

GYNAECOLOGICAL DISORDER.

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
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Application Number/Reference

1 Abnormal Smear Tests:

a) What was the date of your abnormal smear test?

D	D	M	M	Y	Y	Y	Y
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b) What treatment did you receive?

c) What was the exact diagnosis, if known (e.g. CIN1, CIN2, CIN3, inflammatory changes, wart virus, borderline changes, carcinoma in situ)?

d) When was your last smear and what was the result?

D	D	M	M	Y	Y	Y	Y
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e) When is your next smear test due?

D	D	M	M	Y	Y	Y	Y
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2 Hysterectomy:

a) What was the reason for the operation?

b) What was the date of the operation?

D	D	M	M	Y	Y	Y	Y
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c) Did you receive any other treatment (e.g. radiotherapy, chemotherapy)?

Yes No

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

d) Are you still under regular review with your specialist or GP?

Yes No

e) What was the date and result of your last check up?

D	D	M	M	Y	Y	Y	Y
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3 Other gynaecological disorders (e.g. endometriosis, fibroids, period problems, menopausal problems):

a) What disorder was diagnosed?

b) What was the date of the diagnosis?

D	D	M	M	Y	Y	Y	Y
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c) What treatment did you receive?

d) Do you still have any symptoms?

Yes No

4 If you have any further information about any condition disclosed on this questionnaire please provide it here. If necessary please continue on a separate piece of paper.

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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