



Please remember to 'save' the completed document before emailing it.

Who is this quote for?

Title

First name

Last name

Date of Birth

Sex

Have you used cigarettes / tobacco or nicotine products in the last 12 months?

Occupation

Marital status

Preferred contact time

Preferred contact number

Alternative contact numbers

Address

Postcode

Email

How do you want to receive your policy documents and correspondence?

Yes	No
Email	Post

GP Details

Do you have a GP in the UK, Isle of Man, Channel Islands or Gibraltar?

Yes	No
-----	----

Please be aware that if we need information from your doctor and no UK, Isle of Man, Channel Islands or Gibraltar GP has been provided, we will not be able to proceed with your application.

GP name

Practice name

Address

Postcode

Telephone

Height & Weight

What is your height and weight?
Please indicate scale (imperial or metric)

How many times have you been off work because of illness or an accident, for more than 2 weeks in the last 5 years?

Are you currently off work?

Where were you last off work?

How long have you had off work in total in the last 5 years?

Medical screening

Do you have, or have you ever had, any of the following?

Heart abnormality or heart valve disease

Heart attack or angina

Kidney failure or transplant

Leukaemia

Lymphoma or Hodgkin's disease

Malignant tumour – including cancer

Mental illness which has required inpatient treatment

H:	W:
----	----

	Yes	No
	Yes	No
	Yes	No
	Yes	No
	Yes	No
	Yes	No
	Yes	No



Stroke
Diabetes
Multiple Sclerosis
Have you ever tested positive for HIV, hepatitis B or C or are you awaiting the results of such a test?
Have you had tingling of the limbs that lasted more than one hour, numbness or loss of feeling of the limbs or face, temporary or permanent loss of muscle power in the last 5 years?

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

Medical

Have you had any recurrent insomnia or sleeping difficulty, or recurrent tiredness or fatigue in the last 5 years?
Have you had any mental illness, depression, anxiety, stress, eating disorder, recurrent insomnia or sleeping difficulty, or recurrent tiredness or fatigue in the last 5 years?
Have you had any blackouts, fits, seizures or epilepsy in the last 5 years?
Have you had any conditions affecting your spine, neck, joints, muscles or ligaments in the last 5 years? Please include slipped disc, back pain, knee pain, shoulder pain, sciatica, arthritis and repetitive strain injury.
Have you received or been advised to have any medical investigations, scans or blood tests in the last 5 years?
Have you been referred to, or been to see, any medical practitioner other than your GP in the last 5 years?
Are you under routine medical review or awaiting a consultation with a specialist for any medical condition?
Are you aware of any symptoms for which you have not yet sought medical advice? Examples include, but are not limited to: a cough which has lasted more than 3 weeks, unexplained weight loss, bleeding or persistent diarrhoea, lump, growth, mole or freckle which has changed in appearance.

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No



If you are aged 30 or more

Have you used any medication that requires a prescription from a medical practitioner in the last month?

Have you had memory loss, confusion or any changes to your concentration levels or communication skills in the last 5 years? Please tell us about this even if you have not seen a medical professional.

Yes	No
Yes	No

If you're aged 55 or over, or answered **YES** to any question in the medical sections or have had time off work in the past 5 years please make sure you also answer the **supplementary medical** questions on the next page.

If you are currently under the age of 55 and have answered **NO** to all medical screening and medical questions, you can skip straight to Family Health on page 9.

Supplementary medical

Have you ever had a transient ischaemic attack (TIA) or an injury to your brain?

Do you have or have you ever had multiple sclerosis, optic neuritis, Parkinson's disease, paralysis, paraplegia, Alzheimer's disease or dementia?

Do you have or have you ever had diabetes?

Have you ever had a mental illness which required treatment by a psychiatrist, attempted self harm or taken an overdose?

Have you had any mental illness, depression, anxiety, stress, eating disorder, recurrent insomnia or sleeping difficulty, or recurrent tiredness or fatigue in the last 5 years?

Have you had any blood circulation problem, cardiomyopathy, chest pain, irregular heart beat, raised blood pressure or raised cholesterol in the last 5 years?

Have you had asthma, bronchitis or any other chest or lung disorder in the last 5 years?

Have you had any disorder of the digestive system, including bowel, stomach, liver (including fatty liver or hepatitis), pancreas or recurrent indigestion or heartburn in the last 5 years? Please include ulcers, Crohn's disease, ulcerative colitis and bowel polyps.

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No



Have you had any kidney, bladder or other urinary disorders in the last 5 years? This includes blood or protein in the urine and urinary tract infections.

