

Declaration of Health

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.

Full Name

Date of Birth (DDMMYYYY)

Reference

1 Since completion of your application have you suffered any illness, injury or medical symptoms (whether a doctor has been consulted or not), or had or been advised to have any medical consultation, hospital investigation, treatment, operation, blood test or psychiatric advice?

To help you answer this question we have enclosed an example of our application questions. We've included these to show the conditions that are relevant. You do not need to answer each question individually. The actual application questions you answered originally may be different to the examples given, as they have changed over time and depend on the product(s) you applied for.

Yes No

If you have answered 'Yes' please give full details below.

2 Since completion of your application have you spent more than 90 consecutive days in Africa, the Caribbean, Russia, Thailand or Ukraine?

The Caribbean includes Antigua, Bahamas, Barbados, Bermuda, Cuba, Dominican Republic, Grenada, Haiti, Jamaica, Trinidad and Tobago and its other islands.

Yes No

If 'Yes', please tell us which part of the world this was. Tick all that apply.

Africa – Algeria, Egypt, Libya, Morocco, Tunisia

Africa – other

The Caribbean

Russia or Ukraine

Thailand



3 During the next 2 years do you intend to spend more than 30 consecutive days outside the UK?

In this context UK includes England, Scotland, Wales and Northern Ireland.

Yes No

If 'No', please continue with Question 4.

If 'Yes', please give the following details:

Will you be staying within the European Union, United States of America, Canada, Australia or New Zealand?

Yes No

Do you plan to leave the UK permanently?

Yes No

If 'Yes' to leaving permanently, please advise when you intend to go:

Within 3 months

Later than 3 months

If 'No' to leaving permanently, please tell us how long you plan to be outside the UK in the next 2 years and list all the countries or islands outside the European Union, United States of America, Canada, Australia or New Zealand that you are going to:

weeks

days

Countries

4 It may be necessary to contact you to discuss the information you provide in the form. This will help speed up the assessment of your application. Are you happy for us to telephone you in this event? Please note that we will not call at weekends.

Yes No

If 'Yes' please confirm the most suitable time

Work:

am pm

Preferred day of the week

Work telephone number

Home:

am pm

Preferred day of the week

Home telephone number

CUSTOMER DECLARATION

By signing the form below:

- 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 I consent to the medical and other information provided here to 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:

X

Date (DDMMYYYY):

D

D

M

M

Y

Y

Y

Y

For information only. Please use the space provided on the Declaration of Health to disclose any changes.

Have you EVER had:

- Diabetes or a heart condition for example angina, heart attack, heart valve problem or heart surgery?
- A stroke, mini stroke, transient ischaemic attack (TIA), brain haemorrhage or surgery to your blood vessels?
Please ignore varicose veins unless there is ulceration present.
- Any form of cancer, Hodgkin lymphoma, Non Hodgkin lymphoma, leukaemia, skin cancer, melanoma or a tumour, cyst or benign growth in the brain or spine?
- Multiple sclerosis, epilepsy, fits or vision disturbances, for example optic or retrobulbar neuritis?
Please ignore long and short sightedness that has been corrected.
- Muscular dystrophy, cerebral palsy, permanent brain injury or any neurological condition, for example motor neurone disease, Parkinson's disease?
- Any mental illness, anorexia or bulimia that has required hospital treatment or referral to a psychiatrist?

Apart from anything you have already told us about, during the last 5 years have you seen a doctor, nurse or other health professional for:

- Raised blood pressure, raised cholesterol, or condition affecting blood or blood vessels for example anaemia, excess sugar in the blood, blood clot, deep vein thrombosis?
- Any condition affecting your kidneys, bladder or prostate, for example blood or protein in the urine, stones, nephritis?
- Any condition affecting your stomach, oesophagus, liver, pancreas or bowel, for example Crohn's disease, ulcerative colitis, hepatitis?
Please ignore diarrhoea, food poisoning, sickness or vomiting, stomach bug or upset, provided no hospital investigation was advised or completed.
- Any condition affecting your lungs or breathing, for example asthma, sarcoidosis, emphysema?
Please ignore hay fever and one off chest infections from which you have fully recovered.
- Lupus, ankylosing spondylitis, gout or any form of arthritis, neck, back, spine or joint trouble, for example rheumatoid arthritis, sciatica?
- Anxiety, depression, any form of nervous or mental disorder needing treatment or counselling, chronic fatigue or persistent tiredness?
- Any condition affecting your thyroid?
- Any condition affecting your ears or hearing, for example Meniere's disease, deafness?
Please ignore simple earache and ear infections that have resolved leaving no continuing hearing loss.
- Any condition affecting your eyes or vision, not wholly corrected by spectacles or lenses, for example cataract, blindness?
- A cervical smear or gynaecological disorder or breast problem, for which you have needed further investigations, tests, advice, or for which you have not yet been discharged from follow-up?
Please ignore routine cervical smears and mammograms if the results have been normal.
- A growth, lump, polyp or tumour of any kind?

- A mole or freckle?
Please ignore birthmarks where no treatment or specialist referral has been advised.
- Chest pain, palpitations, or irregular heartbeat?
- Paralysis, numbness, persistent tingling or pins and needles, tremor or facial pain other than dental pain?
- Memory loss, dizziness or balance problems?
- Any other condition or symptom, which has needed an angiogram, biopsy, CT scan, ECG, echocardiogram or MRI?
Please ignore investigations related to pregnancy or infertility where the results have been confirmed as normal.

For Income Protection Benefit policies only

- Any form of joint pain or stiffness, or muscular pain?
Please ignore minor accidents and injuries, for example muscle strain, pulled muscle, torn ligament or tendon, or sprained joint, provided they have not kept you off work for 2 weeks or more.
- Any other illness, injury or disability which has kept you off work for a continuous period of 2 weeks or more, for example stress, headaches, trapped nerve?
Please ignore colds and flu from which you have fully recovered and pregnancy where no complications were present.

Apart from anything you have already told us about, during the last 12 months have you:

- Had any medical condition, illness or injury for which you have received treatment for a continuous period of 4 weeks or more?
Please ignore oral contraception pill, pregnancy and minor accidents and injuries, for example muscle strain, pulled muscle, torn ligament or tendon, or sprained joint, provided they have not kept you off work for 2 weeks or more.
- Had or been advised to have any investigations in hospital, for example biopsy, CT scan, ECG, echocardiogram?
- Had anything else for which you are awaiting referral, investigations, results or treatment or do you have any other symptoms for which you have not yet sought medical advice, for example unexplained bleeding, weight loss, lump, growth, mole or freckle which has recently changed in appearance?

Lifestyle

Have you ever tested positive for HIV or are you awaiting the result of an HIV test? A negative HIV test result will not, of itself, have any effect on your acceptance terms for insurance.

In the last 5 years have you used;

- any recreational drugs other than cannabis, for example ecstasy, cocaine, or heroin. These examples are not intended to be a complete list.
- methadone; or
- anabolic steroids (not prescribed by a doctor).

How often do you have a drink containing alcohol?

Additional information would ask for the type of drink and the amount drunk on a typical day.

Have you ever been medically advised to reduce your alcohol consumption or been referred for specialist help to deal with alcohol consumption, such as to an alcohol addiction unit or to Alcoholics Anonymous? You can ignore advice to reduce alcohol given due to pregnancy.

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Contact us



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