General accepts your application at standard rates and all requirements necessary to put your policy on risk are met we will start your policy immediately. If you prefer an alternative date, please state it in the box below.

If the date is not yet known please indicate in the box below that it is to be advised.

d d / m m / c c y y

**Please note:** We cannot guarantee that we will make the first premium collection on this date. It is possible that we may collect the first two premiums together. If you choose the 29th, 30th or 31st, where these dates fall on a weekend, or a bank holiday or are not in the month we will collect your premium on the last working day of the month.

The requirements necessary to put your policy on risk are things such as a completed Direct Debit Mandate or a completed trust form.

If any benefit you apply for is **NOT** accepted at standard rates we will contact either you or your adviser for further instructions regardless of any date you give above.

11 How often do you want to pay your premiums? Please note, you can pay either monthly by Direct Debit, or annually by Direct Debit or cheque.

Monthly

Annually

## Part 2 About you

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.

### Applicant one

1 What is your full name?

Mr, Mrs, Miss, Ms, Dr, Rev., other   
Surname   
Forename(s)   
Middle name(s)

2 What is your date of birth?

d  d /  m  m /  c  c  y  y

3 What is your sex?

Male  Female

4 What is your marital status?

- Please only choose one marital status from the list.
- 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.

Single  Married  In a Registered Civil Partnership   
Divorced/ Dissolved  Widowed  Surviving Registered Civil Partner   
Separated  Co-habiting

### Applicant two

Mr, Mrs, Miss, Ms, Dr, Rev., other   
Surname   
Forename(s)   
Middle name(s)

d  d /  m  m /  c  c  y  y

Male  Female

Single  Married  In a Registered Civil Partnership   
Divorced/ Dissolved  Widowed  Surviving Registered Civil Partner   
Separated  Co-habiting

5 Have you used any tobacco products within the last 12 months?

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.

Yes  No

Yes  No

6 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 select 'N/A'.

N/A  1-10  11-19   
20-29  30-39  40+

N/A  1-10  11-19   
20-29  30-39  40+

7 What is your current residential address including postcode?

Please check that you have filled in your postcode as this is essential for processing the application more quickly.

Postcode

As Applicant one    
  
  
Postcode

## 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.

### Applicant one

### Applicant two

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

We can normally only offer cover to applicants 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

9 Please complete all contact details:

Work phone   
Mobile phone   
Home phone   
Email address

Work phone   
Mobile phone   
Home phone   
Email address

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

Yes  No

If 'Yes', please confirm the most suitable time

Work am  Work pm   
Preferred weekday   
Work am  Work pm   
Preferred weekday

Yes  No

If 'Yes', please confirm the most suitable time

Work am  Work pm   
Preferred weekday   
Work am  Work pm   
Preferred weekday

11 What is the name and address, including postcode, of the doctor who holds your medical records?

Please include your doctor's practice name or clinic, postcode and telephone number as this will help us to process your application more quickly. There is no need for Applicant 2 to enter their doctor's details unless they are different from those given by Applicant 1.

Name   
Address   
  
 Postcode  
Phone Number

As Applicant one   
Name   
Address   
  
 Postcode  
Phone Number

## 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.

### Applicant one

### Applicant two

12 Is this policy replacing an existing policy or policies held with Legal & General?

- Your existing policy or policies will be cancelled automatically when this policy is put in force.

Yes  No

If 'Yes', what are the existing policy numbers to be replaced?

  
  


Yes  No

If 'Yes', what are the existing policy numbers to be replaced?

  
  


13 Are you making any other application to Legal & General or any other provider for life, health insurance or critical illness cover or have you done so in the last 12 months?

Yes  No

If 'Yes', why are you also completing THIS current application?

- To replace that other application or policy
- For comparison purposes
- 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?

- To replace that other application or policy
- For comparison purposes
- 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 £

## 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.

### Applicant one

14 In the last 5 years have you lived, worked or travelled **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.
- Holidays for up to 1 month at a time and business trips up to 1 week at a time can be ignored.

Yes  No

If 'Yes', please state

Country

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

Up to/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 8

### Applicant two

Yes  No

If 'Yes', please state

Country

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

Up to/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 8

15 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.
- Holidays for up to 1 month at a time and business trips up to 1 week at a time can be ignored.
- 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  No

If 'Yes', please state

Country

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

Up to/including 1 month  2-3 months

4-6 months  7-12 months

1-2 years  3-5 years

More than 5 years

Do you intend to go within the:

Next month  Next 3 months

Next 6 months  Next 12 months

12 months or later  Not known

Is there another country to disclose?

