

For customers

Arthritis/Gout 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 your exact diagnosis?
(select one option only)

- Gout
- Rheumatoid arthritis
- Osteoarthritis
- Other arthritis (please state)

2.2 Which joints does this affect? (specify left or right if appropriate)

2.3 Give a brief description of your symptoms and the effect they have on your daily life.

2.4 What medication/treatment do you get for your arthritis/gout?

2. Medical questions – continued

2.5 What was the date of your last attack, if applicable? (dd/mm/yyyy)

2.6 Have you taken time off work because of your condition?

No

Yes – give the number of instances and the dates

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

