Friends Provident International

Respiratory conditions

Please complete all details.

Please answer the following questions fully and accurately to the best of your knowledge. Failure to provide complete and accurate information may affect the assessment and acceptance of any cover we offer or continue to offer. Please don't assume that we will obtain information from your doctor or other sources we may be in contact with.

Any information you provide will be kept in the strictest confidence and will form part of your insurance application.

Once you have completed the relevant section, please read and sign the Declaration at the end of this document. If you run out of space when writing your answers, please continue on a separate sheet of paper, make reference to it in the questionnaire and attach the extra sheets to this document.

Your details

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other _____

Name in full (as shown on ID card/passport) _____

Date of birth (DD/MM/YYYY) __ __ / __ __ / __ __ __ __

Application number or reference (if known) _____

Your health

1 Do you have any of the following conditions?

☐ Asthma ☐ Bronchitis ☐ Emphysema

Other respiratory condition? Please specify.

_____

2 When did you first have symptoms?

☐ More than 5 years ago ☐ Between 1 and 5 years ago ☐ Within the last year

3 How often do you see your doctor about your condition?

	For routine consultation	Because of a change in your condition
Once a month or more often?	☐	☐
3 – 6 times a year	☐	☐
1 – 2 times a year	☐	☐
Less frequently	☐	☐

Your health (continued)

4 Do your symptoms cause you to:

a) wake at night? Yes ☐ No ☐ If Yes, how often in a month? ☐

b) limit your activities in any way? Yes ☐ No ☐ If Yes, please give details. ☐

c) have time off work? Yes ☐ No ☐ If Yes, how many days a year? ☐

5 What medicine do you take to:

a) Relieve symptoms? (eg. Salbutamol, Ventolin, Bricanyl, Alupent, etc) ☐

Please state the average number of doses you take in a day. ☐

b) Prevent symptoms? (eg. Intal, Tilade, Becotide, Becloforte, Pulmicort, Flixotide, etc) ☐

Please state the average number of doses you take in a day. ☐ Size of dose (if known) ☐

6 Have you ever been prescribed steroid tablets? eg. Prednisolone. Yes ☐ No ☐ If Yes, is this: Continuously ☐ Frequently ☐ Occasionally or rarely ☐

Please state how long since these were last prescribed. ☐

7 Do you take any other treatment for your chest? Yes ☐ No ☐ If Yes, please give details. ☐

8 Do you use a Peak Flow Meter to monitor your condition? Yes ☐ No ☐ If Yes, what was the average reading over the last month? ☐

What was the lowest reading over the last month? ☐

What was the highest reading over the last month? ☐

9 Have you needed hospital treatment for your condition? Yes ☐ No ☐ If Yes, please give dates of admission. ☐

Your health (continued)

10 a) Have you smoked or used any form of tobacco (eg. cigarettes, cigars, pipe tobacco) or nicotine product, such as nicotine patches, nicotine gum, in the last 12 months? Yes ☐ No ☐ **(We may conduct random tests to verify non-smoker status.)**

b) If Yes, how much a day and what form? per day | form

c) If you have given up, how much a day did you previously use, what form and when did you last use a tobacco/ nicotine product? per day | form | last used

Data Protection

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services Friends Provident International Limited ("FPIL") can provide to you or may stop FPIL from being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at www.fpinternational.com/legal/privacy-and-cookies.

Any data you provide to FPIL may be shared, if allowed by law, with other companies both inside and outside of FPIL and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and FPIL may be required to provide it to its regulator, its government or anyone else required by law.

FPIL will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. FPIL will, at all times, make sure that your data and information is only used in ways that are allowed by law.

You can receive a copy of the information FPIL holds about you free of charge by writing to our Data Protection Officer, Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles IM9 1RA, or by emailing DPO@fpiom.com. We can reserve the right not to send you your personal data in some circumstances. If we do we will write to you setting out the reasons why.

Our full privacy statement can be viewed at https://www.fpinternational.com/legal/privacy-and-cookies or can be obtained by requesting a copy from our Data Protection Officer.

Declaration

I declare that the information given in this questionnaire is true and accurate in every respect.

I understand that this questionnaire will form part of my insurance application to Friends Provident International and failure to provide complete and accurate information may affect the assessment and acceptance of any cover Friends Provident International offers or continues to offer and could result in the policy being cancelled, its terms being amended, a claim being rejected or a reduction in any claim payment.

Signature

Date

I give explicit consent to capture and process my medical/lifestyle data.

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