Yes  No

If 'Yes', please give the same details as above in the Additional Information section in Part 8

Yes  No

If 'Yes', please state

Country

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

Up to/including 1 month  2-3 months

4-6 months  7-12 months

1-2 years  3-5 years

More than 5 years

Do you intend to go within the:

Next month  Next 3 months

Next 6 months  Next 12 months

12 months or later  Not known

Is there another country to disclose?

Yes  No

If 'Yes', please give the same details as above in the Additional Information section in Part 8

## 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.

### Applicant one

### Applicant two

16 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  No

If 'Yes', please tick all that apply

Flying  
(other than as a  
fare-paying passenger  
or cabin crew)? Yes

Caving? Yes

Potholing? Yes

Diving? Yes

Hang gliding? Yes

Motor car sport? Yes

Motor cycle sport? Yes

Parachuting? Yes

Sky diving? Yes

Powerboat racing? Yes

Rock climbing? Yes

Mountaineering? Yes

Sailing? Yes

Any Extreme Sport  
(e.g. bungee or BASE  
jumping, canyoning,  
white water rafting)? Yes

Yes  No

If 'Yes', please tick all that apply

Flying  
(other than as a  
fare-paying passenger  
or cabin crew)? Yes

Caving? Yes

Potholing? Yes

Diving? Yes

Hang gliding? Yes

Motor car sport? Yes

Motor cycle sport? Yes

Parachuting? Yes

Sky diving? Yes

Powerboat racing? Yes

Rock climbing? Yes

Mountaineering? Yes

Sailing? Yes

Any Extreme Sport  
(e.g. bungee or BASE  
jumping, canyoning,  
white water rafting)? Yes

> If you have answered 'No' to ALL parts of question 16, please now go straight to Part 3  
> If you have answered 'Yes' to ANY parts of question 16, please complete the Hazardous Pursuits Questionnaire in Part 7, before continuing with Part 3

## Part 3 About your job

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.

### Applicant one

1 Are you any of the following: retired, a student, houseperson or unemployed?

Yes  No

If 'Yes', which one?

Retired   
 Student   
 Houseperson   
 Unemployed

### Applicant two

1 Are you any of the following: retired, a student, houseperson or unemployed?

Yes  No

If 'Yes', which one?

Retired   
 Student   
 Houseperson   
 Unemployed

> If you have answered 'Yes' to question 1, please now go straight to Part 4  
 > If you have answered 'No' to question 1, please continue with question 2

2 What is your employment status?

Please tick one box only

Full time employed   
 Part time employed   
 Contract worker   
 Self employed

Full time employed   
 Part time employed   
 Contract worker   
 Self employed

3 Does your occupation, or occupations if you have more than one, involve working in any of the following:

Yes  No

Please tick all that apply

a) Externally above 40ft (12.2 metres) for more than 10% of the time? Yes  No

b) In the Armed Forces? Yes  No

c) In the fishing industry? Yes  No

d) In the offshore oil or gas production industry? Yes  No

e) Underwater? Yes  No

f) Underground? Yes  No

g) With explosives? Yes  No

h) As a sports professional? Yes  No

Yes  No

Please tick all that apply

a) Externally above 40ft (12.2 metres) for more than 10% of the time? Yes  No

b) In the Armed Forces? Yes  No

c) In the fishing industry? Yes  No

d) In the offshore oil or gas production industry? Yes  No

e) Underwater? Yes  No

f) Underground? Yes  No

g) With explosives? Yes  No

h) As a sports professional? Yes  No

> If you have answered 'Yes' to ANY parts of question 3, please now go straight to question 5  
 > If you have answered 'No' to ALL parts of question 3, please select ONE occupation type from the list in question 4

## Part 3 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.

### Applicant one

### Applicant two

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

Tick one box only. If your occupation does not fit into one of these categories, please tick 'other' and continue with question 5. If you are able to select a category of work/employment from our list there is no need to answer question 5. **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)
- Education (e.g. teacher, lecturer, head teacher, principal, classroom assistant, nursery worker)
- Scientist, chemist, pharmacist, optician, architect, solicitor or barrister
- Nursing (e.g. nurse, nursing auxiliary, paramedic, nursing sister, practice nurse)
- Surgeon, dentist, veterinarian, care assistant or social worker
- Laboratory technician, medical practitioner, hospital doctor **(except surgeon)**
- Retail (e.g. salesperson, retailer, shop worker or manager - **except market traders**)
- Engineer, technician or mechanic
- Catering (e.g. caterer, chef, cook, waiter, waitress, kitchen staff)
- Licensed trade (e.g. bar staff, bar manager, publican)
- Prison service, police **(except motor cycle patrol)**
- Driving (e.g. HGV, PSV, train, van, taxi, chauffeur, driving instructor, examiner)
- Tradesmen or women (e.g. carpenter, electrician, heating and ventilation engineer, joiner, painter, decorator, plumber)
- House building industry (e.g. builder, labourer, bricklayer)
- Factory, warehouse, production-line worker, domestic or office cleaner, landscape gardener
- Other (including the exceptions above)

