

For customers

Digestive, kidneys or liver 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

Mr / Mrs / Miss / Ms / Other – please specify

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 precise medical diagnosis has your doctor given you?

2.5 What's your current medication and how frequently do you take it?

2.2 How long have you had the symptoms?

2.6 Have you had an operation?

No

Yes – give full details, date and results

2.3 How frequent and severe are your symptoms?

2.4 When did your symptoms last occur?

2. Medical questions – continued

2.7 Have you had any investigations?

- No
- Yes – give full details, date and results

2.8 Are you getting follow-up checks?

- No
- Yes – tell us how often, who with and when they'll be completed

2.9 If your follow-up checks are complete, what was the date of your last check? (dd/mm/yyyy)

2.10 Do you smoke?

- No
- Yes – tell us what and how many a day

2.11 Do you drink alcohol?

- No
- Yes – tell us how much you drink a day

2.12 Can you tell us any more information that will help us to consider your application?

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

