

Anaemia

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	<table border="1"> <tr> <td style="width: 20%;">Title</td> <td style="width: 20%;">Initials</td> <td>Surname</td> </tr> </table>	Title	Initials	Surname						
Title	Initials	Surname								
Date of Birth	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>(DD/MM/YYYY)</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(DD/MM/YYYY)
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Customer Number/Reference	<input style="width: 100%;" type="text"/>									
1 When were you diagnosed with anaemia?	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>(DD/MM/YYYY)</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(DD/MM/YYYY)		
2 What type of anaemia do you have?	<input style="width: 100%; height: 40px;" type="text"/>									
3 Have you been advised of any cause for your anaemia?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give details</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>									
4 Do you have any current symptoms?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give details</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>									



5 Have you had any investigations?

Yes No

If 'Yes', please give details

Name of investigation	Results	Date (DD/MM/YYYY)
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

6 Please give details of your current and past treatment.

	Name	Dosage
Current treatment		
Past treatment		

7 What is the result of your last HB (haemoglobin) reading?

Latest HB reading Date of this reading (DD/MM/YYYY)

If this is not known, how does your doctor describe your condition?

Mild Moderate Severe

8 What is the result of your last Vitamin B12 reading?

Latest Vitamin B12 reading Date of this reading (DD/MM/YYYY)

If unknown, please tick here

9 Have you ever had any of the following?

- a) Oral steroids Yes No
- b) Blood transfusions Yes No
- c) Immunosuppressives (eg azathioprine, cyclosporine) Yes No

If you have answered 'Yes' to any of the above, please give the dates/details.

10 Have you had any complications?

Yes No

If 'Yes', please give details

11 Are you fully recovered?

Yes No

12 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

 (DD/MM/YYYY)

Contact us

 legalandgeneral.com

Legal & General Assurance Society Limited
Registered in England and Wales No. 166055.
Registered office: One Coleman Street, London EC2R 5AA

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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