- 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)
- Education (e.g. teacher, lecturer, head teacher, principal, classroom assistant, nursery worker)
- Scientist, chemist, pharmacist, optician, architect, solicitor or barrister
- Nursing (e.g. nurse, nursing auxiliary, paramedic, nursing sister, practice nurse)
- Surgeon, dentist, veterinarian, care assistant or social worker
- Laboratory technician, medical practitioner, hospital doctor **(except surgeon)**
- Retail (e.g. salesperson, retailer, shop worker or manager - **except market traders**)
- Engineer, technician or mechanic
- Catering (e.g. caterer, chef, cook, waiter, waitress, kitchen staff)
- Licensed trade (e.g. bar staff, bar manager, publican)
- Prison service, police **(except motor cycle patrol)**
- Driving (e.g. HGV, PSV, train, van, taxi, chauffeur, driving instructor, examiner)
- Tradesmen or women (e.g. carpenter, electrician, heating and ventilation engineer, joiner, painter, decorator, plumber)
- House building industry (e.g. builder, labourer, bricklayer)
- Factory, warehouse, production-line worker, domestic or office cleaner, landscape gardener
- Other (including the exceptions above)

> If you have ticked a category apart from 'Other' in question 4, please now go straight to question 6  
> If you have ticked the 'Other' category in question 4, please now continue with question 5a

## Part 3 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.

### Applicant one

### Applicant two

5a What is your job title?

Only applicable if you have ticked 'Yes' to any other part of question 3 or 'Other' in question 4.

If you have more than one job, please state them all in the Job title boxes below.

Job title:

Job title:

Job title:

Job title:

> If you DON'T require Waiver of Premium Benefit, please go straight to Part 4  
 > If you DO require Waiver of Premium Benefit, 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 Waiver of Premium Benefit.

- 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:  for  % of day

Task 1:  for  % of day

Task 2:  for  % of day

Task 2:  for  % of day

Task 3:  for  % of day

Task 3:  for  % of day

6 What is your occupation class?

Your Adviser can tell you your occupation class

1:

1:

2:

2:

3:

3:

4:

4:

H:

H:

## Part 4 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.

### Applicant one

1 What is your height without shoes?

m or  ft  in

2 What is your weight in indoor clothes?

If you are pregnant, please give your weight immediately prior to this pregnancy.

kg or  st  lb

3 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.

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

### Applicant two

m or  ft  in

kg or  st  lb

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

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

Yes  No

If 'Yes', please state:

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

How long ago?

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

Yes  No

If 'Yes', please state:

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

How long ago?

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

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

Yes  No

If 'Yes', please state how long ago and the reason

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

Reason:

Yes  No

If 'Yes', please state how long ago and the reason

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

Reason:

## Part 4 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.

### Applicant one

- 6 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 effect on your acceptance terms for insurance.

Yes  No

If 'Yes', please tick all that apply:

Tested positive for HIV  Awaiting results of HIV test

Tested positive for Hep B  Awaiting results of Hep B test

Tested positive for Hep C  Awaiting results of Hep C test

If you are awaiting the results of a Hepatitis test, please give the reason for the test

### Applicant two

Yes  No

If 'Yes', please tick all that apply:

Tested positive for HIV  Awaiting results of HIV test

Tested positive for Hep B  Awaiting results of Hep B test

Tested positive for Hep C  Awaiting results of Hep C test

If you are awaiting the results of a Hepatitis test, please give the reason for the test

- 7 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.

If 'Yes', please state if due to, (tick all that apply): Yes  No

Unsafe sex   
 Injecting a non prescription drug   
 Blood product or transfusion outside a country stated above   
 Surgery outside of a country stated above

If you have selected Blood product/transfusion, please tick how long ago, (most recent):

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

and state the country it occurred in:

If you have selected Surgery, please tick how long ago, (most recent):

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

and state the country it occurred in:

If 'Yes', please state if due to, (tick all that apply): Yes  No

Unsafe sex   
 Injecting a non prescription drug   
 Blood product or transfusion outside a country stated above   
 Surgery outside of a country stated above

If you have selected Blood product/transfusion, please tick how long ago, (most recent):

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

and state the country it occurred in:

If you have selected Surgery, please tick how long ago, (most recent):

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

and state the country it occurred in:

## Part 4 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.

### Applicant one

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

Yes  No

If 'Yes', please state:

Name of disease:

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 STD to disclose?

