

Health Declaration for disability insurance or life insurance with disability cover



We have sent you a Health Declaration

You have applied for disability insurance or life insurance with disability cover. That is why you have been sent this Health Declaration. Please complete this form in full. The medical advisor will examine your answers. He/she will then advise the insurer as to whether they can agree to insure you and, if so, under which conditions.

N.B.: Please read the Notes before completing the Health Declaration.

Answer all the questions as detailed as possible

This is important and mandatory. For example, it will prevent the insurer to:

- terminate your insurance in the future;
- withhold benefits if you become disabled;
- withhold benefits if you die.

List all your symptoms, even if you do think that they are not important or if you have not seen a doctor for them.

If you have answered Yes to a question, you have to provide more information. Please do this by completing the additional information sheet for Question 3. You have to complete an additional information sheet for each condition or disease. Use a separate sheet if you need more space. Indicate clearly the question to which the sheet relates.

If your health changes

Your health may change. If this happens after you have completed the declaration but before your insurance comes into effect, contact the insurer's medical department immediately.

Have you:

- received definitive confirmation that you have been accepted?
- received the policy document?
- received a letter of acceptance?

This means the insurer has definitively accepted you.

For more information, read the 'Has your health changed?' section in the Notes

1 General information about the applicant

Surname _____ Male Female

First names _____ *(You need to write out only the first given name in full)*

Street name + house number _____

Postcode _____ City _____

Phone number _____

Email address _____

Date of birth _____

What is your occupation? _____

Which company do you work for? _____

How many hours a week do you work? _____ hours

What does your work involve?	Physical work	_____ hrs	Administrative work	_____ hrs
	Managing/supervising	_____ hrs	Travelling for work (excluding commuting)	_____ hrs
	Commercial/sales	_____ hrs	Other, i.e.	_____ hrs

Who is your General Practitioner?

Name _____

Address _____

City _____

Would you like a letter of explanation from the medical advisor?

The medical advisor will assess your health risk on basis of this Health Declaration. He/she may advise the insurer not to insure you, or to do so under specific conditions. If this is the case, he/she will send you a letter explaining his/her medical advice.

Place a cross in this box if you do not wish to receive this letter:

Do you want to be the first person to know his or her advice?

You are entitled to be the first person to know his or her medical advice. This is called 'the right of first notification' [Recht op eerste kennisneming]. It will then take longer for your policy to come in effect. Do you want to be the first person to hear his/her medical advice? If so, please write a letter to the insurer as described in the Notes.

2 Personal information

What is your height? _____ cm

What is your weight? _____ kg

Do you smoke? No Yes

What do you smoke? _____

At what age did you start smoking? _____

How much do you smoke a day on average? _____

Did you ever smoke? No Yes

What did you smoke? _____

At what age did you start smoking? _____

How much did you smoke a day on average? _____

At what age did you stop smoking? _____

Do you drink alcohol? No Yes

What kind of drinks? _____

At what age did you start drinking alcohol? _____

How many glasses do you drink a week on average? _____

Did you ever drink alcohol? No Yes

What kind of drinks? _____

At what age did you start drinking alcohol? _____

How many glasses did you drink a week on average? _____

At what age did you stop drinking alcohol? _____

Do you take drugs? No Yes

What kinds? _____

At what age did you start taking drugs? _____

How many times a week do you take drugs on average? _____

Did you ever take drugs? No Yes

What kinds? _____

At what age did you start taking drugs? _____

How many times a week did you take drugs on average? _____

At what age did you stop taking drugs? _____

3 Your health

Do you have now, or have you previously had, one or more of the following conditions, diseases, symptoms and/or disabilities?

N.B.

You should also place a cross in the Yes box if:

- you have visited or telephoned a GP, healthcare professional or doctor;
- you have had surgery;
- you have been admitted to a hospital, psychiatric institution or other medical establishment;
- you are now taking or have previously taken medication;
- you are still being monitored.

