

Back/neck questionnaire

Application number:

Person to be Insured:

1) Please advise area of spine affected? Neck, upper or lower back?

2) Date of first symptoms?

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3) What was the cause?

4) Are you still experiencing symptoms?

 Yes No

If 'no', date of the last experienced symptoms

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5) Do you have or have you ever had pain, numbness or 'pins and needles' in your arm, shoulders, buttocks or legs?

 Yes No

6) Have you ever been off work due to your spinal symptoms or unable to perform your normal day to day activities?

 Yes No

If 'yes', when and for how long?

7) What type of treatment have you received, eg. painkillers, physiotherapy etc?

(a) Are you still receiving treatment?

 Yes No

(b) If 'yes', what type?

(c) If 'no', when did you cease treatment?

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8) Have you ever consulted a specialist for this condition? Yes No

If 'yes', please provide name and address of doctor and date of last consultation.

9) Please provide details of your most recent visit to any other doctor or therapist for this condition. Include date, name and address of doctor or therapist consulted.

10) Have you had any ongoing effects of any kind, eg. pain, discomfort or limitations of movement etc? Yes No

If 'yes', please provide details

11) Is it necessary to avoid lifting or to restrict your daily activities in any way? Yes No

If 'yes', please provide details

12) Since the date of your application have you suffered from any sickness or injury or had any reason to receive medical attention or advice? Yes No

If 'yes', please provide details

Your duty of disclosure (to be completed in all cases)

Please read carefully.

- 1) This questionnaire will form part of the application and together with the application, (declaration and any personal statement or telephone interview) shall be the basis of the proposed insurance contract.
- 2) The person insured and the policy owner must tell Asteron Life of any change in circumstances that is material to this application. This duty continues until the application is accepted and a policy document has been issued. This is important even if you have separately discussed something with your adviser. The duty of disclosure also applies if in future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.
- 3) If the information provided to us is incomplete or incorrect in any material way, then we may decline the application or it may affect the ability to claim in future. If this happens, we may reduce claim benefits or decide not to accept a claim. We may also exercise any legal rights we have to cancel or avoid the policy from inception. Premiums paid may be forfeited and any claims already paid may have to be paid back.

I declare that the answers given above are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I have read and understood the duty of disclosure described above, and acknowledge it is my responsibility to ensure I have provided all material information whether that information has been specifically requested or not.

Signature of the
Person to be Insured

Date