

# Fortis Life UK

## Personal Data Capture Form

	<b>First Applicant</b>	<b>Second Applicant</b>
Title:	<input type="text"/>	<input type="text"/>
First name:	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>
Marital status:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>

### Completing this form

Please take time to understand and accurately answer each of the following questions. If you do not answer every question accurately then any claim payment may be reduced or declined completely. This is not an application form, your financial adviser will transfer the information you have given to our electronic application and it is your responsibility to check the details carefully when you receive the policy pack.

You only need to tell us about a **genetics test** if:

- you have had a positive test for Huntington’s Disease and with this application you will have more than £500,000 life insurance

You do still need to tell us if:

- you are experiencing symptoms of, or having treatment for, a genetic condition
- you have a family history of something we ask about in the relevant section

If you have had a negative genetics test for any condition you may wish to tell us as it could result in a better decision for you.



1. What is your height and weight?

**First Applicant**

Height:  cms or  ft  in  
Weight:  lbs or  st  oz

**Second Applicant**

Height:  cms or  ft  in  
Weight:  lbs or  st  oz

2. When were you last weighed?

3. What is your skirt or waist size?

Female skirt size (UK)  in

Female skirt size (UK)  in

Male waist size  in

Male waist size  in

**PLEASE ONLY ANSWER QUESTION 4 IF YOU ARE AGED 65 YEARS OR MORE**

4. Have you lost more than 7lbs, other than as a result of a planned diet, in the last 2 years?

Yes  No

Yes  No

5. How many prescription medications have you used in the last month?

**PLEASE ONLY ANSWER QUESTION 6 IF YOU ARE APPLYING FOR PERMANENT AND TEMPORARY DISABILITY, INCOME PROTECTION BENEFIT OR WAIVER OF PREMIUM BENEFIT**

6. How many times have you been off work, because of illness, an accident, or unemployment, for more than 2 weeks, in the last 5 years?

How many times:

How many times:

Length of time off:

Length of time off:

Reason:

Reason:

Last occasion:

Last occasion:

**PLEASE ONLY ANSWER QUESTIONS 7 AND 8 IF YOU ARE AGED 65 YEARS OR MORE**

7. How many falls have you had in the last 2 years?



If you have had a fall, have you made a full recovery?

If you have had a fall, have you made a full recovery?

8. Have you had a routine company medical or other check-up in the last 5 years?

Yes  No

Yes  No

If yes, what was the result?

If yes, what was the result?




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

- Heart abnormality or heart valve disease,
- Heart attack or angina,
- Stroke,
- Kidney failure or transplant,
- Leukaemia,
- Lymphoma or Hodgkin's disease,
- Multiple Sclerosis,
- Diabetes,
- Malignant tumour (cancer), or
- Mental illness which has required in-patient treatment?

Yes  No

Yes  No

10. Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting the result of such a test?

Yes  No

Yes  No

**PLEASE ONLY ANSWER QUESTIONS 11 AND 12 IF YOU ARE APPLYING FOR CRITICAL ILLNESS BENEFIT OR INCOME PROTECTION BENEFIT**

11. In the last 5 years have you had:

- Tingling of the limbs which lasted more than 1 hour, or
- Numbness or loss of feeling of the limbs or face, or
- Temporary or permanent loss of muscle power?

Yes  No

Yes  No

12. Have you had a lump, growth, or any mole or freckle that has bled, become painful, changed colour or increased in size in the last 5 years? Please include any instances of these, whether you consulted a doctor or not.

Yes  No

Yes  No

**PLEASE ONLY ANSWER QUESTIONS 13 TO 15 IF YOU ARE APPLYING FOR PERMANENT AND TEMPORARY DISABILITY, INCOME PROTECTION BENEFIT OR WAIVER OF PREMIUM BENEFIT**

13. In the last 5 years have you suffered from any:

- Mental illness,
- Depression,
- Anxiety, stress
- Recurrent insomnia or sleeping difficulty
- Eating disorder
- Recurrent tiredness or fatigue?