- | | | |
|----|---|--|
| A. | Condition, disease or symptoms of the brain or nerves, such as stroke, TIA, CVA, fits, epilepsy, muscle disease, inflammation of the optic nerve, headache, dizziness. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| B. | Psychic condition, disease or symptoms, such as depression, schizophrenia, psychosis, ADHD, stress, overwork, anxiety disorder, insomnia, hyperventilation, burnout. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C. | Cardiovascular condition, disease or symptoms, such as heart attack, chest tightness or pain, high blood pressure, heart palpitations, narrowing or inflammation of the blood vessels, embolism. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D. | High cholesterol, diabetes, thyroid abnormality, gout, metabolic or storage disorders, hormonal abnormalities. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E. | Lung or respiratory tract condition, disease or symptoms, such as asthma, COPD, shortness of breath, pleuritis, bronchitis, prolonged coughing, embolism. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F. | Condition, disease or symptoms of the oesophagus, stomach, intestines, liver, gall bladder or pancreas. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| G. | Condition, disease or symptoms of the kidneys, bladder, urinary tract or reproductive organs. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| H. | Fatigue symptoms, sleep apnoea syndrome, STD (sexually transmitted disease), HIV infection, other infectious diseases. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| I. | Benign or malignant swelling or tumour, malignant condition, cancer, blood disease, anaemia. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| J. | Condition, disease or symptoms of the muscles, limbs or joints (including knees, hips, hands, shoulders), acute or chronic rheumatism, (infant) paralysis, pelvic instability or fibromyalgia. Twisted spine, back problems, back pain, lumbago, hernia, ischias, neck problems or ULD (previously known as 'RSI'). You must also answer Yes if you have ever had a fracture. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| K. | Condition, disease or symptoms of the skin, varicose veins, leg ulcers, fistulas, thrombosis. | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| L. | Condition, disease or symptoms of the nose, throat, sinuses, larynx or vocal cords, eyes or ears (such as a hearing impairment). | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| M. | Conditions, diseases, symptoms and/or disabilities that are not categorized in the categories above. | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Have you answered Yes to one or more of these above mentioned questions?

- | | |
|------------------------------|--|
| <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes | Complete a separate additional information sheet for Question 3 for each condition, disease, symptom and/or disability. This is important. See pages 6, 7 and 8. |

4 Your work

Have you been off work for two weeks or more because of illness or accident in the past five years? Or worked only part of the day? No Yes → How long were you off work? _____
Why were you off work? _____
When were you off work?
From _____ to _____

Are you working now? Yes No

Do you currently work full time? Yes No → Is this because of a symptom, disease, disability or condition? Yes No

Did you place a cross in one or more 'yes'-boxes under Question 3? If so, please answer the following question.

Are you/were you unable to carry out some of your work? No Yes → Which aspects of your work were you / are you unable to carry out?

From when?

Is that still the case? No Yes

5 Your spectacles or contact lenses

Do you wear spectacles/contact lenses stronger than -8? Or have you done so in the past? No Yes → Please complete:
Strength (L) _____ Strength (R) _____

6 Signature

You declare that:

- You have read the Notes concerning the Health Declaration. These Notes are part of the form.
- You have answered all the questions. Your answers are correct. This will also apply to any additional information sheet you have submitted. It will prevent that rights you have under this contract will be void.
- The insurer will decide whether to accept your application. It will do so partly on the basis of the medical advisor's advice. You are hereby agreeing to this. This will apply to the insurance you are now applying for. The insurer will use your answers even if you apply for the same type of insurance later on.

City _____

Date | | | | - | | | | - | | | | | |

Your signature
(If you are aged under 16:
parent/guardian) _____

Number of additional
information sheets _____

Have you completed all sections of the form? And have you signed and dated it?
If so, please mail to: medical.nl@elipslife.com.

Additional information sheet for Question 3 of the Health Declaration

(first copy)

Have you placed crosses in any of the 'yes'-boxes under Question 3? If so, please complete this additional information sheet. You should complete a separate additional information sheet for each condition. If you have more than three conditions, make a copy of the additional information sheet.

