

# Health questionnaire

Please use black ink and write in CAPITAL LETTERS or tick ☒ as appropriate.

## About this form

Please use BLOCK CAPITALS and tick or complete answers as appropriate. Please take reasonable care to answer all the questions honestly and to the best of your knowledge. If you don't your claim may be rejected or not fully paid or your policy may be cancelled. We ask that you answer every question as your application may be delayed if you fail to fully complete the questionnaire. Please do not assume that we will contact or obtain a report from your doctor.

If someone else fills this form in for you (for example, your financial adviser), please check that all the details are correct before you sign the declaration. You are responsible for the written answers. If you make a mistake please cross it out, put in the correct word or words and initial next to the correction.

If you would feel more comfortable, you may complete the medical questions in private and return the Health Details section direct to our Chief Medical Officer. If you decide to do this, please let us know.

It is very important that you tell us if there is a change to any of the following:

- your personal health
- your family history
- your occupation
- your participation in any hazardous leisure activities

between completion of this form and your plan starting. If you do not, your plan may be cancelled and your claim will not be paid.

## Genetic testing

If this application, taken together with any other insurance policies you already have, is for life insurance up to a sum of £500,000 you do not need to disclose any genetic test you may have had. You do not need to disclose the result of any genetic test undertaken in the context of research. Genetic test results need only be disclosed where the sum for life insurance exceeds £500,000 and its use by insurers has been independently approved. You may, of course, disclose any genetic test result which is in your favour. If you either have a family history of, are receiving treatment or experiencing symptoms of a genetic condition, you must tell us.

Further information is available on request which fully explains this policy and details those genetic tests approved for use by insurers.

## Part A – Your details

Failure to answer the questions honestly and with reasonable care may result in your claim being rejected or not paid in full.

Please do not assume that we will contact or obtain a report from your doctor.

1. Scheme name

Title    Mr ☐    Mrs ☐    Miss ☐    Ms ☐    Other

Full forename(s)

Surname

Address

Postcode

Daytime telephone number

Date of birth

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Marital status

It is very important that you tell us if there is a change between completion of this form and your pension starting to any of the information given in the answers to these questions.

2a) Your current occupation

2b) What industry do you work in?

2c) Please describe your duties and include a percentage split between manual and non manual duties. If you work at heights, please give details of the maximum and average height at which you work, along with the percentage of time spent working at these heights.

## Part B – Health details

Failure to answer the questions honestly and with reasonable care may result in your claim being rejected or not paid in full.

Please do not assume that we will contact or obtain a report from your doctor.

1. What is your height?

What is your weight?

2. a) What is your weekly alcohol consumption in units?

(1 single pub measure spirits/small (125ml) glass of wine or ½ glass of standard strength beer, lager or cider)

units

Have you ever been advised to reduce or cut down your alcohol intake?

Yes ☐

No ☐

If yes, please give details.

b) Have you ever used drugs for recreational purposes?

(ie drugs other than as treatment for a medical condition)

Yes ☐

No ☐

If yes, please give details.

c) Have you smoked or used tobacco products in the last 12 months?

(includes cigars, cigarettes, pipes and any nicotine replacement therapy)

Yes ☐

No ☐

**You may be asked to undergo a test to confirm your non smoking status.**

If you smoke cigarettes, how many do you smoke per day?

3. Have you ever tested positive for HIV/AIDS, hepatitis B or C or are you awaiting the results of such a test? Note: if the result is negative, the fact of having an HIV test will not, in itself, have any effect on your acceptance terms for insurance.

Yes ☐

No ☐

If you answered Yes, please give full details including the name of the condition and date test was carried out.

4. Do you, or do you intend to, participate in any sport or pastime that involves any additional risk of accident such as, but not limited to motor/motor cycle sports, mountaineering, underwater activities, private flying or hang gliding?

Yes ☐

No ☐

If yes, please give full details including number of events or hours you undertake per annum.

## Part B – Health details – continued

Failure to answer the questions honestly and with reasonable care may result in your claim being rejected or not paid in full.

