

HIV Life Assurance – initial questionnaire



Issued by:

It's So Easy Travel Insurance Ltd, 27 Old Gloucester Street
London WC1N 3XX

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Full name of life proposed | |
| Gender | M / F |
| Date of birth | |
| Address | |
| | |
| Postcode | |
| Tel | |
| E mail | |
| | |
| 1. Period of cover required (max 10 years) | |
| 2. Do you require single or joint life cover? If joint, please complete one form per person. | Single / Joint |
| 3. What kind of life assurance would you like to be quoted for (please refer to our e mail)? | Level Term / Decreasing term |
| 4. Have you used tobacco products in the past 12 months? | Yes / No |
| 5. We can provide a quote based on the sum assured or you can tell us the premium you want to pay and we will tell you how much can be assured for that premium | Sum to be assured: £ OR Premium you wish to pay: £ |
| 6. Would you like terminal illness cover to be included (please refer to our e mail)? | Yes / No |
| 7. Has a proposal for life cover been declined or postponed? | Yes / No |
| 8. If so, the date | |
| 9. Company name | |
| 10. Reasons (if known) | |
| 11. Sports / Pastimes: 12. Please provide full details if you take part in any hazardous sports/pastimes such as motor sports, diving, climbing or flying, other than as a fare paying passenger. Please provide specific details (e.g. how often, location, training/qualifications etc.) | |
| 13. Occupation: | |

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|---------------|--|
| (Please provide full details if you work: at heights, underground, underwater, offshore, with explosives or in the armed forces.) | | | | |
| 14. When was your first positive HIV test result? | | | | |
| 15. Please give approximate date of infection, if known. | | | | |
| 16. Have you had any HIV-related illnesses or symptoms, such as pneumonia, diarrhoea, night sweats, etc.? | YES | | NO | |
| 17. If "yes", please give details: | <u>Nature of problem</u> | | <u>Date</u> | |
| 18. Please give your CD4 count (required) | | | | |
| 19. Please give your viral load (required) | | | | |
| 20. What treatments or investigations have you had, including dates? | | | | |
| 21. What medication are you currently taking, including its name and quantity? | | | | |
| 22. Please give your height and weight: | Height | | Weight | |

I declare that the answers I have given 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 the proposal. I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract. I have read through any answers not completed by me and confirm that they are correct.

| | | | |
|----------------|--|--------------|--|
| SIGNED: | | DATE: | |
|----------------|--|--------------|--|

PLEASE SEND THIS COMPLETED FORM TO:

Pulse Insurance Limited
6 Oxford Court, St James Road, Brackley, Northants, NN13 7XY
Professional Underwriters for Life & Special Expenses Limited
Authorised and Regulated by the Financial Services Authority