

For customers

Declaration of health – restarting a policy

To be completed by the insured person.

Please complete in BLOCK CAPITALS and in ballpoint pen.

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.

1. Insured person's details

Policy/Reference number

Surname

Title

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full forename(s)

2. Questions

Since your cover stopped (refer to our letter for the date).

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

No

Yes – give full details below

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

2.2 Have you had or 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 full details below

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

2. Questions – continued

2.3 Have you smoked or used any nicotine products, including but not limited to, cigarettes, cigars, nicotine gum/patches, e-cigarettes or pipe/rolled tobacco?

No

Yes – please tell us the type and average amount you smoke(d) or use(d) a day. For pipe and rolled tobacco, give the number of grammes a day.

Type	Amount (1 ounce = 28 grammes)

2.4 Have you changed your occupation or employer?

No

Yes – give full details below

3. How we use your information

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 policy, 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 policy.

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 or by contacting us to request a copy.

4. Declaration and consent

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 that you require in the event that the current consent has expired. I also consent to you asking for relevant information from any insurance office which I've applied to for life, critical illness, sickness, disability, accident or private medical insurance and I authorise such information to be given to you.

I acknowledge that:

- I must tell you about any changes to my health or circumstances that happen any time between the date of the first unpaid premium and the date of the policy restart, and
- if I haven't answered all the questions fully, accurately and to the best of my knowledge, a claim may not be paid and the whole policy may be cancelled, not just the benefit being claimed under.

Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Signature

X	X
---	---