Males: Have you had any prostate disorders, including an abnormal Prostate Specific Antigen test, in the last 5 years?

Females: Have you had any gynaecological disorders, including abnormal cervical smears, in the last 5 years? Examples can include, but are not limited to, any disorder of the ovaries, cervix, endometrium or menstrual problems. You do not need to tell us about any normal cervical smears or infertility treatment.

Have you had any problems with your ears, hearing or balance in the last 5 years?

Have you had any problems with your eyes, including blurred or double vision, in the last 5 years? You do not need to include problems that can be wholly corrected by wearing glasses or contact lenses.

Apart from in connection with a condition you've already mentioned, have you visited a medical practitioner or collected any prescription medication in the last 2 years?

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

If you answered **YES** to any question in the **medical screening**, **medical** or **supplementary medical** sections, Please use the Additional Medical Information section to give as much detail as you can about your condition(s) or, if a diagnosis has not been made, the symptoms suffered.



Additional medical information

If you answered **YES** to any question in the **medical screening, medical or supplementary medical** sections, Please use the Additional Medical Information section to give as much detail as you can about your condition(s) or, if a diagnosis has not been made, the symptoms suffered.

Condition 1

Name of condition & question to which it relates	
When was this first diagnosed?	
When was your last review date?	
At your last review, were you advised to increase, decrease or stop treatment, or were you discharged?	
When was the last time you experienced symptoms?	
Please note here any relevant readings	
What treatment did you receive?	
Are you currently receiving any treatment?	Yes No
Are you now fully recovered?	Yes No
Does it impact on your ability to work, or have you been off work due to this problem?	Yes No
If so, for how long and when did you return?	
Please list any associated conditions:	
If a diagnosis has not been made, please list the symptoms suffered:	

Notes:

Condition 2

Name of condition & question to which it relates

When was this first diagnosed?

When was your last review date?

At your last review, were you advised to increase, decrease or stop treatment, or were you discharged?

When was the last time you experienced symptoms?

Please note here any relevant readings

What treatment did you receive?

Are you currently receiving any treatment?

Are you now fully recovered?

Does it impact on your ability to work, or have you been off work due to this problem?

If so, for how long and when did you return?

Please list any associated conditions:

If a diagnosis has not been made, please list the symptoms suffered:

Yes	No
Yes	No
Yes	No

Notes:



Condition 3

Name of condition & question to which it relates		
When was this first diagnosed?		
When was your last review date?		
At your last review, were you advised to increase, decrease or stop treatment, or were you discharged?		
When was the last time you experienced symptoms?		
Please note here any relevant readings		
What treatment did you receive?		
Are you currently receiving any treatment?	Yes	No
Are you now fully recovered?	Yes	No
Does it impact on your ability to work, or have you been off work due to this problem?	Yes	No
If so, for how long and when did you return?		
Please list any associated conditions:		
If a diagnosis has not been made, please list the symptoms suffered:		

Notes:

Family history

Before the age of 65, have any of your parents, brothers or sisters had any of the following?

Heart attack, angina, cardiomyopathy or stroke

Breast or ovarian cancer

Bowel or colon cancer

Polycystic kidney disease

Multiple sclerosis

Huntington's disease or motor neurone disease

Alzheimer's or Parkinson's disease

If you answered yes, please tell us the number of relatives, their relationship to you and the age of onset for each individual.

Please also tell us whether you have ever been diagnosed with the condition, suffered related symptoms or been referred to a specialist.

If you are aged between 40 and 65

Is your father alive?

If yes, what age is he? If no, what age was he when he died?

Is your mother alive?

If yes, what age is she? If no, what age was she when she died?

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

Yes	No
Yes	No



Smoking & Drinking

Which of the following best describes you:

	Have never smoked
	Smoke occasionally or socially only
	Ex smoker: last smoked or used nicotine products over 5 years ago
	Ex smoker: last smoked or used nicotine products 1-5 years ago
	Ex smoker: last smoked or used nicotine products within the last year
	Current regular smoker
	Yes No
	Cigarettes
	Cigars
	Pipe
	Nicotine replacement products
	E-Cigarettes
	Other

Have you used cigarettes, tobacco or any nicotine replacement products in the last 12 months?

If you answered yes to the above or have confirmed that you are a 'Current regular smoker', please choose the type and confirm the amount you smoke below:

On average how many of each do you smoke?

