



## Your details (continued)

4 a) How many follow-up visits did you make to the hospital?

b) If check-ups have now ended please give the date you were discharged from further hospital attendance.

c) If check-ups are continuing please give the date of the next appointment.

5 What further treatment is/was necessary eg physiotherapy, medication (if none say none)?

6 a) How soon after the operation were you able to resume work?

b) If you do not work, how soon after the operation were you able to resume your normal daily activities?

7 Is the condition now considered cured?

Yes  No

8 Please give the name of your consultant, name and address of the hospital and your patient number if known.

## 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](http://www.fpinternational.com/legal/privacy-and-cookies).

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## 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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