Yes  No

If 'Yes', please give the same details as above in the Additional Information section in Part 8

### Applicant two

Yes  No

If 'Yes', please state:

Name of disease:

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 STD to disclose?

Yes  No

If 'Yes', please give the same details as above in the Additional Information section in Part 8

9 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.

Yes  No

Yes  No

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

For each 'Yes' answer you give you will need to complete one of the Medical Questionnaires in Part 6

- Where examples are shown they are not intended to be a complete list.

a) Heart attack, angina or any heart defect or murmur? Yes  No

This question does include Cardiomyopathy and heart abnormalities or defects from birth.

b) A stroke, transient ischaemic attack (TIA) or brain haemorrhage? Yes  No

c) Any other disease or disorder of the arteries, including disease in the legs or of the aorta? Yes  No

This question does include aneurysm, blockage or narrowing of an artery, intermittent claudication and Inflammation of an artery.

d) Cancer, Hodgkin's disease, lymphoma, brain or spinal tumour (including benign growths), or leukaemia? Yes  No

e) 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? Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

## Part 4 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.

### Applicant one

### Applicant two

10 Continued...

- f) Diabetes, or sugar in the urine? Yes  No
- g) Mental illness that has required hospital consultation or treatment, or referral to a Community Mental Health Team or a psychiatrist? Yes  No

- Yes  No
- Yes  No

> If you have answered 'No' to ALL parts of question 10, go straight to question 11  
 > If you have answered 'Yes' to ANY parts of question 10, please complete one of the Medical Questionnaires in Part 6, before continuing with question 11

11 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 one of the Medical Questionnaires in Part 6.
- **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.**

- a) A lump, tumour or growth of any kind, or any mole or freckle that has bled, become painful, changed colour or increased in size? Yes  No

- Yes  No

You can ignore the following: blood blister, boil, bunion, corn, ganglion, nasal polyp, verruca and wart (if no biopsy or hospital investigation needed).

- b) Chest pain, irregular heart beat, raised blood pressure, raised cholesterol or condition affecting your veins (varicose veins without complications can be ignored)? Yes  No

- Yes  No

This question **does** include heart rhythm disorders, palpitations, deep vein thrombosis (DVT) and phlebitis.

- c) Any form of numbness, tingling, dizziness, balance problems, persistent pins and needles or facial pain (dental pain can be ignored)? Yes  No

- Yes  No

- d) A scan or other investigation of the heart, brain or nervous system e.g. angiogram, ECG, MRI, CT scan? Yes  No

- Yes  No

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 6.

- e) Arthritis, rheumatism, gout or any form of neck, back, spine or joint trouble e.g. osteo or rheumatoid arthritis, slipped disc, sciatica, RSI? Yes  No

- Yes  No

**If you are NOT applying for Waiver of Premium Benefit** you can ignore the following: backache, back spasm, cricked neck, fibrositis, frozen shoulder, lumbago, stiff neck, trapped nerve or operation to correct this.

- f) Anxiety, depression, or any form of nervous or mental disorder for which you have been prescribed tranquillisers or anti-depressants? Yes  No

- Yes  No

## Part 4 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.

Applicant one	Applicant two
11 Continued...	
<p>g) Any eating disorder, chronic fatigue or persistent tiredness? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>h) Any problem, disease or abnormality affecting your ears or hearing, e.g. tinnitus, Menieres Disease, labyrinthitis? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If you are NOT applying for Waiver of Premium Benefit</b> you can ignore the following: deafness (partial or total), earache, ear infection, ear wax or syringing, glue ear, grommet insertion and otitis.</p> <p>i) Any problem, disease or abnormality affecting your eyes or vision (not wholly corrected by spectacles or lenses)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If you are applying for Life Cover only</b> 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. <b>If Waiver of Premium Benefit has been applied for</b>, you can ignore <b>only</b> the following - astigmatism, black eye, blocked tear duct, conjunctivitis, dry eyes, long sighted, myopia (short sighted) and sty(e)s.</p> <p>j) Any problem, disease or abnormality affecting your thyroid, including over or under-activity? 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? 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? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>You can ignore the following only if no hospital investigation has been advised or completed:</b> chesty cough, pleurisy and upper respiratory tract infection (URTI).</p> <p>m) Any problem, disease or abnormality affecting your stomach, oesophagus, bowel, pancreas or liver e.g. ulcer, colitis, Crohn's disease, hepatitis? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>You can ignore the following only if no hospital investigation has been advised or completed:</b> diarrhoea, food poisoning, indigestion, sickness/vomiting and stomach bug/upset.</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? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>o) <b>FOR FEMALES ONLY:</b></p> <p>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? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

## Part 4 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.

### Applicant one

### Applicant two

12 In the last 12 months have you had 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 one of the Medical Questionnaires in Part 6.
- 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

a) you have had, or been advised to have, any medical investigation or blood test?  
 Negative or normal results can be ignored, as can blood donations and routine vaccinations.