Name _____

Date of birth _____

Condition

Letter in Question 3 by which you placed a cross in the 'yes'-box: _____

What condition, disease, defect or symptom do you/did you have? _____

When did it start? Or when did it start and when did it finish? From _____ to _____

General Practitioner (GP)

Have you discussed the condition with a GP in the last three years? No Yes

If so, when? _____

Are you still being monitored? No Yes

Do you still have symptoms? No Yes

Doctor or healthcare professional

Have you seen a doctor or healthcare professional for it? No Yes

For example:

- medical specialist
- physiotherapist, manual therapist
- member of clinic staff
- psychologist, psychotherapist
- practitioner of alternative medicine, e.g. homeopathy or acupuncture

If so, what is his/her name? _____

What is his/her specialism? _____

When did you see him/her? _____

Are you still being monitored? No Yes

Do you still have symptoms? No Yes

Medication

Have any of your doctors prescribed medication for this condition? No Yes

If so, what kind? _____

Are you still taking it? Yes, at the following dose: _____

No, I stopped taking it on: _____

Hospitalisation

Are you now, or have you previously been admitted to a hospital, psychiatric institution or other medical establishment? No Yes

If so, when were you admitted? _____

Which hospital? _____

Which doctor treated you? _____

What is his/her specialism? _____

Did you have surgery? No Yes

If so, when? _____

In what hospital? _____

Which doctor treated you? _____

What is his/her specialism? _____

Lasting consequences of an accident

Is your condition, disease, disability or symptom the result of an accident? No Yes

If so, when did it happen? _____

What are the medical consequences? _____

Additional information sheet for Question 3 of the Health Declaration

(second copy)

Have you placed crosses in any of the 'yes'-boxes under Question 3? If so, please complete this additional information sheet. You should complete a separate additional information sheet for each condition. If you have more than three conditions, make a copy of the additional information sheet.

Name _____

Date of birth _____

Condition

Letter in Question 3 by which you placed a cross in the 'yes'-box: _____

What condition, disease, defect or symptom do you/did you have? _____

When did it start? Or when did it start and when did it finish? From _____ to _____

General Practitioner (GP)

Have you discussed the condition with a GP in the last three years? No Yes

If so, when? _____

Are you still being monitored? No Yes

Do you still have symptoms? No Yes

Doctor or healthcare professional

Have you seen a doctor or healthcare professional for it? No Yes

If so, what is his/her name? _____

For example: What is his/her specialism? _____

- medical specialist When did you see him/her? _____

- physiotherapist, manual therapist Are you still being monitored? No Yes

- member of clinic staff Do you still have symptoms? No Yes

- psychologist, psychotherapist

- practitioner of alternative medicine, e.g. homeopathy or acupuncture

Medication

Have any of your doctors prescribed medication for this condition? No Yes

If so, what kind? _____

Are you still taking it? Yes, at the following dose: _____

No, I stopped taking it on: _____

Hospitalisation

Are you now, or have you previously been admitted to a hospital, psychiatric institution or other medical establishment? No Yes

If so, when were you admitted? _____

Which hospital? _____

Which doctor treated you? _____

What is his/her specialism? _____

Did you have surgery? No Yes

If so, when? _____

In what hospital? _____

Which doctor treated you? _____

What is his/her specialism? _____

Lasting consequences of an accident

Is your condition, disease, disability or symptom the result of an accident? No Yes

If so, when did it happen? _____

What are the medical consequences? _____

Additional information sheet for Question 3 of the Health Declaration

(third copy)

Have you placed crosses in any of the 'yes'-boxes under Question 3? If so, please complete this additional information sheet. You should complete a separate additional information sheet for each condition. If you have more than three conditions, make a copy of the additional information sheet.

Name _____

Date of birth _____

Condition

Letter in Question 3 by which you placed a cross in the 'yes'-box: _____

What condition, disease, defect or symptom do you/did you have? _____

When did it start? Or when did it start and when did it finish? From _____ to _____

General Practitioner (GP)

Have you discussed the condition with a GP in the last three years? No Yes

If so, when? _____

Are you still being monitored? No Yes

Do you still have symptoms? No Yes

Doctor or healthcare professional

Have you seen a doctor or healthcare professional for it? No Yes

If so, what is his/her name? _____

For example:

- medical specialist What is his/her specialism? _____

- physiotherapist, manual therapist When did you see him/her? _____

- member of clinic staff Are you still being monitored? No Yes

- psychologist, psychotherapist Do you still have symptoms? No Yes

- practitioner of alternative medicine, e.g. homeopathy or acupuncture

Medication

Have any of your doctors prescribed medication for this condition? No Yes

If so, what kind? _____

Are you still taking it? Yes, at the following dose: _____

No, I stopped taking it on: _____

Hospitalisation

Are you now, or have you previously been admitted to a hospital, psychiatric institution or other medical establishment? No Yes

If so, when were you admitted? _____

Which hospital? _____

Which doctor treated you? _____

What is his/her specialism? _____

Did you have surgery? No Yes

If so, when? _____

In what hospital? _____

Which doctor treated you? _____

What is his/her specialism? _____

Lasting consequences of an accident

Is your condition, disease, disability or symptom the result of an accident? No Yes

If so, when did it happen? _____

What are the medical consequences? _____

Notes concerning the Health Declaration for disability insurance or life insurance with disability cover

Insurers insure risks, and like to assess those risks thoroughly. That is why the insurer is asking for information about your health. You have to complete a Health Declaration when applying for insurance. These Notes will tell you more about this process.

