

For customers

# Joint questionnaire

To be completed by the insured person.

Please complete in BLOCK CAPITALS and in ballpoint pen.

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## 1. Insured person's details

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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.**

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## 2. Medical questions

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2.1 What's the exact diagnosis of your condition?

2.1.1 If applicable, tell us which joint, bone or muscle was involved, indicating left, right or both as appropriate.

2.2 Is there an underlying cause for your disorder, for example osteoporosis or a tumour?

No

Yes – give full details

2.3 How long ago did the symptoms first occur?

Years  Months

## 2. Medical questions – continued

2.4 Was this a single episode of symptoms?

Yes

No

2.5 Do you have ongoing symptoms?

Yes

No – give the date of the last time you had symptoms/an episode (dd/mm/yyyy)

2.6 Do you currently receive medication or treatment for your condition?

No

Yes – give the name of the medication or treatment and how often you receive it

2.7 What medication or treatment have you received in the past?

2.8 Have you had surgery for this condition?

Yes

No

Awaiting

If **Yes** – when did you have surgery?  
(dd/mm/yyyy)

If **Awaiting** – what's the estimated date of surgery? (dd/mm/yyyy)

2.9 Has your condition caused you to be absent from work?

No

Yes – give dates and duration

2.10 Are you currently absent from work due to this condition?

Yes

No

2.11 Are you now fully recovered with no ongoing problems?

Yes

No – give full details

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### 3. Declaration

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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