Yes  No

Yes  No

b) you are waiting to have, or are waiting for the results of, any medical or surgical consultation or follow-up?

Yes  No

Yes  No

c) you currently take, or within the last 12 months have taken or received, prescribed drugs, medicines, tablets or are having or have had any other treatment?

Yes  No

Yes  No

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.

> If you have answered 'No' to ALL parts of questions 11 and 12, please now continue with question 13  
 > If you have answered 'Yes' to ANY parts of questions 11 or 12, please complete one of the Medical Questionnaires in Part 6, before continuing with question 13

Please answer questions 13 and 14 if you have selected Waiver of Premium Benefit, otherwise please proceed to question 15.

13 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 Waiver of Premium Benefit.
- 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) – minor sporting injuries e.g. muscle strain, pulled muscle, torn ligament or tendon, sprained joint.
- If you answer 'Yes' you will need to complete one of the Medical Questionnaires in Part 6.

Yes  No

Yes  No

## Part 4 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.

### Applicant one

### Applicant two

14 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 Waiver of Premium Benefit.
- 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 one of the Medical Questionnaires in Part 6.
- You can ignore the following – appendicitis without complications, broken or dislocated arm, leg, wrist or finger only where a full recovery has been made, influenza, miscarriage, pregnancy without complication, rupture, shingles, tonsillitis, varicose veins where there were no complications.

Yes  No

Yes  No

> If you have answered 'No' to questions 13 and 14, continue with question 15

> If you have answered 'Yes' to question 13 and/or 14, please complete one of the Medical Questionnaires in Part 6, before continuing with question 15

15 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 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, eczma, rheumatoid or osteo arthritis.

Yes  No

Yes  No

If 'Yes', please tick all that apply

	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	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"/>
Polycystic Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	No. of relatives affected	Youngest age affected	Second youngest age affected
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part 4 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.

### Applicant one

15 Continued...

Myotonic (Muscular) Dystrophy

   

Motor Neurone Disease

   

Alzheimer's Disease

   

Parkinson's Disease

   

Huntington's Disease

   

Multiple Sclerosis

   

If 'Yes', please state if mother,  
father, brother(s) or sister(s)

  


Cancer of another site?

   

If 'Yes', please give site

  


Any other Hereditary Disorder?

   

If 'Yes', please give name of  
the disorder(s)

  


### Applicant two

## Part 5 Policy Owner Questionnaire

➔ Only applicable if you have been asked to complete this Policy Owner Questionnaire in Part 1, question 9. Otherwise, please now go straight to Part 10.

- Please note, if the Policy Owner is not the Applicant(s) they must be over 18 and have an insurable interest in the Applicant(s).
- Your Adviser can help you to complete this section.

- 1 What is the full name of the Policy Owner?  
Please give the full name or company name where applicable.

Mr, Mrs, Miss, Ms, Dr, Rev, other	<input type="text"/>	or Company name	<input type="text"/>
Surname	<input type="text"/>		
Forename(s) and middle name(s) in full	<input type="text"/>	Date of birth	<input type="text" value="dd / mm / yyyy"/>

- 2 What is the Policy Owner's current address?
- Give the full address of the person or company who is to own the policy(ies).
  - Please check that you have filled in your postcode as this is essential for processing the application more quickly.

<input type="text"/>
<input type="text" value="Postcode"/>

- 3 What are the Policy Owner's contact details?

Work phone	<input type="text"/>
Home phone	<input type="text"/>
Mobile phone	<input type="text"/>

- 4 What is the relationship of the Applicant(s) to the Policy Owner?  
For example, husband, wife, registered civil partner, partner, co-habitee, business partner or fellow shareholder in a company.

<input type="text"/>
----------------------

- 5 Declaration of the Policy Owner (not the Applicant(s)):  
This Declaration should be read, signed and dated by the Policy Owner, **not** by the Applicant(s).

- I declare that the answers given by myself and the Applicant(s) are, to the best of my knowledge and belief, **true and complete**
- I request that Legal & General Assurance Society Limited issue the proposed policy in my name or my company's name and I understand that this request and the Declaration, and any other statement signed by the Applicant(s) in connection with this application, shall be the basis of the proposed contract.

### Policy Owner (not the Applicant(s))

Signature:	<input type="text"/>	Date:	<input type="text" value="/ /"/>
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- ➔ Applicant(s): please now finish completing the remaining questions in Part 1 if you have not done so already, otherwise please now go straight to Part 9

## Part 6 Medical questionnaire 1

Only applicable if you have been asked in Part 4 to complete a medical questionnaire.