You complete the Health Declaration ...

You provide your personal and medical information in the Health Declaration.

... the medical advisor assesses your risk ...

The insurer's medical advisor will assess this information. He/she will also store your information. You agree to this. You have signed this form to confirm this.

... and advises the insurer

The medical advisor will send a medical recommendation to the insurer. This medical advice is about your health and the risks the insurer will incur if you get insured.

The medical advice may state that:

- your risk is above average. You might then pay a higher premium, or special conditions might be applied;
- your risk is too high. The medical advisor will then advise the insurer not to insure you. As a result, you will not be given the insurance you have applied for.

The final decision about your application will be taken by the insurer.

What happens if you do not submit the Health Declaration?

You will not be insured. The insurer will then destroy your dossier.

What do you have to disclose?

Do you have a particular condition, disease, disability or symptom? If so, you have to disclose it, even though it was a long time ago. It may be significant for your application.

Are your symptoms improving?

Is a particular condition, disease, disability or symptom improving? You must disclose this as well. The medical advisor will take this into account.

It is important that you answer all the questions honestly and in full. You are required to do this. This is called your 'duty of disclosure' [mededelingsplicht]. For example it will prevent:

- the insurer from withholding benefits if you become disabled;
- you from having to continue paying a premium for your life insurance if you become disabled;
- the insurer from having to ask the *Medical Data Review Committee* [Toetsingscommissie Gezondheidsgegevens] to examine your answers after your death. If the Committee finds that you failed to disclose significant information, your surviving dependants will not receive a benefit.

Who can see your information?

Information about your health is strictly confidential. Only the medical advisor and the staff working in the medical department

are allowed to see it. And, in some cases, the medical advisor of a reinsurer will be allowed to see the information.

For more information about what can and cannot be done with your medical data, please consult:

- the *Code of Conduct for the Processing of Personal Data by Financial Institutions* [Gedragscode Verwerking Persoonsgegevens Financiële Instellingen];
- the *Insurance Tests Protocol* [Protocol Verzekeringskeuringen]. This protocol has been drawn up by patient organisations in conjunction with insurers.

You will find these publications in Dutch at www.verzekeraars.nl/Publicaties under 'Gedragscode' and 'Protocol'.

When will you find out if you are going to be insured?

It is not possible to say exactly when. This depends on your Health Declaration. The medical advisor might want to contact your attending doctor to ask for more information. This could mean that the procedure takes a bit longer. In any case, make sure you answer the questions quickly, and ask your doctor to cooperate. This will speed up the acceptance process.

What if the medical advisor needs more medical information?

The medical advisor might need additional medical information about your health, for instance from your doctor. Your doctor will be allowed to give this information to the medical advisor, but only with your consent. You give this consent by means of an authorisation form. The medical advisor can also ask you to undergo a medical examination.

If you do not want to

If you do not want to undergo a medical examination, and do not want your doctor to give information to the medical advisor, the insurer may choose not to take your application any further.

What will the advice consist of?

The insurer's medical advisor will assess your health situation and give a medical advice to the insurer on the basis of that assessment. Normally he/she will simply advise the insurer to accept the applicant. But you might present a higher than average risk for the insurer because of your health situation. The medical advisor will notify you of this by sending you a letter explaining his/her medical advice. If you do not want to receive this letter, place a cross at the relevant point in the Health Declaration.

What does 'right of inspection' mean?

When you apply for insurance, the medical advisor will keep your medical data in a dossier. You are entitled to see this medical dossier. This is called the 'right of inspection' [recht op inzage].

What does 'right of first notification' mean?

You are entitled to be the first person to know the medical advisor's advice. This is called the 'right of first notification' [Recht op eerste kennisgeving]. If you want to be the first person to know the medical advice, please write in advance a letter to your insurer's medical department.