Please do not assume that we will contact or obtain a report from your doctor.

5. Have you ever travelled or resided abroad, other than for normal holidays, or do you intend to do so in the future?

Yes ☐

No ☐

If yes, please give full details including countries, duration and reason for travel.

6. Have you ever been declined (refused cover), charged extra or offered non-standard terms for life, health, accident or critical illness insurance by any company?

Yes ☐

No ☐

If yes, please give full details including the date and reason, if known.

7. Do you **currently have** or have you **ever had** any of the following:

(i) cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour?

Yes ☐

No ☐

(ii) heart disease or disorder – including heart attack, angina, heart murmur, cardiomyopathy, heart valve defect or heart surgery?

Yes ☐

No ☐

(iii) stroke or transient ischaemic attacks (mini-stroke), brain haemorrhage or permanent brain injury through accident?

Yes ☐

No ☐

(iv) multiple sclerosis, epilepsy, paralysis, muscular dystrophy, Parkinson's disease (or other movement disorders), motor neurone disease, or cerebral palsy?

Yes ☐

No ☐

(v) disease or disorder of the blood vessels including peripheral vascular disease or any circulation problems in the legs?

Yes ☐

No ☐

(vi) diabetes or sugar in the urine?

Yes ☐

No ☐

(vii) mental illness that has required hospital treatment or referral to a psychiatrist or other specialist?

Yes ☐

No ☐

## Part B – Health details – continued

Failure to answer the questions honestly and with reasonable care may result in your claim being rejected or not paid in full.

Please do not assume that we will contact or obtain a report from your doctor.

If you have answered Yes to any of question 7, please give details below.

Disease/disorders:

Date of disease/disorders:

Treatment:

Results of investigations:

Time off work and when:

Please continue on a separate sheet if necessary.

## Part B – Health details – continued

Failure to answer the questions honestly and with reasonable care may result in your claim being rejected or not paid in full.

Please do not assume that we will contact or obtain a report from your doctor.

8. In the last five years have you had any of the following:

- |        |                                                                                                                                                                       |                              |                             |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| (i)    | a lump, growth, mole or freckle that has bled, become painful, changed colour or increased in size?                                                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (ii)   | chest pain, irregular heart beat, raised blood pressure or raised cholesterol?                                                                                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iii)  | optic neuritis, numbness, tingling, facial pain, visual disturbance including blurred or double vision, dizziness, chronic fatigue or tiredness?                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iv)   | seizure, fits, fainting or blackouts?                                                                                                                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (v)    | any disorder of the digestive system, liver, stomach, pancreas or bowel – including gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (vi)   | any disorder of the kidneys, bladder or prostate – including blood or protein in the urine or urinary tract infections?                                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (vii)  | blood disorder or anaemia?                                                                                                                                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (viii) | any disorder of the adrenal, pituitary or thyroid glands?                                                                                                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (ix)   | asthma, bronchitis or any other disorder of the lungs or respiratory system?                                                                                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (x)    | any pain or other disease, disorder or problem relating to your back, neck, joints, bones or muscles including arthritis, slipped disc, rheumatism or gout?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (xi)   | any form of mental illness including anxiety, depression, stress, nervous breakdown or eating disorders?                                                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (xii)  | disorder of the eyes including blindness or problems with sight – you can ignore sight problems fully corrected by glasses or contact lenses?                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (xiii) | disorder of the ears including difficulty hearing?                                                                                                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (xiv)  | any gynaecological disorder (including cervical smears) or breast condition for which you have been referred to a specialist or required investigations or treatment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (xv)   | undergone or been advised to have any investigation, x-ray, scan or blood test for any condition not already mentioned?                                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (xvi)  | received any form of medical attention at a hospital, as an inpatient or outpatient, for any condition not already mentioned?                                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (xvii) | a surgical operation for any condition not already mentioned?                                                                                                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## Part B – Health details – continued

Failure to answer the questions honestly and with reasonable care may result in your claim being rejected or not paid in full.

