

RESPIRATORY DISORDERS 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 a respiratory disorder and we would appreciate your answers to the following questions.

1. Please state the precise diagnosis of your chest problem, if known.

2. When was the condition first diagnosed?

3. Regarding your symptoms:

a) Please describe your symptoms and how they affect you.

b) How frequently do symptoms occur?

c) Do your symptoms wake you at night?

d) Are you aware of any provoking cause(s), which trigger your symptoms? e.g. exercise, stress, allergy etc

Yes No If Yes, please provide dates and details below.

e) Do your symptoms restrict your activities in any way?

Yes No If Yes, please provide dates and details below.

f) When was the last occurrence of symptoms?

4. What treatment are you currently taking? (e.g. Becotide, Bricanyl, Ventolin etc). Please provide name, dosage and how often taken.

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

6. How often do you need to obtain/purchase repeat medication?

7. Have you ever taken steroids?

Yes No If Yes, please provide full details including date(s), dose and duration of treatment.

8. Do you attend regular follow-ups?

Yes No If Yes, please advise the date of your last consultation and how regularly these take place.

9. Do you use a peak flow meter and record the results?

Yes No If Yes, please provide your lowest and highest readings in the last 3 months.

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

11. Are you an ex-smoker?

Yes No If Yes, please advise when you started, the amount you used to smoke and when you stopped smoking.

12. 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.

DATA PROTECTION

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)