

HIGH BLOOD PRESSURE.

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
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Date of Birth

D	D	M	M	Y	Y	Y	Y
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Application Number/Reference

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1 On what date was this first diagnosed?

D	D	M	M	Y	Y	Y	Y
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2 How was it discovered or why was your blood pressure measured at that particular time?

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3 If you know, what was the reading then?

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4 Did you have any investigations? (e.g. X-ray, ECG, blood lipids)

Yes No

If 'Yes', please give full details including results.

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5 What tablets have you taken in the past? (if different types please list them) e.g. Aldactide, Moduretic, Navidrex, Aldomet, Betaloc, Inderal, Tenoretic, Tenormin, Trasicor, Atenolol.

6 Are you on treatment now?

Yes No

a) If 'Yes', please give name of tablet, dosage and how often you take the tablets.

b) What are the arrangements for following you up?

7 When was your last blood pressure reading?

D	D	M	M	Y	Y	Y	Y
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Do you know what it was?

8 Have tests on your urine always been normal?

Yes No

If 'No', please give details.

9 Have you used cigarettes, cigars, pipes or nicotine replacements in the last 12 months – including occasional use? (A simple medical test may be required to check the validity of the answer to this question.)

Yes No

If you smoke cigarettes, how many do you, or did you, smoke on average per day? (If you do not smoke cigarettes, or have not smoked cigarettes in the past 12 months, please tick N/A.)

<input type="text"/>	N/A	<input type="checkbox"/>
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10 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
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Legal & General Assurance Society Limited

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