

Anxiety, stress and depression

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 What is or was the exact diagnosis of your condition?

Anxiety	<input type="checkbox"/>	Stress	<input type="checkbox"/>	Depression	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	Obsessive Behaviour	<input type="checkbox"/>	Bipolar disorder	<input type="checkbox"/>

Other (please specify)

2 When did your symptoms first start?

a) How frequent are the attacks or symptoms?

b) Please give the date of the most recent symptoms or your latest attack.

c) Have you ever taken time off work because of this condition? Yes No If Yes, please give dates.

Your health (continued)

3 Please describe your illness, in your own words, and say how it has affected you.

4 Is the condition related to a specific event, eg. a bereavement or other traumatic experience?

Yes No

If Yes, please give brief details.

5 What medication do you currently take? (eg. Valium, Prothiaden, Lithium, Tryptizol, Prozac, Temazepam or other prescribed medicine or tablets.)

6 What medication has been given in the past?

7 Please give details of any medical professional who has attended you in the last five years for this condition.

Name	Title (eg. own doctor, psychiatric nurse, psychiatrist)	Details, including type of treatment and approximate dates	Address and contact details of the medical centre/doctor

Please continue on a separate sheet, if necessary.

Your health (continued)

8 Have you ever received inpatient (overnight) hospital treatment for your condition?

Yes No

If Yes, please give details and dates.

9 Have you ever felt suicidal, had suicidal thoughts or attempted suicide?

Yes No

If Yes, please give details and dates.

10. When is the last time you smoked or used any form of tobacco?

(e.g. cigarettes, cigars, pipe tobacco, shisha, vaping or nicotine products such as nicotine patches, nicotine gum)

In the last week	In the last month	Within the last 3 months	Between 3-6 months	6-12 months ago	Between 1-2 years	Over 2 years	Never

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.

Copyright © 2021 Friends Provident International Limited. All rights reserved.

Friends Provident International Limited: Registered and Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA. Telephone: +44 (0)1624 821212 | Fax: +44 (0)1624 824405 | Website: www.fpinternational.com. Isle of Man incorporated company number 11494C. Authorised and regulated by the Isle of Man Financial Services Authority. Provider of life assurance and investment products. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. **Singapore branch:** 4 Shenton Way, #11-04/06 SGX Centre 2, Singapore 068807. Telephone: +65 6320 1088 | Fax: +65 6327 4020 | Website: www.fpinternational.sg. Registered in Singapore No. T06FC6835J. Licensed by the Monetary Authority of Singapore to conduct life insurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Financial Dispute Resolution Scheme. **Hong Kong branch:** 803, 8/F., One Kowloon, No.1 Wang Yuen Street, Kowloon Bay, Hong Kong. Telephone: +852 2524 2027 | Fax: +852 2868 4983 | Website: www.fpinternational.com.hk. Authorised by the Insurance Authority of Hong Kong to conduct long-term insurance business in Hong Kong. **Dubai branch:** PO Box 215113, Emaar Square, Building 6, Floor 5, Dubai, United Arab Emirates. Telephone: +9714 436 2800 | Fax: +9714 438 0144 | Website: www.fpinternational.ae. Registered in the United Arab Emirates with the UAE Insurance Authority as an insurance company. Registration date, 18 April 2007 (Registration No. 76). Registered with the Ministry of Economy as a foreign company to conduct life assurance and funds accumulation operations (Registration No. 2013). Friends Provident International is a registered trademark and trading name of Friends Provident International Limited.