What should you put in the letter?

That you want to know the advice only if you cannot be insured at the standard premium or standard conditions. This prevents you from waiting longer than necessary for your insurance.

What does 'blocking right' mean?

If you want to be the first person to know the medical advice, you will probably have to wait a bit longer for your policy document. But you can also ask the medical advisor not to give his/her medical advice to the insurer. This is called the 'blocking right' [blokkeringsrecht]. If you make use of this right, the insurer will not take your application any further, because you cannot take out insurance without a medical advice.

Does your health change?

You complete the Health Declaration and apply for the insurance. A couple of weeks may pass in the meantime. During that period your health might improve or get worse. You have to immediately notify your insurer's medical department about it. This is your so-called 'duty of disclosure' [mededelingsplicht]. It may have consequences if you do not report these changes. Read more about this under the heading 'What do you have to disclose?'

You will be considered definitively insured once you have received a policy document, proof of acceptance, or final confirmation from the insurer.

N.B.

The insurer might accept you *provisionally*. This means that you are *not yet definitively* insured. You have to report any changes in your health status until the insurance becomes definitive.

What if you do not agree with the new conditions being imposed?

The medical advisor's advice can be as followed:

- you are rejected for the insurance;
- you are accepted for the insurance under special conditions, e.g. by a premium loading or an exclusion clause.

The medical advisor will explain his/her advice to you. If you do not agree with it, you can ask him to reconsider his/her medical advice, or ask to be (re)examined. You can write a letter explaining your reasons for this request.

The medical advice may change

Do you think the medical advisor used incorrect information, for example, because new information is now available about your health situation, or because mistakes were made during the medical examination? If so, the medical advisor can adapt his/her medical advice.

You might be (re)examined

This might happen if the medical advisor wants to reconsider his/her medical advice. He/she can also ask for authorisation to request more information from your GP or medical specialist.

Can you cancel the policy immediately?

If you have concluded life insurance and received the policy document, you can cancel it within thirty days at no cost. The time limit for cancelling disability insurance at no cost is fourteen days. The way to do this is to write a letter to the insurer. This is called your 'right of revocation'.

Are you insured above or below the question threshold?

The Health Declaration usually gives the medical advisor enough information to issue an advice for 'normal' disability or life insurance. This is called insurance 'below the question threshold'. There are three question thresholds.

The question threshold is € 38,877 for disability insurance policies that pay out in the first year of disability. If you are also applying for this kind of insurance with another insurer, or already have such a policy, you must include the benefits from these policies in the calculation. If the total does not exceed € 38,877, you will be insured below the question threshold. If it is higher, you will be insured above the question threshold.

The question threshold is € 26,026 for disability insurance policies that pay out after you have been disabled for one year. If you are also applying for this kind of insurance with another insurer, or already have such a policy, you must include the benefits from these policies in the calculation. If the total does not exceed € 26,026, you will be insured below the question threshold. If it is higher, you will be insured above the question threshold.

The question threshold for life insurance policies is € 268,125. If you are also applying for insurance with another insurer that pays out if you die, or have concluded such a policy *within the last three years*, you must include the benefits from these policies in the calculation. If the total does not exceed € 268,125, you will be insured below the question threshold. If it is higher, you will be insured above the question threshold.

Are you insured below the question threshold?

If you are, certain questions and examinations will not be permitted, such as questions about hereditary diseases in your family or the HIV test. However, the insurer can ask for an HIV test in some situations. You can find out more about this in the HIV Code of Conduct [*Hiv-gedragscode*], which is part of the Insurance Tests Protocol. This protocol is available in Dutch at www.verzekeraars.nl/Publicaties/Protocol.

Are you insured above the question threshold?

Then the insurer can ask for:

- the results of a hereditary examination;
- information about possible hereditary conditions within the family;
- an additional medical examination.

Do you have a hereditary disease?

A genetic examination will be carried out to ascertain whether you have a hereditary disease, or are predisposed to developing such a disease.

What do you not have to disclose?

If you have ever undergone a genetic examination but are being insured *below* the question threshold, you will not have to disclose the result of this examination.

What do you have to disclose?

