

For customers

Gynaecological 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's the exact diagnosis?

2.2 What are your symptoms?

2.3 What treatment/medication have you received?

2.4 Have you had investigations for this problem?

No

Yes – what was the outcome?

2.5 Are you currently receiving follow-up checks?

No

Yes

2. Medical questions – continued

2.6 Have you had surgery for this condition?

- Awaiting
- No
- Yes – please give details

2.7 Has your condition been confirmed as benign (non-cancerous)?

- No
- Yes – give the date and result of your last cervical smear

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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