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.

### Applicant one

### Applicant two

1 Please state which part number, question number, and if relevant, question part (i.e. a, b, c) this information relates to:

Part  Question  part

Part  Question  part

2 Name of actual medical condition, illness or injury:

If growth or lump, also state the part of body affected.

  
  
  
  
  
  

3 How long ago did the condition first occur?

years  months

years  months

4 Duration of the symptoms:

Please tick appropriate box. Do not enter anything else in the box.

N/A  Minutes  Hours   
Days  Months  Years   
Constant

N/A  Minutes  Hours   
Days  Months  Years   
Constant

5 How often do the symptoms occur?

Please tick appropriate box. Do not enter anything else in the box.

No symptoms   
Fully recovered   
Constant   
Daily   
Weekly   
Monthly   
Yearly

No symptoms   
Fully recovered   
Constant   
Daily   
Weekly   
Monthly   
Yearly

6 Time since last major attack or symptom(s):

N/A   years  months

N/A   years  months

7 Are you currently receiving treatment for this condition?

If more than one treatment, please state them all.

Yes  No

If 'Yes', please give the name of the medicine, tablet or other treatment:

  
  

Yes  No

If 'Yes', please give the name of the medicine, tablet or other treatment:

## 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.

### Applicant one

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

Surgery or operation? Yes  No

If 'Yes', when?

Other hospital admission? Yes  No

If 'Yes', when?

Steroid tablets? Yes  No

If 'Yes', when?

Specialist referral? Yes  No

If 'Yes', when?

Different treatment than current? Yes  No

If 'Yes', when?

If 'Yes' to any of the above, please give details:

  
  


### Applicant two

Surgery or operation? Yes  No

If 'Yes', when?

Other hospital admission? Yes  No

If 'Yes', when?

Steroid tablets? Yes  No

If 'Yes', when?

Specialist referral? Yes  No

If 'Yes', when?

Different treatment than current? Yes  No

If 'Yes', when?

If 'Yes' to any of the above, please give details:

  
  


9 How much time off work has your condition caused you in total over the last 5 years?

Please tick appropriate box. Do not enter anything else in the box.

No time  1 week or less

2-4 weeks  5-12 weeks

3-6 months  7-12 months

More than 12 months

No time  1 week or less

2-4 weeks  5-12 weeks

3-6 months  7-12 months

More than 12 months

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

Please tick appropriate box. Do not enter anything else in the box.

N/A  Current

1-6 months ago  7-12 months ago

1-2 years ago  3 years ago

4-5 years ago  More than 5 years ago

N/A  Current

1-6 months ago  7-12 months ago

1-2 years ago  3 years ago

4-5 years ago  More than 5 years ago

11 Do you have any more medical conditions to disclose, as a result of answering 'yes' to a question in Part 4?

Yes  No

Yes  No

- > If you DON'T have any more medical conditions to disclose, please now finish completing the remaining medical questions in Part 4 if you have not already done so, otherwise please go to Part 9 (Declaration)
- > If you DO have further medical conditions to disclose, thank you for informing us. Please complete Medical Questionnaire 2

## Part 6 Medical questionnaire 2

Only applicable if you have been asked in Part 4 to complete a medical questionnaire and you need to give details of more than one condition.

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.

### Applicant one

1 Please state which part number, question number, and if relevant, question part (i.e. a, b, c) this information relates to:

Part  Question  part

2 Name of actual medical condition, illness or injury:

If growth or lump, also state the part of body affected.

  
  
  

3 How long ago did the condition first occur?

years  months

4 Duration of the symptoms:

Please tick appropriate box. Do not enter anything else in the box.

N/A  Minutes  Hours   
Days  Months  Years   
Constant

5 How often do the symptoms occur?

Please tick appropriate box. Do not enter anything else in the box.

No symptoms   
Fully recovered   
Constant   
Daily   
Weekly   
Monthly   
Yearly

6 Time since last major attack or symptom(s):

N/A   years  months

7 Are you currently receiving treatment for this condition?

If more than one treatment, please state them all.

Yes  No

If 'Yes', please give the name of the medicine, tablet or other treatment:

  
  

### Applicant two

Part  Question  part

  
  
  

years  months

N/A  Minutes  Hours   
Days  Months  Years   
Constant

No symptoms   
Fully recovered   
Constant   
Daily   
Weekly   
Monthly   
Yearly

N/A   years  months

Yes  No

If 'Yes', please give the name of the medicine, tablet or other treatment:

## 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.

### Applicant one

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

Surgery or operation? Yes  No

If 'Yes', when?

