Friends Provident International

General Medical 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 of 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. Please advise the name of the condition

   If a diagnosis has not been made, please provide details of any symptoms including frequency and severity.

2. If applicable - which question on the application form does this relate to?

3. When was this condition first diagnosed?

4. Have you had any investigations relating to this? ☐ Yes ☐ No If Yes, please give details.

Date	Type of Test	Results

5. Have you received any treatment for this condition?

Name of Medication	Dosage	Frequency	Date prescribed

6. When did you last attend a Medical Consultant/Practitioner?

7. Do you require any further follow up? ☐ Yes ☐ No If Yes, please provide full details.

8. Have you required any time off work due to this condition? ☐ Yes ☐ No If so, please give dates and duration.

9. Does this condition impact any of your daily activities? ☐ Yes ☐ No

10. Do you have any associated conditions related to this? ☐ Yes ☐ No If so, please provide full details.

11. Are you now fully recovered with no residual symptoms of any kind? ☐ Yes ☐ No

12. Please provide the name and address of the doctor / clinic / hospital which you have attended for this condition.

Name of Doctor / Clinic / Hospital	Address	Date last attended

Note: If you have any medical reports or results of any tests or investigations in relation to this condition, please provide copies along with this form.

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.

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