

LIFE ASSURANCE ELECTRONIC APPLICATION - DATA CAPTURE FORM

Please supply the following details to allow us to submit your application electronically. Please note that the life assurance company will send you a copy of our submission **which you should check carefully to ensure accuracy.**

<i>Please circle the correct answers</i>	<u>First Applicant</u>	<u>Second Applicant</u>
Full Name		
Date of Birth	/ /	/ /
Have you smoked in the last 12 months? If Yes, how many per day?	Y / N	Y / N
Units of alcohol per week (<i>1 unit = 1/2 pint beer or 1 glass wine</i>)		
Height without shoes		
Weight in indoor clothes		
DOCTOR'S DETAILS: Full name Street address Town + Postcode Telephone number		
Has any parent or sibling died before age 65?	Y / N	Y / N
Do you intend to live, work or travel outside of Europe, USA, Canada, Australia or NZ?	Y / N	Y / N
Do you, or are you likely to take part in any of the following activities: Flying (other than as a fare-paying passenger or cabin crew), potholing, motor car sport, motor cycle sport, powerboat racing, sky diving, parachuting, hang gliding, diving, rock climbing, caving, mountaineering, sailing, any extreme sport?	Y / N	Y / N
Have you ever tested positive for HIV/AIDS, or are you waiting the results of such a test?	Y / N	Y / N
In the last 5 years have you tested positive, or been treated for other sexually transmitted infections or are you awaiting the results of such tests?	Y / N	Y / N
Do you currently have or have you ever had any of the following: Heart attack, angina, any heart defect or murmur?	Y / N	Y / N
A stroke, transient ischaemic attack (TIA) or brain haemorrhage?	Y / N	Y / N
Any other disease or disorder of the arteries, including disease in the legs or of the aorta?	Y / N	Y / N
Cancer, Hodgkin's disease, lymphoma, brain or spinal tumour or leukaemia?	Y / N	Y / N
Any form of neurological disorder, multiple sclerosis, visual disturbances including optic or retrobulbar neuritis, paralysis, epilepsy or fits?	Y / N	Y / N
Diabetes or sugar in the urine?	Y / N	Y / N
Mental illness that has required hospital treatment or referral to a psychiatrist?	Y / N	Y / N

Do you currently have, or in the last 5 years have you had any of the following (please answer yes even if you have not yet sought medical advice): A lump or growth of any kind, or any mole or freckle that has bled, become painful, changed colour or increased in size?	Y / N	Y / N
Chest pain, irregular heart beat, raised blood pressure or cholesterol, or condition affecting your veins (varicose veins without complications can be ignored)	Y / N	Y / N
Any form of numbness, tingling, dizziness, balance problems, persistent pins and needles or facial pain (dental pain can be ignored)?	Y / N	Y / N
A scan or other investigation of the heart, brain or nervous system e.g. angiogram, ECG, MRI, CT Scan?	Y / N	Y / N
Arthritis, rheumatism, gout or any form of neck, back, spine or joint trouble e.g. osteo or rheumatoid arthritis, slipped disc, sciatica, RSI?	Y / N	Y / N
Anxiety, depression, or any form of nervous or mental disorder for which you have been prescribed tranquilisers or anti-depressants?	Y / N	Y / N
Any eating disorder, chronic fatigue or Persistent tiredness?	Y / N	Y / N
Asthma, bronchitis or any other problem, disease or abnormality affecting your lungs?	Y / N	Y / N
In the last 5 years have you had or sought medical advice for any other illness, injury or disability, not mentioned previously, which has kept you off work for a total of 2 continuous weeks or more e.g. stress, tension, pressure of work, headaches or trapped nerve?	Y / N	Y / N
Are you currently awaiting the results of any tests?	Y / N	Y / N
<i>ANY OTHER COMMENTS?</i>		
Please supply bank details to enable us to set up a Direct Debit: Name of Bank Bank Sort Code Account Name Account Number		
SIGNATURE OF APPLICANTS:		
Date:	/ /	/ /