Please do not assume that we will contact or obtain a report from your doctor.

If you have answered Yes to any of question 8, please give details below – continued

Treatment:

Results of investigations:

Time off work and when:

Please continue on a separate sheet if necessary.

## Part B – Health details – continued

Failure to answer the questions honestly and with reasonable care may result in your claim being rejected or not paid in full.

Please do not assume that we will contact or obtain a report from your doctor.

9. In the last five years have you been **off work for 2 weeks** or more for any medical condition, illness or injury?

Yes ☐

No ☐

If Yes, please provide full details

10. Before the age of 65, did either of your parents or any brothers or sisters, suffer or die from:

(i) cancer?

Yes ☐

No ☐

(ii) heart disease, stroke or diabetes?

Yes ☐

No ☐

(iii) multiple sclerosis or Alzheimers disease?

Yes ☐

No ☐

(iv) muscular dystrophy, motor neurone disease or

Yes ☐

No ☐

(v) Huntington's disease, polycystic kidney disease, polyposis of the colon?

Yes ☐

No ☐

(vi) Any other potentially hereditary disease or disorder?

Yes ☐

No ☐

If Yes, please complete this table.

|                                                           |  |  |  |
|-----------------------------------------------------------|--|--|--|
| Relationship                                              |  |  |  |
| Illness (if cancer, which part of the body was affected?) |  |  |  |
| Age at onset                                              |  |  |  |
| Current age                                               |  |  |  |
| Age at death (if applicable)                              |  |  |  |

It is very important that you tell us if there is a change to your answers to any of the questions on this application form between completion of this form and your plan starting. Your plan will not start until we have assessed and accepted your application and the first premium has been paid.

11. Please tell us the name and address of your doctor

Doctor's name

Doctor's address

Postcode

Doctor's telephone number (including STD code)

How long has he/she been your doctor?



## Part C – Member's declaration

### Declaration

- I understand that this application is subject to written acceptance by Prudential.
- I agree to you asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my proposal. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form. This form allows you to gather medical reports within six months of the start of the plan, or after my death, to support any claim made on the plan proceeds.
- I have taken reasonable care to answer the questions honestly and to the best of my knowledge. I understand a claim may not be paid in full or may be rejected or my policy cancelled if I have not.
- The terms of this application, together with Prudential's acceptance, shall form part of any relevant contracts.
- I will inform you immediately of any changes that occur before the plan starts.
- I agree to Prudential accepting medical reports faxed directly to Prudential from my doctor's surgery. I do not\* object to copies of the report being faxed to any other company that I have applied to at their request. (\*Delete the word "not" if you do not want us to fax information.)
- This information can also be used to maintain management information for business analysis.

### Important notes

The plan will not start until we have assessed and accepted your application, and the first premium has been paid. If you have a birthday while your application is being processed, the terms may differ from those originally quoted.

In most instances your payments will be as originally quoted. We may offer you revised terms, but occasionally we may not be able to offer any terms.

We may ask you to contact your doctor if we are waiting for reports which we have asked for.

If we ask you to come for a medical examination, we will need to share the application information with another company we have authorised. They will make the arrangements for the examination to take place.

We may need to send your application and relevant medical reports to our reassurers for their opinion or agreement of the terms offered. Or, we may need to send them at a later stage for purposes relating to managing the policy. You can get details of general reinsurance principles and details of any company we use to assess your application, from our head office.

We have a confidentiality policy in place which means we hold your medical information securely and access is limited to authorised individuals who need to see it.

You are entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time.

### Access to medical reports

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988. Your rights under the act are as follows.

You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following.

- Your current health.

Any care, medication or treatment you are currently receiving.

The results of referrals or tests you are waiting for.

- Any time off work in the last three years.
- Your past health.

Details of any relevant illness, (excluding minor self limiting ailments/conditions), trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:

- malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
- musculo-skeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
- anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
- suicidal thoughts or attempts at suicide; or
- conditions related to drug or alcohol misuse or smoking or chewing tobacco.

