Questionnaire

Friends Provident International

Arthritis and joint pain

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 condition are you suffering from? Osteoarthritis ☐ Rheumatoid Arthritis ☐ Spondylosis ☐ Gout ☐

Other (please specify) ☐

2 When was it diagnosed? Within the past year ☐ Between 1 and 5 years ago ☐

Between 5 and 10 years ago ☐ More than 10 years ago ☐

3 Which joints are affected? (Please indicate whether your left or right side is affected.) ☐

4 If any organs are involved, please give details. ☐

5 Are the symptoms continuous or do they occur only occasionally? If occasional, please indicate the frequency in the past two years. ☐

Your health (continued)

6 Please describe fully the extent of your disability and how the condition affects your day-to-day activities.

7 Do you use a walking stick or other aid for mobility?

Yes ☐ No ☐

If Yes, please give details.

8 Have you been prescribed steroids (eg. prednisolone) or antirheumatic drugs (eg. gold, sulphasalazine) within the last five years?

Yes ☐ No ☐

If Yes, please give details including dates and duration of treatment.

9 Within the last two years have you been prescribed any other medication for your condition? (eg. anti-inflammatory drugs such as aspirin, ibuprofen or other pain killers)

Yes ☐ No ☐

If Yes, please give details including dates and duration of treatment.

10 Have you taken any time off work with this condition in the last five years?

Yes ☐ No ☐

If Yes, please give details including dates and duration of time off work.

11 Have you attended a physiotherapist, osteopath or medical professional with this condition in the last five years?

Yes ☐ No ☐

If Yes, please give details including dates and duration of treatment and the name and address of the person who treated you.

Your health (continued)

12 Have you had an operation in the last five years or is one planned? Yes ☐ No ☐

If Yes, please give details including dates, type of operation and result.

13. 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.

Friends Provident International Limited: Registered and Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA. 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. **Singapore branch:** 182 Cecil Street, Level 17 Frasers Tower, Singapore 069547. 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:** A122, 16/F, Tower 5, The Gateway, Harbour City, Tsim Sha Tsui, Kowloon, Hong Kong. Authorised by the Insurance Authority of Hong Kong to conduct long-term insurance business in Hong Kong. **Dubai branch:** PO Box 215113, Unit 706, One Za'abeel - The Offices, Za'abeel Palace Street, Za'abeel First, Dubai, UAE. Registered in the United Arab Emirates (UAE) with the Central Bank of the UAE 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.