Other hospital admission? Yes  No

If 'Yes', when?

Steroid tablets? Yes  No

If 'Yes', when?

Specialist referral? Yes  No

If 'Yes', when?

Different treatment than current? Yes  No

If 'Yes', when?

If 'Yes' to any of the above, please give details:

  
  


### Applicant two

Surgery or operation? Yes  No

If 'Yes', when?

Other hospital admission? Yes  No

If 'Yes', when?

Steroid tablets? Yes  No

If 'Yes', when?

Specialist referral? Yes  No

If 'Yes', when?

Different treatment than current? Yes  No

If 'Yes', when?

If 'Yes' to any of the above, please give details:

  
  


9 How much time off work has your condition caused you in total over the last 5 years?

Please tick appropriate box. Do not enter anything else in the box.

No time  1 week or less

2-4 weeks  5-12 weeks

3-6 months  7-12 months

More than 12 months

No time  1 week or less

2-4 weeks  5-12 weeks

3-6 months  7-12 months

More than 12 months

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

Please tick appropriate box. Do not enter anything else in the box.

N/A  Current

1-6 months ago  7-12 months ago

1-2 years ago  3 years ago

4-5 years ago  More than 5 years ago

N/A  Current

1-6 months ago  7-12 months ago

1-2 years ago  3 years ago

4-5 years ago  More than 5 years ago

11 Do you have any more medical conditions to disclose, as a result of answering 'Yes' to a question in Part 4?

Yes  No

Yes  No

- > If you DON'T have any more medical conditions to disclose, please now finish completing the remaining medical questions in Part 4 if you have not already done so, otherwise please go to Part 9 (Declaration)
- > If you DO have further medical conditions to disclose, please answer the same questions as above in the Additional Information section Part 8. Please now finish completing the remaining medical questions in Part 4 if you have not already done so, otherwise please go to Part 9 (Declaration).

## Part 7 Hazardous pursuits questionnaire

Only applicable if you have answered 'Yes' to question 16 in Part 2.

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.

### Applicant one

1 Name of activity?

2 Are you a member of a recognised club, association or professional body?

Yes  No

3 If applicable, to what professional standard or qualification do you carry out this activity?

N/A

4 Where is the activity carried out?

UK only  Europe only

Where, if outside of the UK and Europe?

### Applicant two

Yes  No

N/A

UK only  Europe only

Where, if outside of the UK and Europe?

5 How many times a year do you do this activity, and how many hours do you spend on it (on average)?

Number of times per year

Number of hours per year

Number of times per year

Number of hours per year

6 If applicable, what is the maximum climbing height or diving depth (in metres)?

N/A   metres

N/A   metres

7 If applicable, please state the type(s) and engine type and size, of motor car, motor cycle, aircraft or boat:

N/A

N/A

8 For this activity, do you or are you likely to participate in any of the following?

Aerobatics Yes  No   
 Expeditions Yes  No   
 Internal wreck exploration Yes  No   
 Record attempts Yes  No   
 Testing of experimental vehicles or equipment Yes  No

Aerobatics Yes  No   
 Expeditions Yes  No   
 Internal wreck exploration Yes  No   
 Record attempts Yes  No   
 Testing of experimental vehicles or equipment Yes  No

9 Do you have another activity to disclose?

Yes  No

Yes  No

> If you DON'T have another activity to disclose, please now continue with Part 3 if you have not already done so  
 Otherwise please now go straight to Part 9 Declaration  
 > If you DO have another activity to disclose, please answer the same questions as above in the Additional Information Section in Part 8, please now continue with Part 3 if you have not already done so, otherwise please go straight to Part 9 Declaration

## Part 8 Additional information

Only applicable if you need more space to answer any questions.

Applicant one			Applicant two		
Part	Question	Further details	Part	Question	Further details

## Part 9 Customer declaration and consent

- Please ensure that you have read the Important Customer Information at the beginning of this application form.
- You must read CAREFULLY the answers YOU HAVE GIVEN TO THE QUESTIONS before agreeing the following Declaration.
- The information you give will form the basis of your contract with Legal & General.
- If you have passed a 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 applicants - It is important that you read and accept all of the following paragraphs. If you are unsure of anything or have any queries please speak to your financial adviser.

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 application form. Also, I/we agree these statements will form the basis of the insurance contract(s).

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/ies 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 Reinsurer and/or third party administrator. See also the paragraph headed 'Sensitive Data'.

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 in this application, 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 on 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 am/are satisfied that it meets my/our needs.

