

For customers

Thyroid disorder 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

Title

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

2.1 What's the precise medical diagnosis?

Hyperthyroidism (over-active thyroid)

Hypothyroidism (under-active thyroid)

Goitre

Other – give details

2.2 How long ago were you diagnosed?

years months

2.3 Have you had investigations for this condition?

No

Yes

Awaiting

2.4 Do you take prescribed medication or have you received treatment for this condition?

No

Yes – give full details

2. Medical questions – continued

2.5 Have you been advised by a medical practitioner that your blood levels have returned to normal?

Yes

No – give full details

2.6 Do you have your blood levels checked for this condition?

No

Yes – tell us the date of your last blood test and the results

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**

