

HIGH BLOOD PRESSURE QUESTIONNAIRE

CONFIDENTIAL

To be completed in English by the life assured.

Full name of life assured

Date of birth (dd/mm/yyyy)

We understand that you suffer from high blood pressure and we would appreciate your answers to the following questions.

1. When was high blood pressure first diagnosed?

2. Why was your blood pressure measured at that particular time? e.g. routine examination, due to symptoms etc?

3. Do you know what your blood pressure readings were at diagnosis?

Yes

No

If Yes, please provide dates and details below.

4. Have you had an ECG, x-ray, blood lipid test or other investigations?

Yes

No

If Yes, please provide details including dates of investigation and results.

5. What treatment are you currently taking? (e.g. Aldomet, Inderal, Tenormin) Please provide name, dosage and how often taken.

6. What treatment have you taken in the past? Please provide name, dosage and how often taken.

7. Have any abnormalities (e.g. protein, blood, etc) ever been found in your urine?

Yes No If Yes, please provide full details below.

8. Please confirm the details of the doctor who is monitoring your condition, the date on which this doctor last measured your blood pressure and what the reading was.

9. Do you monitor your own blood pressure at home?

Yes No If Yes, please provide your latest three readings and the dates on which these were recorded.

10. Do you smoke cigarettes? Yes No If Yes, how many per day?

11. Have you lost any significant time (e.g. weeks) off work with this condition?

Yes No If Yes, please include dates and duration of time off work.

12. Please provide any additional information on your condition which you feel will be helpful in processing your application.

DATA PROTECTION ACT

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services RL360 can provide to you or may stop us being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at www.rl360.com/privacy. Any data you provide to RL360 may be shared, if allowed by law, with other companies both inside and outside of RL360 and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360 may be required to provide it to its regulator, its government or anyone else required by law.

RL360 will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360 will, at all times, make sure that your data and information is only used in ways that are allowed by law.

You can receive a copy of the information RL360 holds about you free of charge by writing to our Data Protection Officer at: RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles, or by emailing dpo@rl360.com. We can reserve the right to not send you your personal data in some circumstances. If we do we will write to you setting out the reasons why.

Our full privacy statement can be viewed at www.rl360.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.

DECLARATION

I declare that the above answers are true to the best of my knowledge and that I have not withheld any information that may influence the assessment or acceptance of this application.

I give my express consent for the information in this form to be processed.

I agree that any supplementary questionnaire will form part of my application to the company and that non-disclosure of any material fact known to me may invalidate the contract.

Signature of life assured

Date (dd/mm/yyyy)

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