Details of any biopsies, blood tests, electrocardiograms (heart tests), diagnostic genetic tests, height, weight if measured in the last two years, urinalysis (tests on urine), x-rays or other investigations.

Any blood pressure readings in the last three years.

- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

We have asked your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health; or
- predictive genetic test results.

The information you and your doctor provide about your health may result in us:

- setting exclusions or postponing cover;
- refusing to provide insurance;
- increasing premiums above standard rates; or
- setting premiums at standard rates.

If you have any questions about your rights under the act or questions relating to the process of getting, assessing or storing medical information, please write to:

**Chief Medical Officer  
Prudential  
Lancing  
BN15 8GB**

### How we use your personal information

We, Prudential UK (part of M&G), take the privacy and protection of your personal information seriously.

So we've set out below information about our processing of your personal information, what rights you have, and how you can get in touch if you want to know more.

When we say personal information, we mean information about you, such as your name, date of birth and contact details. We collect personal information from you that is necessary for us to either provide you with the product or service you've requested or to comply with statutory or contractual requirements. Unfortunately if you don't provide all of the information we require this may mean we are unable to provide our products and services to you.

### Part A – How we use your personal information and why

We, M&G and our Business Partners, will use the personal information you provide to us, together with other information, for the following purposes:

- the administration of our products and services, including to enable us to perform our obligations to you and to provide any relevant services as discussed with you prior to any purchase of a product or service
- complying with any regulatory or other legal requirements
- carrying out checks using agencies such as credit reference agencies, tracing companies, or publicly available information (See Part B for more)
- the provision of customer services – like to reply to a question, or tell you that something's changing
- automated decision-making or profiling (see Part C for more)
- keeping your information on record and carrying out other internal business administration

In addition, we, M&G, and our Marketing Partners, will use the personal information you provide to us, together with other information, to send you direct marketing offers by electronic and non-electronic means including by post, as well as sending you introductions to products and services from carefully selected third parties also by post. Please see Part G for further details.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also rely on legitimate interests or other legal bases in using and sharing your personal information for the purposes described above to improve our products and services. This allows us to explore ways to develop our business and to gain insights into how our products and services are used. To the extent that we need your consent to use your personal information for the purposes described above, you explicitly provide your consent by signing and returning this form, or as set out in Part G as appropriate.

### Who we share your personal information with and why

We may share your personal information within M&G and with our Business Partners, for any of the purposes set out in Part A. If you have a joint policy or investment, the other person may receive your personal information too. If appropriate, we may also pass on your personal information to financial crime prevention agencies, any legal, regulatory or government bodies.

As we, M&G, and some of our Business Partners are global companies, we might need to send your personal information to countries that have different data protection laws to the UK or the European Economic Area. These transfers will only be to countries in respect of which the European Commission and, where applicable, the UK Government has issued a data protection 'adequacy' decision, or to other countries, such as India or the United States of America, but only where appropriate safeguards have been put in place first. In more limited circumstances, we may also need to rely on a derogation under applicable privacy laws.

If you want to know more about these safeguards – like our use of the European Commission's or UK's Model Clauses which govern the transfer of information outside of the European Economic Area and UK respectively – further information is available on request.

### We keep your personal information for a set amount of time

Your personal information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary. It'll always be in line with our data retention policy.

### Part B – Reference checks

For certain products, we may use approved credit reference agencies, tracing companies, financial crime prevention agencies, or publicly available information, to help us to check your identity, as well as to prevent fraud and money laundering; this may include checks on your current or previous addresses. Results of these may be recorded for future reference.

These checks may also be carried out for a joint policy holder or person(s) that you provide personal information on. Should we ever lose contact with you, we may use these agencies to verify your address to help us get back in touch.

Any transfer of your personal information will always be done securely.

### Part C – We may use your personal information to make automated decisions or profile you

We, M&G, our Business Partners, and our Marketing Partners may use your personal information to make automated decisions affecting you or to conduct other profiling (for example, marketing profiling).