You have to disclose the following information to the insurer:

- a doctor told you that you had a hereditary disease when you had a genetic examination. You have signs or symptoms of this disease;
- you were found to be predisposed to a hereditary disease in a genetic examination. You had surgery as a precaution. You

must disclose the surgery in the Health Declaration.

For example: You are predisposed to hereditary breast cancer. You do not yet have cancer, but have had breast surgery as a precaution. You must disclose this surgery.

Do you have a complaint?

If so, you can submit it to the insurer at any time. Do you think the insurer is not handling your complaint properly? Then you can contact the Dutch Financial Services Complaints Authority [*Klachteninstituut Financiële Dienstverlening (Kifid)*] (website only in Dutch). The Kifid will handle your case if you cannot resolve matters with the insurer. For more information www.kifid.nl or call 070-333 8 999.

Do you have any questions about completing the Health Declaration?

If so, contact the insurer's medical department or the Dutch Council for the Disabled and Chronically Ill [*CG-Raad*], via iederin.nl.

Your rights ...

- You can see your medical dossier that is held by the insurer at any time. The medical advisor will explain his/her advice unless you do not want him/her to do so.
- You can be the first person to know what the medical advisor intends to advise the insurer to do. Write a letter to ask for this on forehand.
- You can ask the medical advisor not to offer his/her medical advice to the insurer. As a result, the insurer will not take your application any further.
- You can ask for reconsideration later on, for example, if the insurer rejects it now.

... and obligations

- You complete the Health Declaration yourself. You have to do it conscientiously (to the best of your knowledge and belief).
- You have to immediately report any changes in your health status until your insurance becomes definitive.
- If you are insured above the question threshold, you have to answer any question about genetic examinations. You only need to answer to it if the insurer asks for it.

Note for Question 1 about your general information

This question asks for your GP, because you might have to have a medical examination. This examination may not be conducted by your own GP. By asking for you GP in this stage, the insurer will be ensured that this will not happen.

Your GP will only be allowed to give information to the medical advisor with your consent. You have to consent to this by means of an authorisation.

Note for Question 3 about your health

The medical advisor needs to assess your health risk accurately, as well as the likelihood of you becoming disabled or dying during the insurance period. Your answers in the Health Declaration will help him do this.

If you have a higher mortality rate than the average insured persons, then you will represent a greater risk to the insurer. You

might have to pay a higher premium, or might not be able to get insurance at all.

If you are more likely to become disabled than the average insured, then you will represent a greater risk to the insurer. You might have to pay a higher premium or be subject to special conditions, or might not be able to get insurance at all.

If you have (or have had) one of the conditions, diseases, symptoms or disabilities mentioned under Question 3, then your risk of death or disablement while insured may be higher than average. The medical advisor would like to have a clear idea of this risk.

Do you have to provide more information?

For this reason, he/she might ask for more information about your specific health situation. It may then prove that you can, after all, be insured at the insurer's standard premium or on its standard conditions. But sometimes that is not possible, in which case:

- you will have to pay a higher premium, and/or
- you will only be able to conclude the insurance on special conditions, or
- the insurer will reject your application.

Do you represent a higher risk?

You will be informed if the medical advisor informs the insurer that you are a higher risk. You will be sent a letter explaining the medical advice unless you have said you do not wish to receive such a letter.

Where do you submit the information?

You might have something to say, but do not know where to submit the information. You can use Question 3, M, for this. If you accidentally give information in answering this question that the insurer should not actually have access to, then the insurer cannot use it.

Was it a long time ago?

In Question 3, the insurer is asking about all the conditions, diseases, symptoms and disabilities that you have ever had. Some things might have happened a long time ago, and you might be wondering whether they are still relevant. Yes they are. It may be that a disease you had a number of years ago is still causing symptoms. But, for other diseases, that might not necessarily be the case. The medical advisor needs to be able to determine this, and so you must report anything you have ever had.

Note for Question 4 about your work

The medical advisor wants to know what the risk is of your being unable to work because of illness. This is called 'incapacity to work', i.e. 'disablement'. This is why he/she is asking questions about your work in Question 4. You must also complete this if, in the past, you have been unable to work or to carry out all aspects of your work for a certain period of time.

Note for Question 5 about your spectacles or contact lenses

If you wear spectacles or contact lenses, strength -8 or above, you might have to give up work in the future because your sight is poor. This is why the medical advisor will ask about the strength of your spectacles or lenses. You must enter your answers under Question 5.