#### Data Protection

**Use of personal information:** Legal & General takes customer privacy very seriously. I/We understand that Legal & General will use the personal information collected via this form and any other information that I/we provide to Legal & General ("my/our information") for the purposes of:

1. Providing me/us with Legal & General products and services and dealing with my/our enquiries and requests;
2. Underwriting and administering my/our policy including processing claims;
3. Carrying out market research, statistical analysis and customer profiling; and
4. Sending me/us marketing information (by post, telephone, email and SMS) about products and services of companies in the Legal & General group and of third parties whose products and services Legal & General offers to its customers.

By signing this Declaration, I/we agree to receive the information as described in 4 above, unless I/we indicate otherwise by ticking this box:

Applicant 1

Applicant 2

I/We understand that, given the global nature of Legal & General's business, it may be necessary to transfer my/our information to countries outside the European Economic Area in order to provide Legal & General's services to me/us.

**Disclosures:** I/We understand that Legal & General will disclose my/our information to other companies within the Legal & General group of companies, regulatory bodies, law enforcement agencies, future owners of Legal & General's business, suppliers engaged by Legal & General to process data on its behalf and when necessary, to a reinsurer.

If I/we have been dealing with a financial adviser, Legal & General will give them information about the product and, where appropriate, provide them with other information about my/our dealings with Legal & General to enable them to give me/us informed advice.

Where I/we have been introduced to Legal & General by a bank or a building society, Legal & General will share my/our information with them to enable them to:

- (a) carry out market research, statistical analysis and customer profiling; and
- (b) send me/us marketing information about their products and services and products and services of companies in the Legal & General group and of third parties whose products and services Legal and General offers to its customers.

By signing this Declaration, I/we agree to receive the information as described in (b) above by post or telephone, unless I/we indicate otherwise by writing with my/our full contact details to Legal & General at Legal & General Assurance Society, P O Box 274, Bangor, BT19 7WZ.

**Access:** I/We understand that I/we have the right to ask for a copy of my/our information in return for payment of a small fee. To obtain a copy of your information, please write to Legal & General at UKSO Business Standards, Legal & General Assurance Society, 1st Floor, Knox Court, 10 Fitzalan Place, Cardiff, CF24 0TL.

Legal & General will check my/our details with fraud prevention agencies. If false or inaccurate information is provided and fraud is identified details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

Legal & General and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:

- Checking details on applications for credit and credit related or other facilities;
- Managing credit and credit related accounts or facilities;
- Recovering debt;
- Checking details of proposals and claims for all types of insurance;
- Checking details of job applicants and employees;

Legal & General and other organisations may access and use from other countries the information recorded by fraud prevention agencies.

I/We can contact Legal & General at: Group Financial Crime, Legal & General House, Kingswood, Tadworth, Surrey KT20 6EU if I/we want to receive details of the relevant fraud prevention agencies.

## Part 9 Continued

### All applicants (continued) - It is important that you read and accept all of the following paragraphs:

I/We confirm that 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/attached the answers to the medical questions on this application in an envelope for the attention of Legal & General's Chief Medical Officer.

Applicant 1  Applicant 2

Only tick this box if you have done this:

#### 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 below. 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 below. 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 diseases 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, City Park, The Droveaway, Hove BN3 7PY.

#### 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.

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

I/We do **NOT** want to see the report before it is sent to Legal & General

Applicant 1  Applicant 2

I/We **DO** want to see the report before it is sent to Legal & General

Applicant 1  Applicant 2

**Sensitive data:** By signing this form, I/we consent to Legal & General using the medical and health information provided in this application and any other medical information provided in the course of this application solely for the purposes of allowing Legal & General to underwrite and administer my/our policy/ies, and /or any subsequent policy and in connection with any claim. My/Our medical information (and other information collected via this application) may be disclosed to Legal & General's reinsurer and to any doctor Legal & General uses, including my/our own GP, and to any other other insurance company I/we apply to for products or services.

**Please remember that all items of information requested in this application 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.**

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

**IMPORTANT NOTE: I/We understand that if I/we cease to pay my/our premiums due at any time, the policy will lapse and no surrender value will be payable. I/We understand the policy has no surrender value.**

Please sign below to confirm you agree to this Declaration and Consent.

**Applicant 1**

Name:

Date of birth:  /  /

Signature:

Date:

**Applicant 2**

Name:

Date of birth:  /  /

Signature:

Date:



## Part 11 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:

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

### 3 Bank or Building Society Acc. No:

### 4 Branch sort code:

-   -

### 5 Reference No:

(Legal & General use only)

### 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:

d d / m m / c c y y

Date:

d d / m m / c c y y

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

## 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, 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: One Coleman Street, London EC2R 5AA.  
[www.legalandgeneral.com](http://www.legalandgeneral.com)  
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