

For customers

Cyst, mole, growth, lump or lesion questionnaire

To be completed by the insured person.

Please complete in BLOCK CAPITALS and in ballpoint pen.

1. Insured person's details

Policy/Reference number

Surname

Title

Date of birth (dd/mm/yyyy)

Full forename(s)

If you don't answer the questions fully and accurately, we may not pay a claim, and the whole policy may be cancelled, not just the benefit under which you're claiming.

2. Medical questions

2.1 What's the precise medical diagnosis?

2.2 Where's the exact site of the growth?

2.3 How long ago did you first seek medical attention for this condition?

- Within the last six months
- More than six months ago
- Never

2.4 Were any investigations or tests carried out?

- No
- Yes – give details, including results if known

2.5 Has the growth been completely removed?

- Yes
- No

2. Medical questions – continued

2.6 Has the growth been confirmed as benign (non-cancerous)?

Yes

No

2.7 Are you currently receiving follow-up checks?

No

Yes – give the date of your next follow-up appointment (dd/mm/yyyy)

3. Declaration

I acknowledge this questionnaire forms part of my application. To the best of my knowledge, the information and statements made in this questionnaire are true and complete. If the statements aren't true and complete and/or I don't tell Aegon about any changes before the policy starts, then it **might result in loss or cancellation of the protection**. I confirm that I've read over any answers that I didn't fill in and they're correct.

Date (dd/mm/yyyy)

Signature

X	X
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