

Reinstatement declaration

Policy Reinstatement Form

Please help us to continue your policy

To consider restarting the cover previously provided by your policy we need to ask you if there have been any changes to your health or smoking status. We can then check if the risk has changed.

You must tell us everything we ask for in the declaration, as we assess all the answers to our questions when we are considering restarting your policy. Please answer the declaration questions fully and accurately. If you don't, it may mean that a future claim is not paid and the policy is amended or cancelled.

Please can you return the declaration in the reply paid envelope (if applicable) or by email to: fctlife.enquiries@landg.com

Alternative formats

If you would like a copy of this in large print, braille, PDF or in an audio format, call us on **0370 010 4080**. We may record and monitor calls. Call charges will vary.

Declaration

Full name

Date of Birth (DD/MM/YYYY)

Policy number

Collection date of the first unpaid premium, or policy start date (DD/MM/YYYY)

1 Since the collection date of the first unpaid premium, or if no premiums have ever remained paid the policy start date (see above) have you smoked any cigarettes, cigars, a pipe (including shisha/hookah), used vapes, e-cigarettes, or nicotine replacements? (A simple medical test may be required to check your answer.)

2 Since the collection date of the first unpaid premium, or if no premiums have ever remained paid, the policy start date (see above) have you:

*required any medical treatment (medical treatment includes medicines, tablets or other treatments such as physiotherapy)?

*been referred to or been in contact with a hospital doctor?

*had any medical investigations or tests?

*had any symptoms that you may contact a health professional about (for example, unexplained bleeding, weight loss or a lump or growth)?

It may be necessary to contact you to discuss the information you provide on the form. This will help speed up the assessment process. Are you happy for us to contact you by phone or email in this event?

<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"/>
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This is a mandatory field, if you're unsure of the date please call us.

If you've smoked any cigarettes, cigars, a pipe (including shisha/hookah), used vapes, e-cigarettes, or nicotine replacements at all in the last 12 months you need to answer 'Yes – regularly' or 'Yes - occasionally', even if the product used did not contain any nicotine.

Yes - Regularly Yes - Occasionally None at all

Yes None of these

(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 example question individually on the sheet, they are intended to help you complete the customer declaration. The actual application questions you answered when you originally applied for your policy may have been different to the examples given, as they have changed over time and depend on the product(s) you applied for.)

If you have answered 'Yes' to any part of question 2, please give full details below.

Date when illness, injury or medical symptoms first occurred. (DD/MM/YYYY)

Details – please include type of disorder, nature of any tests carried out and results, treatment, and if the condition is ongoing.

Customer Declaration

I declare that, to the best of my knowledge and belief, I have answered all questions fully and accurately. I acknowledge that Legal & General will use the information I give to determine whether to allow the reinstatement of my policy.

I agree to inform Legal & General if any of the responses to the questions it has asked change between now and the reinstatement of the policy.

Alongside the policy documentation, this information will form part of the legal relationship between us and if any of it is incorrect, it may mean that a claim is not paid or the policy is amended or cancelled.

Signature

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"/>
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Yes No

If you have answered 'yes', please provide details below.

Phone Number

Email address

<input type="text"/>
<input type="text"/>

For client information only. Please use the space provided on the Policy Reinstatement Form 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 plans 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?
- In the last 10 years have you used a) cannabis (unless prescribed by a health professional) - you don't need to answer 'Yes' to the question if you use or have used CBD oil only, b) any recreational drugs for example cocaine, ecstasy or amphetamines, heroin or opioids or other, c) any psychoactive substance including drugs previously known as 'legal highs', d) any recreational drug substitutes, for example, methadone, e) anabolic steroids (or any performance enhancing drugs) not prescribed by a doctor or f) been addicted to, misused or overused any medication whether prescribed by a doctor or not. These examples are not meant to be a complete list.
- 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 Alcohol Anonymous? You can ignore advice to reduce alcohol given due to pregnancy.

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