

For customers

# Stress/Anxiety/Depression questionnaire

To be completed by the insured person.

Please complete in BLOCK CAPITALS and in ballpoint pen.

## 1. Insured person's details

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Policy/Reference number

Title

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

Full forename(s)

Surname

Date of birth (dd/mm/yyyy)

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

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2.1 Please tell us the medical diagnosis that you've been given.

  

2.2 When did the condition begin and what was the nature of your symptoms?

  
  
  

2.3 How often have you suffered since?

  

2.4 When did you last suffer symptoms?

  

2.5 Has your condition caused you to have taken any time off work or be absent from your normal activities?

No

Yes – give full details including dates (dd/mm/yyyy)

## 2. Medical questions – continued

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2.6 Have you been treated with drugs?

No

Yes – tell us:

a. current treatment (drug name and daily dosage)


b. previous treatments (drug name and daily dosage)


2.7 Have you ever been treated as an inpatient?

No

Yes – tell us:

a. where and when this was in each case


b. what treatment you received


2.8 Have you been treated as an outpatient or referred to a psychiatrist?

No

Yes – tell us:

a. details of the consultations, including dates (dd/mm/yyyy)


b. what treatment you received


2.9 Are you having regular follow-up checks?

No

Yes – tell us how often and who with:


2.10 Have you ever tried to take your own life or contemplated suicide?

No

Yes – give details and date (dd/mm/yyyy)


## 2. Medical questions – continued

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2.11 Was there any particular cause for your stress, anxiety or depression?

No

Yes – give details


2.12 Can you give us any extra information that will help us to consider your application?


## 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)

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Signature

<b>X</b>	<b>X</b>
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