

# Declaration of health – adding waiver of premium benefit

We may not pay a claim if you don't answer the questions fully and accurately.

## 1. Life to be assured's details

Policy/Reference number

Full forename(s)

Title

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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## 2. Questions

2.1 Have you suffered any illness, injury, or medical symptoms, including back or mental health problems (whether a doctor has been consulted or not)?

No

Yes – give details

Condition	Full details	Date of first symptoms (dd/mm/yyyy)	Date of last/ongoing symptoms (dd/mm/yyyy)

2.2 Are you waiting to have or have you been advised to have any medical consultation, hospital investigation, treatment, operation, blood test or started to take or been prescribed any medicines or drugs?

No

Yes – give details

Condition/Investigations	Full details/Results	Date (dd/mm/yyyy)

## 2. Questions – continued

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2.3 Have you changed your occupation or employer?

No

Yes – give details

2.4 Have you changed your travel plans (please ignore holiday travel totalling less than 30 days), or do you plan on moving abroad or travelling outside the UK for extended periods?

No

Yes – give details

2.5 Have you had more than 10 consecutive days off work in the last five years due to sickness or incapacity?

No

Yes – give details

2.6 Are you currently fit for work?

No

Yes – give details

2.7 Are you aware of any reason why you'd be unable to work due to sickness or incapacity?

No

Yes – give details

## 3. How we use your information

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Here at Aegon, we're committed to protecting and respecting your privacy. The personal information, including any special categories of personal information, for example medical data we collect from you or others is required to enable us to verify your identity, assess your application for a plan, provide ongoing administration and assess any claims you make.

We need this information to carry out our obligations and provide you with the products and services under the terms of your contract with us. Without it, we wouldn't be able to provide you with a plan.

### 3. How we use your information – continued

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As part of our administration process, we work with carefully selected service providers (in other words suppliers) that carry out certain functions on our behalf. We only share the appropriate level of personal information necessary to enable our suppliers to carry out their services and they need to keep the information safe and protected at all times. Our suppliers must only act on our instructions and can't use your personal information for their own purposes.

The personal information we collect may be transferred to, and stored at a destination outside the European Economic Area (EEA). This could be to other companies within the Aegon Group or to our service providers. Where any such processing takes place, appropriate controls are in place to make sure that your information is protected.

We may disclose your information to licensed credit reference and/or fraud prevention agencies to help make financial or insurance proposals and claims decisions (this will be during the application or enrolment process and on an ongoing basis), for you and anyone you're linked with financially or other members of your household. Our enquiries or searches may be recorded.

As part of our underwriting process, we may use an automated decision-making tool. We've built rules into our underwriting engine which will either generate an automated decision or refer to one of our underwriters. We can review decisions if requested.

You can find more information on how we use and share your personal information, including how long we keep it and details of your rights at [www.aegon.co.uk/protectinginformation](http://www.aegon.co.uk/protectinginformation) or by contacting us to request a copy.

### 4. Declaration

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To the best of my knowledge, all the above statements are true and complete. I consent to you at any time before or after my death, asking for medical information from any doctor who, at any time, has attended me concerning anything which affects my physical or mental health. I agree to sign any further consent to gather medical reports you require.

I acknowledge that:

- I must tell you about any changes to my health or circumstances that happen any time between the completion of this form and the date the waiver of premium benefit starts.
- If I haven't answered all the questions fully, accurately and to the best of my knowledge, a claim may not be paid.

Date

D	D	M	M	2	0	Y	Y
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Signature of insured person

X	X
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