ReAssure

# ADDITIONAL HEALTH INFORMATION

## The Skandia Plan

### NOTES

This form is supplementary to the health questions in your application form. You should use it when you need to complete more than four additional health questions. Please attach this form to your main application form.

### IMPORTANT INFORMATION

Please answer all the questions in this form honestly and in full. If you miss out any information, or give us misleading information, we may not be able to pay a claim, and it could result in cancellation of all the cover under your policy. It could also cause delay in starting your cover. If you are not sure whether a particular fact is relevant, you should include it.

### YOUR MEDICAL DETAILS

We will rely on the information you give us, and you should not assume that we will clarify or confirm with your doctor any facts you have given.

### COMPLETING THE FORM

To complete this form:

- Use BLOCK CAPITALS only
- Use blue or black ink
- Tick boxes as appropriate.

If someone else completes the form for you, for example your financial adviser, please check that all the details are correct before you sign the declaration in the application form.

If any relevant sections are incomplete, we will write to you and ask you for the missing information, which may delay your application.

Please initial any changes or corrections made to the answers given on the form.

### A DETAILS OF THE APPLICATION FORM

| | |
|---|---|
| Type of contract (3) | The Skandia Plan |
| First or only person insured | |
| Second person insured (if applicable) | |
| Date of application form | D D M M Y Y Y Y |

Please answer the questions honestly and in full. Failure to do so may result in non-payment of a claim or cancellation of the cover.

## B ADDITIONAL HEALTH INFORMATION

For each Yes answer you have given to any part of the health questions numbered 10-13 in section J of The Skandia Plan application, please complete a set of Additional Health Questions.

ADDITIONAL MEDICAL QUESTIONS 1

1. Which person do these answers refer to? (3) First person insured ◯ Second person insured ◯
2. Which question do these answers refer to?
   For example; 11a or 12e
3. What is the precise diagnosis of your illness?
4. When was your illness diagnosed, or when did you have the most recent attack or symptoms, if later? Month Year
5. How many days were you absent from work? If none, state NONE.
6. Have you recovered completely, without any recurrent symptoms? (3) Yes ◯ No ◯
7. What treatment did you receive?
8. Are you currently having treatment? (3) Yes ◯ No ◯

Please complete the questions below ONLY if you have answered Yes to the health question numbered 12c or 12g.

9. What is the nature and severity of the symptoms when they are/were present?
10. Do/Did they restrict you in any way? (3) Yes ◯ No ◯

    If Yes, please give details of the restriction

continued

Please answer the questions honestly and in full. Failure to do so may result in non-payment of a claim or cancellation of the cover.

## B ADDITIONAL HEALTH INFORMATION (CONTINUED)

11. Have you seen a specialist for the condition? (3) Yes ◯ No ◯

If Yes, please give: Name

Hospital

12. What medical investigations have been carried out?

What were the results, if you know them?

Are all investigations now complete? (3) Yes ◯ No ◯

Are you waiting for any follow-ups or reviews? (3) Yes ◯ No ◯

If Yes, please give details

13. When did you last see your GP about this condition? Month | | Year | | | | |

14. Have you been admitted to hospital for this condition? (3) Yes ◯ No ◯

If Yes, how many times?

When was the last time? Month | | Year | | | | |

15. When was the last time you went to hospital as an outpatient for investigations or a check-up for this condition? Month | | Year | | | | |

16. Is any operation planned or being considered? (3) Yes ◯ No ◯

If Yes, when? Month | | Year | | | | |

Please give details of the operation

continued

Please answer the questions honestly and in full. Failure to do so may result in non-payment of a claim or cancellation of the cover.

## B ADDITIONAL HEALTH INFORMATION (CONTINUED)

For each Yes answer you have given to any part of the health questions numbered 10-13 in section J of The Skandia Plan application, please complete a set of Additional Health Questions.

ADDITIONAL MEDICAL QUESTIONS 2

1. Which person do these answers refer to? (3) First person insured ◯ Second person insured ◯
2. Which question do these answers refer to?
   For example; 11a or 12e
3. What is the precise diagnosis of your illness?
4. When was your illness diagnosed, or when did you have the most recent attack or symptoms, if later? Month Year
5. How many days were you absent from work? If none, state NONE.
6. Have you recovered completely, without any recurrent symptoms? (3) Yes ◯ No ◯
7. What treatment did you receive?
8. Are you currently having treatment? (3) Yes ◯ No ◯

Please complete the questions below ONLY if you have answered Yes to the health question numbered 12c or 12g.

9. What is the nature and severity of the symptoms when they are/were present?
10. Do/Did they restrict you in any way? (3) Yes ◯ No ◯

    If Yes, please give details of the restriction

*continued*

Please answer the questions honestly and in full. Failure to do so may result in non-payment of a claim or cancellation of the cover.

## B ADDITIONAL HEALTH INFORMATION (CONTINUED)

11. Have you seen a specialist for the condition? (3) Yes ◯ No ◯

If Yes, please give: Name

Hospital

12. What medical investigations have been carried out?

What were the results, if you know them?

Are all investigations now complete? (3) Yes ◯ No ◯

Are you waiting for any follow-ups or reviews? (3) Yes ◯ No ◯

If Yes, please give details

13. When did you last see your GP about this condition? Month Year

14. Have you been admitted to hospital for this condition? (3) Yes ◯ No ◯

If Yes, how many times?

When was the last time? Month Year

15. When was the last time you went to hospital as an outpatient for investigations or a check-up for this condition? Month Year

16. Is any operation planned or being considered? (3) Yes ◯ No ◯

If Yes, when? Month Year

Please give details of the operation

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