To the extent that we conduct such automated decision making activity, we'll provide you with further information at the appropriate time.

### Part D – Use of your sensitive personal information

For certain products or services, we'll need to process your sensitive personal information, such as information relating to health, genetics, biometric identifiers and sexual orientation. To the extent that we need your explicit consent to process this kind of personal information in the manner described in Parts A, B, and C, you explicitly provide your consent by signing and returning this form.

### Part E – You're in control

When it comes to how we use your personal information, you've got the right to:

- request a copy of your personal information for free (we may charge you for this if the request is manifestly unfounded or excessive)
- in certain circumstances request that we move your personal information to another organisation if you want us to
- request that we correct anything that's wrong, or complete any incomplete personal information
- ask us to delete your personal information if it is no longer needed for the purposes set out in Part A or if there is no other legal basis for the processing
- limit how we use your personal information or withdraw your consents (including automated decision making) you have given for the processing of your personal information
- object to us using your personal information for direct marketing (including related profiling) or other processing based on legitimate interests
- complain to a data protection authority or another independent regulator about how we're using it.

If you want to do any of these things, or would like an explanation as regards these rights, we've explained how you can get in touch in the Contact Us section.

If you do need to speak to us, it'll be useful to have to hand that the data controller of your personal information is Prudential UK. Prudential UK have also appointed a Data Protection Officer who can be reached at the address shown in the Contact Us section of this document.

We may monitor or record calls or any other communication we have with you. This might be for training, for security, or to help us check for quality.

### Part F – Acting on someone else's behalf?

If you give us personal information about another person (or persons), we'll take that to mean they have appointed and authorised you to act on their behalf. This includes providing consent to:

- our processing of their personal information and sensitive personal information (as we've explained in Parts A, B, C, and D above)
- you getting any information protection notices on their behalf.

If for any reason you are concerned as to whether you are permitted to provide us with the other person's information, please contact us on the phone number below before sending us anything.

### Part G – Direct marketing

We and M&G will still send you information by post about the Prudential UK and M&G's products and services and carefully selected third parties.

Additionally, from time to time, Prudential UK and M&G would like to contact you by electronic means with details about products, services and any special offers. Please note that any consent you give will not apply to M&G Investments Group and Prudential International Assurance plc as they operate their own customer databases and may contact you separately.

If you consent to us contacting you for this purpose by electronic means, please tick to say how we may contact you (tick as many or as few as you like):

Email ☐ Phone ☐ Text ☐

And if you change your mind, and/or you would like to opt-out of receiving non-electronic direct marketing, it's easy to let us know. Just call us on 0800 000 000.

### Contact us

If you want to exercise your rights in Part E or if you require any other information about any other part of this notice, you can contact us in a number of different ways.

Write to us at: **Customer Service Centre  
Prudential  
Lancing  
BN15 8GB**

Call us on: **0800 000 000**

Or visit: **pru.co.uk**

Prudential UK means The Prudential Assurance Company Limited, Prudential Distribution Limited, Prudential Life Time Mortgages Limited, Prudential Pensions Limited, and M&G Advice Partners Limited as appropriate.

M&G means any affiliates of Prudential UK (including, Prudential International Assurance plc, Prudential Plc, PGDS (UK ONE) Limited, M&G Global Services Private Limited, M&G Investments Group, and Prudential Corporate Pensions Trustee Limited.

Business Partners means our service providers, accountants, auditors, IT service and platform providers, intermediaries, reinsurers, retrocessionaires, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, selected third party financial and insurance product providers, and our legal advisers.

Marketing Partners means our service providers, intermediaries, pension trustees (and other stakeholders), scheme advisors, introducers and selected third party financial and insurance product providers.

This is our standard client agreement upon which we intend to rely. For your own benefit and protection you need to read these terms carefully before signing them. If you do not understand any point please ask for further information.

**I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act.**

Signature

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

I do not want to see the report before it is sent to the company.

☐

I do want to see the report before it is sent to the company.

☐

