ROYAL LONDON

Plan number	

Additional health questions

If you answered Yes to any of the questions in Sections 6 to 9 of the application form, please answer these questions.

Please answer all questions accurately and honestly and to the best of your knowledge and belief. This will help us to assess the application but please be aware that we may still need to ask for more information.

If you're not sure whether to include any information, then please include it. Additional space is provided on the next page.

Name of person covered	
Plan number (if known)	
Date of birth	D D M M Y Y Y Y
Date of application (if applicable)	D D M M Y Y Y Y
a) Questions in the application form to which the following answers apply.	
b) What is the name of the medical condition?	
c) When did symptoms first occur? Please give a date.	D D M M Y Y Y Y
d) Do you have recurrent symptoms?	Yes ☐ No ☐
e) If Yes, please state how many episodes or attacks of symptoms you've had since the onset of the condition.	
f) How often do you have symptoms?	All the time ☐ Daily ☐ Weekly ☐ Monthly ☐ Infrequently ☐ No longer have symptoms ☐
g) If you no longer have symptoms, when did you last have symptoms? Please give a date.	D D M M Y Y Y Y
h) Please describe the nature and severity of the symptoms	

i)	**Do these symptoms restrict you in any way?**	Yes ☐ No ☐
j)	**Have you seen a specialist for the condition?**	Yes ☐ No ☐
k)	**If Yes, please give details of the specialist's name and hospital.**	
l)	**What medical investigations have been performed?**	
m)	**Are you awaiting any investigations,tests, or referral to a specialist?**	
n)	**Have you had any surgery, investigations or tests for this condition?**	Yes ☐ No ☐
o)	**If Yes, please give full details** Please use the additional information section on page 3 if you need more space	
p)	**What treatment have you been prescribed?**	
q)	**Is it continuing?**	Yes ☐ No ☐
r)	**How many days have you been off work because of this condition?**	
s)	**Which of the following best describes the severity of your condition?**	Fully recovered with no remaining disability ☐ Ongoing condition with no restrictions in daily activities or mobility ☐ Mild symptoms with infrequent restriction of daily activities or mobility ☐ Moderate symptoms with infrequent restriction of daily activities or mobility ☐ Severe symptoms with infrequent restriction of daily activities or mobility ☐ Daily activities or tasks significantly or regularly restricted ☐

Additional health questions

If you need more space for any answers please use this page and include the relevant question number. If you still need more space please use an additional sheet of paper. Remember to sign, date and attach it securely to this questionnaire.

Declaration

I declare that:

- the answers I have given in this questionnaire are true and complete to the best of my knowledge and belief
- I have not withheld any information that may influence the assessment or acceptance of this application

I accept that:

- this questionnaire forms part of my application to Royal London; and
- I must answer all of the questions on this form accurately and honestly. If I miss any information out, or give misleading information, it could mean that you won't pay out if I have to make a claim

Signature	
Date	D D M M Y Y Y Y

Completed forms should be returned to:

Royal London
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG

Royal London
royallondon.com

We're happy to provide your documents in a different format, such as braille, large print or audio, just ask us when you get in touch