Cigarettes per day

=

Cigars per week

=

Grams of (pipe) tobacco per week

=

How many of the following do you drink in a typical week (consider an average over the last three months rather than a specific week)

Pints of beer, cider or lager

=

Small glass of wine (175 ml)

=

Large glass of wine (250 ml)

=

Single measures of spirits, shots or bottles of alcopops

=



In the last 10 years have you reduced the amount of alcohol you drink for any of the following reasons:

You were advised to by a medical professional

Alcohol was causing or contributing to health problems

Alcohol impacted your work or ability to carry out day to day activities

Yes	No
Yes	No
Yes	No

Have you ever taken any non-prescription drugs in the last 10 years? (e.g. cannabis, ecstasy, cocaine, heroin, anabolic steroids)

If yes, have you ever suffered any physical or mental problems related to drug use?

Which non-prescription drugs have you taken? Please tick all that apply.

Yes	No
Yes	No
	Amphetamines
	Barbiturates
	Cannabis
	Cocaine
	Hallucinogens
	Opiates
	Sedatives
	Solvents
	Anabolic steroids

When did you last take these drugs?



Travel and Leisure

In the last five years have you:

- Lived in the UK*, or
 - Taken a holiday outside the UK* lasting more than three months or
 - Do you intend to do either in the future?
-

--

*Please substitute UK for the Channel Islands, Isle of Man or Gibraltar if that is where you are applying from

If you answered yes to the question above

Please tick ALL the answers that apply to you about your past travel and future travel plans (all travel for work should be included in your answer, regardless of the amount of time):

I intend to live permanently outside the UK*

Yes

No

I intend to live or work outside of the UK* for more than 2 years

Yes

No

I intend to live or work outside of the UK* for up to 2 years

Yes

No

I intend to take a holiday (lasting 3 months or more) outside of the UK* in the future

Yes

No

I have lived or worked outside the UK* in the last 5 years

Yes

No

I have taken a holiday which lasted 3 months or more, outside the UK* in the last 5 years

Yes

No

If your answer to the question above included travel in the past, please answer the question below

Are you a resident of the UK? (A British citizen, someone having an indefinite leave to remain in the UK or an EU/EEA national resident in the UK would be considered a resident. Also if you have lived in the UK for the last 12 months, have a UK bank account and will live permanently in the UK you will also be considered resident.)

Yes

No

If you reside in the Channel Islands

Do you have the permanent right to reside in the Channel Islands?

Yes

No

If you reside in the Isle of Man

Do you have the permanent right to reside in the Isle of Man?

Yes

No

If you reside in Gibraltar

Do you have the permanent right to reside in Gibraltar?

Yes

No



Please answer the questions below if you are:

- Not travelling to more than 5 countries
- Not planning on spending more than 2 years outside of the UK
- Only visiting the countries listed below

Australia, Austria, Belgium, Canada, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, Ireland, Italy, Japan, Luxembourg, Malta, The Netherlands, New Zealand, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, USA

If you are planning on visiting a country not listed above, will be outside the UK* for more than 2 years or will stay in more than 5 countries, please skip to the next travel section.

*Please substitute UK for the Channel Islands, Isle of Man or Gibraltar if that is where you are applying from.

Name of country 1	
How many weeks do you expect to spend in this country in the next 12 months? (If the travel period is less than one week please put one week.)	
Would you be able to do your job if you could not travel abroad to this country?	Yes No
If the answer to the above question is no, please explain why you could not continue working in your occupation.	
Name of country 2	
How many weeks do you expect to spend in this country in the next 12 months? (If the travel period is less than one week please put one week.)	
Would you be able to do your job if you could not travel abroad to this country?	Yes No
If the answer to the above question is no, please explain why you could not continue working in your occupation.	
Name of country 3	
How many weeks do you expect to spend in this country in the next 12 months? (If the travel period is less than one week please put one week.)	
Would you be able to do your job if you could not travel abroad to this country?	Yes No
If the answer to the above question is no, please explain why you could not continue working in your occupation.	

Please use the notes section at the back of this form if you have more destinations to include.

Would you be able to do your job if you could not travel abroad?

If the answer to the above question is no, please explain why you could not continue working in your occupation.

Yes	No

If you answer YES to this question, please fill out the relevant questions about your activities in the supplementary travel and leisure section.

Participation in connection with a one-off charity event or holiday should also be mentioned*

Do you intend to do any of the following?

- Mountaineering or rock climbing;
- Caving or potholing;
- Flying (other than as a fare paying passenger);
- Parachuting, sky-diving or hang-gliding;
- Powerboat, motor car or motor cycle racing;
- Diving;
- Base jumping; or
- Horse riding.

Yes	No

For **mountaineering** or **rock climbing**, you do not have to include indoor wall climbing.

Flying - flying (other than as a fare paying passenger) includes flying either as a pastime or as part of your occupation but excluding cabin crew.

