

Musculoskeletal questionnaire

Application number:

Person to be Insured:

1) Please advise the area of body affected: (e.g. left or right knee, ankle, shoulder)

(Please complete separate questionnaires for each area if more than one)

2) What was the diagnosis? (e.g. Tennis elbow, Anterior Cruciate Ligament Tear)

3) Please give the date of first and last symptoms:

a) First symptoms

 / /

b) Last symptoms

 / /

4) Please advise severity of symptoms:

Please tick applicable box

Mild

Moderate

Severe

5) Do you currently experience any symptoms?

Yes No

If 'no', how long have you been symptom free for?

6) How frequently did/do you experience symptoms?

Please tick applicable box

Daily

Weekly

Monthly

Other (please state below)

7) Have there been any recurrences of this condition? Yes No
 If 'yes' please provide dates

8) How has the condition been treated? (e.g. surgery, physiotherapy)

9) Has treatment ceased? Yes No
 If 'yes' please provide the date of last treatment

10) Is future treatment or surgery planned? Yes No
 If 'yes' please provide details

11) Have you required any time off work due to this condition? Yes No
 If 'yes' please provide details

12) Please advise degree of recovery: (e.g. 50%, 90%, 100%)

13) Have there been any episodes of associated anxiety or depression? 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