Yes  No

Yes  No

14. Have you had any blackouts, fits or seizures or epilepsy in the last 5 years?

Yes  No

Yes  No

15. Have you had any conditions affecting your spine, neck or joints, muscles or ligaments in the last 5 years?

Please include slipped disc, back pain, knee pain, shoulder pain, sciatica, arthritis and repetitive strain injury.

Yes  No

Yes  No

**For questions 16-19 you do not need to tell us again about conditions you have already disclosed.**

16. Have you received or been advised to have any medical investigations, scans or blood tests in the last 5 years?

Yes  No

Yes  No

17. Have you been referred to, or been to see any medical practitioner other than your GP in the last 5 years?

Yes  No

Yes  No

18. Are you under routine medical review, waiting for a consultation, or experiencing any symptoms for which you intend to seek medical advice?

Yes  No

Yes  No

19. Have you visited your GP in the last 2 years?

Yes  No

Yes  No

**IF YOU HAVE ANSWERED YES TO ANY OF QUESTIONS 11 TO 19, PLEASE CONTINUE FROM QUESTION 20, OTHERWISE PLEASE CONTINUE FROM QUESTION 33**

20. Have you ever had a transient ischaemic attack (TIA) or injury to your brain?

Yes  No

Yes  No

21. Do you have or have you ever had Multiple Sclerosis, optic neuritis, Parkinson's disease, paralysis, Alzheimer's disease, or dementia?

Yes  No

Yes  No

22. Do you have, or have you ever had, diabetes?

Yes  No

Yes  No

23. Have you ever had a mental illness which required treatment by a psychiatrist, any eating disorder or attempted self-harm or taken an overdose?

Yes  No

Yes  No

24. Have you had any blood circulation problem, cardiomyopathy, chest pain, irregular heart beat, raised blood pressure or raised cholesterol in the last 5 years?

Yes  No

Yes  No

25. Have you had asthma, bronchitis or any other chest or lung disorder in the last 5 years?

Yes  No

Yes  No

26. Have you had, blackouts, fits or seizures, epilepsy, numbness or loss of feeling of the limbs or face, temporary or permanent loss of muscle power, or blurred or double vision in the last 5 years?

Yes  No

Yes  No

27. Have you had any disorder of the liver, stomach, pancreas or bowel or recurrent indigestion or heartburn in the last 5 years? Please include gastric or duodenal ulcer, hepatitis and Crohn's disease.

Yes  No

Yes  No

28. Have you had any kidney, bladder or other urinary disorders in the last 5 years? This includes blood or protein in the urine and urinary tract infections.

Yes  No

Yes  No

#### FEMALE APPLICANTS ONLY

29. Have you had any gynaecological disorders, including abnormal cervical smears, in the last 5 years?

Yes  No

Yes  No

#### MALE APPLICANTS ONLY

30. Have you had any prostate disorders, including an abnormal Prostate Specific Antigen test, in the last 5 years?

Yes  No

Yes  No

31. Have you had any problems with your ears, hearing or balance in the last 5 years?

Yes  No

Yes  No

32. Have you had any problems with your eyes, including blurred or double vision, in the last 5 years?

Yes  No

Yes  No

33. Apart from in connection with a condition you've already mentioned have you visited a medical practitioner in the last 2 years?

Yes  No

Yes  No

34. Are you under routine medical review, waiting for a consultation, or experiencing any symptoms for which you intend to seek medical advice?

Yes  No

Yes  No

**IF YOU HAVE ANSWERED YES TO ANY OF THE MEDICAL HISTORY QUESTIONS ABOVE (20-34) PLEASE GIVE US THE FOLLOWING DETAILS FOR EACH POSITIVE ANSWER:**

**Name of condition 1 - :**

<input type="text"/>	<input type="text"/>
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When was this first diagnosed?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

What treatment did you receive?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Are you currently receiving any treatment?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Date of last symptoms:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Have you been off work due to this problem, if so for how long and when did you return?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Are you now fully recovered?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**Name of condition 2 - :**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

When was this first diagnosed?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

What treatment did you receive?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Are you currently receiving any treatment?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Date of last symptoms:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Have you been off work due to this problem, if so for how long and when did you return?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Are you now fully recovered?

