

Anxiety/Depression

i Important information

Please remember that all the information requested in this questionnaire is 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 misstate any information, it may mean that a claim is not paid or the policy is amended or cancelled.

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

Name

Title Initials Surname

Date of Birth

Application Number/
Reference

1 When did you first consult a doctor?

2 What diagnosis was made (e.g. PMS, anxiety, nervous breakdown, manic depression, schizophrenia, reactive depression)?

3 Are you aware of a particular cause that was responsible for the condition, e.g. bereavement, work stress?

Yes No

If 'Yes', please give further details.

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

Date of last occurrence.

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5 What are your current symptoms, if any?

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6 Have you had to take any time off work?

Yes No

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

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7 What treatment have you been given in the past (e.g. Prozac, Cipramil, Fluoxetine, Diazepam, Prothieden, Lithium, etc. and/or counselling)?

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8 Are you currently receiving treatment?

Yes No

If 'Yes', please give name and dosage.

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9 Have you ever required hospital treatment as an outpatient, or have you ever been referred to a specialist?

Yes No

If 'Yes', please give details of treatment with dates.

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10 Have you ever required hospital admission as an inpatient?

Yes No

If 'Yes', please give details of treatment and dates.

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11 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.

12 Have you ever tried to take your own life or contemplated suicide?

Yes No

If 'Yes', please give details including dates.

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

CUSTOMER DECLARATION

By accepting this:

- I agree that the information given in this questionnaire has been provided truthfully and accurately.
- I agree that this questionnaire will form part of my application and the information provided here will be used for assessing my application and any subsequent claim.
- I am aware that the information provided will form part of the legal relationship between us and if any of it is found to be incorrect/missing it may mean that a claim is not paid or the policy is amended or cancelled.
- I will immediately inform Legal & General if there are any changes to any answers given on the questionnaire before the policy starts.

Signature

Date

Contact us



legalandgeneral.com

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