ROYAL LONDON

Protection

Declaration of health

We may need you to complete a declaration of health if:

• it's been a while since you completed your application, but your plan hasn't started, or

• you would like to make changes to your plan after it has started, or

• your plan has lapsed and you would like to apply to reinstate it.

Important information for each person covered

How we use your data

We need to make it clear how we will use your personal information, including information about your health.

We'll use your data to administer the policy and also for pricing and underwriting analytics. We may share your information with selected third parties for assessing and servicing your application. More detail can be found online within our privacy notice: **royallondon.com/protectionprivacy**

ABI Policy on genetic testing

- If you've had a predictive genetic test for Huntington's disease, you only have to tell us the results if these applications, when added together with any cover you have of the same type, is for more than £500,000 of Life Cover.
- If you've had a test and the results are in your favour, you can choose whether to tell us the results or not. However, you must tell us if you think you're having treatment for, or are experiencing symptoms of, a genetic condition.

Obtaining Medical Reports

- We may request medical information as part of the application or up to six months after the plan has started to confirm the information you have given. Before we can do this we will ask for permission under the Access to Medical Reports Act 1988 (also the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, and the Access to Health Records and Reports Act 1993 (Isle of Man)).
- If you don't give permission, or any statement is inaccurate and this affects our assessment of your application, we will then have the right to reconsider or withdraw terms and your plan may be cancelled.

Impact of misrepresentation

- Please answer all questions accurately and honestly and to the best of your knowledge and belief. If you're not sure about including any information, then you should include it.
- You must tell us if there is a change to **any** of the answers given to the questions in your original application form (including in relation to your health, occupation or leisure activities) or any other information provided between the date the answer was given and the date we start, re-start or change the plan.

If you miss any information out, give us wrong, incomplete or misleading information, or don't tell us about changes it could mean we won't pay out if you have to make a claim. It could also result in your plan being cancelled or amended if this affects the terms we would have offered. If you need more space for any information, please use the last page of this form.

Please contact us if you need to know the date you completed your original application, or would like a copy of your application form.

1 — Your details

	Person 1	Person 2
Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please give details)	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please give details)
First name(s)		
Surname		
Date of birth	D D M M Y Y Y Y	D D M M Y Y Y Y
Email address		
Telephone number (optional)		
Address		
Postcode		

2 – Information about your application

	Person 1	Person 2
Plan number(s) (if known)		
Since you completed your original application form have you applied for any other cover with any other insurance company? If Yes, please give details.	Yes ☐ No ☐	Yes ☐ No ☐

3 – Your job, leisure activities and lifestyle

	Person 1	Person 2
Since you completed your original application form has there been any change to the country in which you are permanently resident? If Yes, please give details.	Yes ☐ No ☐	Yes ☐ No ☐
In the next 6 months, will you be moving from the country in which you are permanently resident? If Yes, please give details.	Yes ☐ No ☐	Yes ☐ No ☐
Has there been any change in your job, or the activities involved in your job, since you completed your original application form? e.g. you now work at heights, your job now involves hazardous duties, travel overseas or an increase in manual or driving work. If Yes, please give details.	Yes ☐ No ☐	Yes ☐ No ☐
Have you become a member of the TA or Armed Forces reservists since you completed your original application form?	Yes ☐ No ☐	Yes ☐ No ☐
Since you completed your original application form, have you taken part in, or do you intend to take part in any hazardous leisure activities? e.g. flying (includes hang gliding, paragliding, microlighting, parachuting and sky diving) , motor sports, mountaineering or rock climbing, sailing (other than inland), powerboat racing, diving, caving or potholing, horse riding, martial arts, professional sport or any extreme sport. If Yes, please give details.	Yes ☐ No ☐	Yes ☐ No ☐

3 – Your job, leisure activities and lifestyle continued

	Person 1	Person 2
Have you ever smoked, vaped, used e-cigarettes, tobacco or nicotine products? Answer Yes, even if you have used them on an occasional basis. If you answer No, we may carry out tests to check that you are a non-smoker. If you've answered Yes to the above, please answer the following questions:	Yes ☐ No ☐	Yes ☐ No ☐
When did you last smoke, vape, use e-cigarettes, tobacco or nicotine products?	M M Y Y Y Y	M M Y Y Y Y
How much of each of the following do you, or did you, use on a daily basis?	Cigarettes Cigars Pipes Nicotine products Vapes or e-cigarettes Any other tobacco product If Any other tobacco product, please give full details.	Cigarettes Cigars Pipes Nicotine products Vapes or e-cigarettes Any other tobacco product If Any other tobacco product, please give full details.
How many units of alcohol do you drink in a typical week? 1 pint of beer = 2 units 1 glass of wine (175 ml) = 2 units 1 measure of spirits = 1 unit	units	units
Have you ever been medically advised to reduce your alcohol consumption? This includes being referred for treatment or specialist support such as an alcohol addiction unit or Alcoholics Anonymous. If Yes, please give details.	Yes ☐ No ☐	Yes ☐ No ☐
Please provide details about your driving. Tick all that apply. You don't need to tell us about any spent driving convictions. If you've been disqualified from driving, please tell us the date you were disqualified and the reason why.	I've been disqualified from, or charged with, driving whilst unfit due to alcohol or drugs ☐ I ride a motorbike, scooter or moped on the road ☐ None of the above ☐	I've been disqualified from, or charged with, driving whilst unfit due to alcohol or drugs ☐ I ride a motorbike, scooter or moped on the road ☐ None of the above ☐