<input type="text"/>	<input type="text"/>
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**Name of condition 3 - :**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

When was this first diagnosed?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

What treatment did you receive?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Are you currently receiving any treatment?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Date of last symptoms:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Have you been off work due to this problem, if so for how long and when did you return?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Are you now fully recovered?

<input type="text"/>	<input type="text"/>
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**Name of condition 4 - :**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

When was this first diagnosed?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

What treatment did you receive?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Are you currently receiving any treatment?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Date of last symptoms:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Have you been off work due to this problem, if so for how long and when did you return?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Are you now fully recovered?

<input type="text"/>	<input type="text"/>
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**There is a separate sheet at the back of this form for any additional notes****ALL QUESTIONS BELOW TO BE COMPLETED****PLEASE ONLY ANSWER QUESTION 35 IF YOU ARE AGED 18 TO 64**

35. Before the age of 65 have any of your parents, brothers or sisters had:

- Heart attack or angina,
- Cardiomyopathy,
- Diabetes,
- Stroke,
- Breast, ovarian or colon cancer,
- Huntingdon's Chorea,
- Motor neurone disease,
- Polycystic kidney disease,
- Polyposis of the colon, or
- Multiple sclerosis

Yes  No Yes  No 

If yes, please give further details including which relative was affected and the age at diagnosis

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**PLEASE ONLY ANSWER QUESTION 36 IF YOU ARE AGED 40 OR OVER**

36. Is your father still alive?

Yes  No

Yes  No

Is your mother still alive?

Yes  No

Yes  No

If yes to either, please give the ages they are now

If no to either, please tell us the approximate age they were when they died

If you are unsure of any of the answers, please tell us why here

37. Have you used cigarettes, tobacco or any nicotine replacement products in the last 12 months?

Yes  No

Yes  No

If yes, please give the type and amount per day:

If you have smoked in the past, please tell us when you gave up

38. Do you drink more than 21 units of alcohol per week, or have you regularly done so within the last 10 years?

Yes  No

Yes  No

If yes, on average how many units of alcohol do you currently consume between Monday and Thursday?

On average how many units of alcohol do you currently consume between Friday and Sunday?

(MALES ONLY) Has your average weekly consumption ever exceeded 50 units?

(FEMALES ONLY) Has your average weekly consumption ever exceeded 35 units?

39. Have you taken any non-prescription drugs in the last 10 years? (eg. cannabis, ecstasy, cocaine, heroin, anabolic steroids)

Yes  No

Yes  No

If yes, what type of drugs have you used?

When did you last take these drugs?

Please confirm how many times per week you use/used drugs?

Have you ever suffered any physical or mental problems related to drug use?

40. In the last 5 years have you:

- lived or worked outside the UK, or
- taken a holiday outside the UK lasting more than three months, or
- do you intend to do either in the future?

Yes  No

Yes  No

If yes, how many countries does this involve?



What countries?

  

  


Have you visited this/these countries in the past?

Yes  No

Yes  No

Do you intend to visit this/these countries in the future?

Yes  No

Yes  No

Do you have the right to reside in the UK permanently?

Yes  No

Yes  No

Please select from the following the purpose of your stay in this/these countries?

- |  |   |
|--|---|
| a. <input type="checkbox"/> Live Permanently in this country                   | <input type="checkbox"/> Live Permanently in this country                   |
| b. <input type="checkbox"/> Work Placement (one month or more)                 | <input type="checkbox"/> Work Placement (one month or more)                 |
| c. <input type="checkbox"/> One off short term work visit (under one month)    | <input type="checkbox"/> One off short term work visit (under one month)    |
| d. <input type="checkbox"/> Short term work visits (under one month at a time) | <input type="checkbox"/> Short term work visits (under one month at a time) |
| e. <input type="checkbox"/> Travel (holiday)                                   | <input type="checkbox"/> