

# Declaration of Health

In order that we may assess your proposal for insurance in a fair and accurate manner, please complete the following form.

## Guidance Notes

Please use BLOCK CAPITALS or tick boxes as appropriate.

Please complete the relevant sections. If you need more space to answer any of the questions, please use a separate sheet or the 'Additional information' space at the end of the form. You should give the results of even routine tests, with reasons for having the test. Also give details of any test for which you are awaiting results.

## Important

Please read the following information carefully.

You are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act to take reasonable care to supply accurate and complete answers and to make sure that all information supplied is true and correct.

If there is any information that is incorrect, incomplete or missing you must contact your insurance advisor immediately. If you do not, your policy may be cancelled, or treated as if it never existed, or your claim rejected or not fully paid. We will advise you of any revised premium and/or terms and conditions that may result from any amendments you make, and revised documents will be issued to you.

You are recommended to keep a copy of all information supplied (including copies of letters) for the purpose of entering this contract. You may apply for a copy of this form at any time within the next three months.

## Please answer the following questions carefully and accurately:

Company name (if business policy):

Policy Number:

Insured Person title:                      First name:    Surname: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Sex:    Male                      Female

Occupation:

Height, in ft/in or m/cm:    Weight, in lbs or kilos:

## Medical History Questionnaire

1. Are you currently taking any medication?                      YES                      NO
2. Have you been absent from work for more than 10 days in the last two years due to health reasons?                      YES                      NO
3. Have you suffered from any illness, disorder, or injury during the past 3 years which has required any form of medical or specialised examination or consultation or hospitalisation?                      YES                       NO
4. Have you undergone any surgery during the past 3 years or is any surgery planned in the next 6 months?                      YES                       NO

5. Have you ever suffered from any of the following during the last 5 years:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a Heart disorders   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b Diabetes  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c Arthritis or conditions affecting your bones or joints      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d Eye, ear, nose or throat disorders                          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e Depression, anxiety, psychiatric or psychological disorders | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| f Cancer  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| g Circulatory disorders                                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| h Liver disorders   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| i Back pain or disorders of the spine                         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| j Conditions affecting the Kidneys                            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| k Stroke or cerebrovascular disease or disorder               | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| l Asthma or breathing difficulties                            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**Important**

If you answered "Yes" to any of the questions above please provide full details in the box provided below. If the space provided is not adequate, please continue on a separate sheet clearly marking which question it relates to and attach it to this form.

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Please read this notice carefully as it contains important information about **our** use of **personal information**. **Personal information** means any information **we** have about **you** and the other people insured under **your** policy, some of which is known as "sensitive personal data". This will include information relating to health issues and criminal convictions.

**We** need to use sensitive and personal information to provide **you** with quotes, arrange and manage **your** policy and to provide the services described in **your** policy documents (such as, including handling underwriting and dealing with claims).

**We** are part of the Ageas group of companies. **We** may share **personal information** with other companies in the group for any of the purposes set out in this notice. **We** will also use **personal information** to assess **your** insurance application

**We** may have to share **personal information** with other insurers, statutory bodies, regulatory authorities, **our** business partners or agents providing services on **our** behalf and other authorised bodies if **we** need to do this to manage **your** policy with **us** including settling claims, for underwriting purposes, for management information purposes, if **we** are required or permitted to do this by law (for example, if **we** receive a legitimate request from the police or another authority); and/or if **you** have given **us** permission.

**We** may use **personal information** and information about **your** use of **our** products and services to carry out research and analysis. **We** will only use **personal information** to market **our** products and services to **you** if **you** agree to this.

**We** may research, collect and use data about **you** from publically available sources including social media and networking sites. **We** may use this data for the purposes set out in this notice, including fraud detection and prevention.

**We** may record or monitor calls for training purposes, to improve the quality of **our** service and to prevent and detect fraud. **We** may also use CCTV recording equipment in and around **our** premises.

**You** are entitled to receive a copy of any **personal information** **we** hold about **you**. If **you** would like to receive a copy, or if **you** would like further information on, or wish to complain about, the way that **we** use **personal information**, please write to the Data Protection Officer at Ageas Insurance Limited, giving **your** name, address and insurance policy number.

If **we** change the way that **we** use **personal information**, **we** will write to **you** to let **you** know. If **you** do not agree to that change in use, **you** must let **us** know as soon as possible.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

When complete, please return this form to: Ageas Insurance Limited, Personal Accident Underwriting, 6th Floor, One America Square, 17 Crosswall, London EC3N 2LB Tel: (0370) 241 6182 Fax: (0207) 264 2864 Email: [patravel.underwriting@ageas.co.uk](mailto:patravel.underwriting@ageas.co.uk)

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Registered in England and Wales No 354568

Ageas Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