	Person 1	Person 2
Since you completed your original application form have you had a positive test for HIV/AIDS or Hepatitis B or C, or are you awaiting the results of such a test? If the results of a test you're waiting for turn out to be negative, the fact that you had a test won't affect the acceptance terms we offer you. If Yes, please give details.	Yes ☐ No ☐	Yes ☐ No ☐

4 – Your family

	Person 1	Person 2
Since you completed your original application form, have any of your parents, brothers or sisters been diagnosed with or died from any of the following conditions before the age of 60?	Heart attack ☐ Stroke ☐ Cancer ☐ Any other disorder which runs in your family ☐	Heart attack ☐ Stroke ☐ Cancer ☐ Any other disorder which runs in your family ☐
If yes, please give details		

5 – Your health

	Person 1	Person 2
What is your height? You can use either feet and inches or metres and centimetres.	☐ ft ☐ in or ☐ m ☐ cm	☐ ft ☐ in or ☐ m ☐ cm
What is your weight? You can use either stones and pounds or kilograms.	☐ st ☐ lbs or ☐ kg	☐ st ☐ lbs or ☐ kg
What is your current trouser size, UK dress size or skirt size? If you're pregnant, please tell us your size immediately before your pregnancy.		

5 – Your health continued

	Person 1	Person 2
Since you completed your original application form have you become certified by a doctor as unfit for work? If Yes, please give details.	Yes ☐ No ☐	Yes ☐ No ☐
Since you completed your original application form: **– have you experienced any symptoms or complaints for which you have not consulted a doctor?** For example: • A mole/blemish which has changed in appearance • Any lump, growth, swelling or hardening affecting the skin, breasts or testicles • Bleeding from the bowels, change in bowel habit • Persistent cough • Weight loss or unexplained bleeding • Anxiety, Stress, Depression or low mood • Dizziness, blackouts/fainting If Yes, please give details.	Yes ☐ No ☐	Yes ☐ No ☐
– are you awaiting, or have you been advised to seek, any medical or surgical consultation or follow-up? Tick Yes if you are awaiting an appointment with your GP	Yes ☐ No ☐	Yes ☐ No ☐
Since you completed your original application form have you: **– attended any other medical appointment** **– taken any other test or medication, or** **– received any other treatment?** Tick Yes even if you are awaiting any medical or surgical test, consultation or follow-up, including the results of any such test.	Yes ☐ No ☐	Yes ☐ No ☐

You don't need to tell us about any of the following treatments and confirmed conditions: acne, athlete's foot, blisters, cold sores, common colds, conjunctivitis, contraception, ear wax or syringing, food poisoning, hay fever, infected or extracted

5 – Your health continued

wisdom teeth, infertility treatment, influenza, ingrowing toenails, miscarriage, pregnancy, shingles, sinus trouble, tonsillitis, vaccinations or vasectomy.

	Person 1	Person 2
Through illness or injury in the last two years, which of the following apply?.	Currently off work ☐ Altered duties in the last two years ☐ Reduced hours in the last two years ☐ Required more than four consecutive weeks off work ☐ None of the above ☐	Currently off work ☐ Altered duties in the last two years ☐ Reduced hours in the last two years ☐ Required more than four consecutive weeks off work ☐ None of the above ☐
Have you either: • Been registered with a GP in the UK for the last 2 years; or • A GP in the UK who can provide a minimum of the last 2 years' medical records? Jersey, Guernsey and Isle of Man are also acceptable.	Yes ☐ No ☐	Yes ☐ No ☐

Regardless of anything you have already told us about:

Have you had treatment at hospital for Coronavirus?	Yes ☐ No ☐	Yes ☐ No ☐
If Yes, please give full details.		

6 – Declaration

By signing and dating the declaration you are confirming the following statements:

- You accept that this declaration of health form, all the information you have provided to us, together with your original application form, and the plan details, will set out the terms of your proposed contract with us.
- You declare that the answers on this form are true and complete, to the best of your knowledge and belief and that you will inform us if any information in this form is missing or inaccurate. We will then have the right to change or withdraw terms if appropriate.
- You accept that you must tell us if there is a change to any of the answers given to the questions in the application form, declaration of health, (including in relation to your health, occupation or leisure activities) or any other information provided between the date the answer is given and the date we start, re-start or change the plan. We will then have the right to change or withdraw terms if appropriate.
- You accept that if you miss any information out, give us wrong, incomplete or misleading information, or don't tell us about changes it could mean we won't pay out if you have to make a claim. It could also delay the processing of your application or result in your plan being cancelled or amended should it affect the terms we would have offered.
- You are aware that we may request medical information as part of the application or up to six months after the plan has started to confirm the information you have given. Before we can do this you will be asked to provide permission under the Access to Medical Reports Act 1988 (also the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, and the Access to Health Records and Reports Act 1993 (Isle of Man)). If you don't give permission, or any statement is inaccurate and this affects our assessment of your application, we will then have the right to reconsider or withdraw terms and your plan may be cancelled.

	Person 1	**Person 2**
Signature		
Date	D D M M Y Y Y Y	D D M M Y Y Y Y
Please return this form to:	**Royal London, 22 Haymarket Yards, Edinburgh EH12**	

7 – Additional information

If you need more space for any answers please use this area and include the relevant question number. If you still need more space please use an additional sheet of paper. Remember to write your plan number or full name and date of birth on any additional sheets of paper and sign, date and attach it securely to the declaration of health.

Royal London
royallondon.com

We're happy to provide your documents in a different format, such as braille, large print or audio, just ask us when you get in touch.

All of our printed products are produced on stock which is from FSC® certified forests.

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