

BACK TROUBLE (INCLUDES SCIATICA/ SLIPPED DISC/WHIPLASH).

IMPORTANT INFORMATION

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 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.

Applicant Name

Title	Initials	Surname
-------	----------	---------

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Application Number/Reference

--

1 When did you first consult a doctor?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

2 What diagnosis was made (e.g. sciatica, slipped disc, spinal curvature, ankylosing spondylitis, lumbago, mechanical back pain, etc.)?

--

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

--

Date of last occurrence.

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

4 What are your current symptoms, if any?

5 Have you had to take any time off work?

Yes No

If 'Yes', please give the dates you were off work.

6 What treatment have you been given in the past?

7 Are you currently receiving treatment?

Yes No

If 'Yes', please give details including the name and dosage of any medication.

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.

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 the details with dates.

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

DECLARATION

I declare that the answers I have given are to the best of my knowledge and belief, true and complete.

Please remember that all items of information requested in this questionnaire 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 or policies cancelled.

I agree that this questionnaire will form part of my application for life, critical illness, income protection or mortgage protection insurance and I also agree to inform Legal & General of any change to this information between the date of this questionnaire and the issue of the policy contract.

Applicant's Signature:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Legal & General Assurance Society Limited

Registered in England No. 166055

Registered office: One Coleman Street, London EC2R 5AA

We are authorised and regulated by the Financial Services Authority.

We are members of the Association of British Insurers.

Q3668 02/10 Non GASD



www.legalandgeneral.com