

For intermediaries only

Pre-submission underwriting questionnaire

This form lets you gather detailed information from your client before you call our underwriting helpline. This will mean you'll get a more accurate pre-submission underwriting decision.

Any pre-submission decision given is based purely on the details you give.

Gender Male Female

Date of birth (dd/mm/yyyy)

Occupation (including if employed, self-employed or part-time under 16 hours)

Short description of duties, including:

- % manual work (lifting, carrying, working with machinery or tools);
- driving (average yearly business mileage), and
- work at heights (average % time spent at heights and average height in metres).

If you're a member of the armed forces please complete the [armed forces questionnaire](#). This can be found on our website at aegon.co.uk/support

We can't guarantee the decision as it's subject to underwriting.

For more information call 03457 83 54 73 (8.30am to 5.30pm, Monday to Friday) or email protect_underwriting@aegon-service.co.uk

Yearly earnings (if you're self-employed tell us your net taxable earnings as shown on your self-assessment form)

Overseas travel

Give details of intended travel over the next 12 months, and past travel over the last five years:

	Country/ countries ¹	Reason for visit	Length of visit
Next 12 months			
Last five years			

¹If non-urban areas, specify exact location.

Height

Weight

Benefit details (Including benefit amount and term.)

Benefit	Benefit amount	Term
Life		
LICI		
CI		
IP		

WOP Yes No

TPD Yes No

Reason for cover

If the total amount of protection under all existing policies, together with this application and any pending or concurrent applications, exceeds £1,500,000 life cover or £750,000 critical illness or total permanent disability, tell us:

Amount	Benefit(s)

Tobacco/Nicotine use — If your client currently smokes or has, in the last 12 months, smoked or used any nicotine products, tell us the type and average amount smoke(d) or use(d) a day. (Nicotine products include, but aren't limited to, cigarettes, cigars, nicotine gum/patches, e-cigarettes or pipe/rolled tobacco):

Type

Amount a day (1oz = 28g)

Tell us the units of alcohol drunk on average each week and if any advice has ever been received to drink less or no alcohol.

(One pint of beer = 2 units;
One 125ml glass of wine = 1.5 units;
One measure of spirits = 1 unit).

Hazardous pursuits

Give full details for any hazardous pursuit. You might find these point-of-sale questionnaires helpful:

- [Aviation](#)
- [Caving/potholing](#)
- [Mountaineering](#)
- [Sports diving](#)
- [Aviation-related](#)
- [Motor sports](#)
- [Sailing](#)

All of these can be found on our website at aegon.co.uk/support

Activity participated in

Number of times a year the activity is undertaken

Details of any related qualifications

Equipment used

Health questions

Medical conditions

Give full details of any other medical condition. You might find these point-of-sale questionnaires helpful. They can be found on our website at aegon.co.uk/support

[Arthritis/gout](#)
[Cyst, mole, lump or lesion](#)
[Joints](#)
[Thyroid](#)

[Blood disorder or anaemia](#)
[Digestive, kidneys or liver](#)
[Raised blood pressure](#)

[Chest complaints](#)
[Gynaecological](#)
[Stress/Anxiety/Depression](#)

Medical condition 1

Date diagnosed

Date of last symptoms

Past and current medication/treatment

Ongoing symptoms experienced

Any tests, investigations or referrals in the past or due in the future (tell us the result).

Have there been any hospital admissions, operations, or are any awaited?

Details of time off work during the last five years including dates.

Has a full recovery been made with no ongoing symptoms, treatment, residual problems or complications?

Give us any more information you have about this condition.

Medical condition 2

Date diagnosed

Date of last symptoms

Past and current medication/treatment

Ongoing symptoms experienced

Any tests, investigations or referrals in the past or due in the future (tell us the result).

Have there been any hospital admissions, operations, or are any awaited?

Details of time off work during the last five years including dates.

Has a full recovery been made with no ongoing symptoms, treatment, residual problems or complications?

Give us any more information you have about this condition.

Family history

Give details if any parents, brothers or sisters, before the age of 65, have died or suffered from:

- Alzheimer's disease
- Diabetes
- Motor neurone disease
- Parkinson's disease
- Stroke
- Cancer or tumour²
- Heart attack or angina
- Multiple sclerosis
- Polycystic kidney disease
- Any other hereditary disorder
- Cardiomyopathy
- Huntington's disease
- Muscular dystrophy
- Polyposis of the colon

²Tell us the site/type below.

Relative

Age at diagnosis

Condition

Relative

Age at diagnosis

Condition

Relative

Age at diagnosis

Condition

Relative

Age at diagnosis

Condition

Signature: _____

Date: _____

