

IMPORTANT INFORMATION

This information may be downloaded to your PC in whole or in part provided that any reproduction or copy, or any derivative, is true to the original, and it is EITHER used for personal use only OR in support of an Agency Agreement with Legal & General. Professional advisers who are properly authorised may use it in the process of giving financial advice relating to Legal & General products.

Copies or derivatives of the document may not be sold, marketed, or used for commercial gain.

Notwithstanding the above, Legal & General Assurance Society Limited retains ownership of copyright in all such reproductions, copies or derivatives.

Copyright Legal & General Assurance Society Ltd, 2006-07-25 Temple Court, 11 Queen Victoria Street, London EC4N 4TP. All rights reserved.

Underwriting Questionnaire

Digestive disorders

Legal & General Assurance Society Limited
Registered in England No. 166055
Registered Office: Temple Court,
11 Queen Victoria Street,
London EC4N 4TP
www.legalandgeneral.com

Authorised and Regulated by the Financial Services Authority

Q3682 08/06 Non GASD



Underwriting Questionnaire

Applicant name	Title	Initials	Surname
Date of Birth	/ /		
Reference			

Please remember that failure to answer the following questions truthfully and accurately may mean that a claim will be declined and the policy cancelled. If you are not sure whether any information is relevant, please disclose it anyway. Where examples are shown, they are not intended to be a complete list.

1. When did you first consult a doctor?

2. What diagnosis was made (e.g. Ulcer, Gallstones, Colitis, Crohn's disease, Indigestion, Heartburn, Oesophagitis)?

3. How often have you suffered symptoms since, and when was the last occurrence?

Date of last occurrence

4. What are your current symptoms, if any?

5. Have you had to take time off work?

Yes No

If 'YES' give the dates you were off work.

6. What treatment have you been given in the past (Gaviscon, Tagament, Zantec, Mebeverine, Azathioprine, steroid tablets or any surgery)?

7. Are you currently receiving any treatment?

Yes No

If 'YES', please give name and dosage.

8. Have you ever required hospital investigations or treatment as an out-patient, or have you ever been referred to a specialist?

Yes No

If 'YES', please give details of investigations and/or treatment with dates.

Date of treatment

9. Have you ever required hospital admission as an in-patient?

Yes No

If 'YES', please give details of investigations and/or treatment with dates.

10. Are you still under review or expecting to receive any further treatment from your doctor or a specialist for this condition?

Yes No

If 'YES', please give details with dates.

11. If you have any further information not covered by the above questions please provide it here.

Declaration

I declare that the answers I have given are, to the best of my knowledge true and that I have not withheld any relevant information that may influence the assessment or acceptance of my application(s).

I agree that this questionnaire will form part of my application for life, critical illness, income protection or mortgage protection insurance and that failure to disclose any material facts known to me may result in any claim being declined and the policy being cancelled.

I agree to inform Legal & General of any change in my circumstances between the date of application and the issue of the policy contract.

Applicant's signature

Date