Powerboat, motor car or motor cycle racing - this includes all forms of racing including time trials, sprints and rallying.

Diving - you do not have to include snorkelling or one-off holiday dives.

Supplementary travel & leisure

Aviation / flying other than as a fare-paying passenger

Do you fly for purely recreational purposes?

Do you, or do you intend to, participate in any form of stunt / display work?

Do you hold an aerobatics certificate?

Do you participate in any form of air racing or record attempts?

Do you fly helicopters?

If yes, please tell us the type and weight

Yes	No



How many hours do you intend to fly over the next 12 months?

How many hours flying experience do you have?

Which region do you fly in?

Base Jumping

Do you intend to participate in base jumping?

Caving / potholing

How many years have you been caving?

Is any cave diving involved?

How many times a year do you go caving or potholing?

Do you go caving to depths greater than 50 metres (165 ft)?

Diving

Do you participate in snorkelling only?

Is this recreational or holiday / weekend diving, only up to 20 dives per year?

Do you have more extensive involvement or dive more than 20 times per year?

Do you have any formal training (PADI / BSAC or equivalent) or do you always dive with a qualified diver?

Do you ever dive without a buddy?

Do you participate in any of the following activities in association with your diving?

- cave or pot-hole diving;
- internal exploration of wrecks;
- external study of wrecks, record attempts or special expeditions;
- require the use of a diving bell;
- ice diving; or
- diving for profit or reward.

Horse riding

Are you a professional or full-time rider?

Do you take part in hunting?

Yes	No
-----	----

Yes	No
Yes	No

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No



Which type of events do you take part in?

--

Motor or motorcycle racing

Do you confine your activities to marshalling?

Yes	No
-----	----

Which type of event do you participate in?

--

Do you participate on an amateur basis only?

Yes	No
-----	----

Is the engine capacity greater than two litres?

Yes	No
-----	----

What type of motorcycle do you ride (in c.c.)?

--

What is the type of motorcycle event you enter?

--

Do you take part in international circuit racing?

Yes	No
-----	----

If yes, which?

--

How many events do you enter each year?

--

Mountaineering / rock climbing

Which type of rock climbing do you perform?

--

Do you climb professionally?

Yes	No
-----	----

Do you intend to climb outside of the UK?

Yes	No
-----	----

Have you climbed outside of the UK in the last three years?

Yes	No
-----	----

What is the maximum height you climb to (in metres)?

--

Do you intend to climb routes that are either graded more than UK severe or not protected by bolts?

--

If you climb outside of the UK, please tell us which ranges you climb

--

Parachuting / skydiving

Has this been a one-off jump for charity?

Yes	No
-----	----

Do you participate in display work?

Yes	No
-----	----

If yes, please give full details.

--



Do you jump by 'static line'?

Do you intend to participate in free-fall or competition jumping?

How many jumps have you made over the last 12 months?

How many jumps do you intend to make over the next 12 months?

Do you jump as a member of the armed forces?

Yes	No
Yes	No
Yes	No

Powerboat racing

Which type of powerboat racing do you take part in?

Do you intend to take part in any record attempts?

Which type of sports boat racing do you take part in?

Yes	No

Occupation & finances

Do you work in the armed forces – including reserve forces?

If yes, are you currently operating outside of the UK or are you on standby, a high state of readiness on notice to move, awaiting out of area duties or awaiting a new posting outside of the UK?

Please name the country that you are currently posted in or about to be posted to.

Are you currently serving with any of the following units?

SAS/SBS; 1, 2, 3 or 4 parachute regiment; Royal Marine Commandos; Rapid Response Unit.

Do your duties involve any of the following?

Bomb disposal, mine or ordinance clearing, diving, pilot, aircrew, mountaineering.

In a typical working day, do you spend two or more hours bending, walking, standing or lifting?

If yes, please tell us how many hours in your working day are spent:

Lifting heavy objects

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No



Lifting light objects
Bending / walking / standing
How many hours a week do you work?

Do you drive more than a total of 20,000 miles a year to your normal place of work and in connection with your job?

Yes	No
-----	----

Do you have any other cover which would pay a benefit if you couldn't work because of illness or accident?

Yes	No
-----	----

What is your annual earned income?

--

In the event of a disability, will any of your annual earned income continue beyond your selected deferred period?

Yes	No
-----	----

If yes, how much of your annual earned income will continue beyond your selected deferred period, for how long will this amount be paid and what is the reason for your selected deferred period?

--

Please select your deferred period of 1, 4, 8, 13, 26 or 52 weeks.

--

***Please remember to 'save' the completed document before emailing it.**



Income Protector
Safeguard your future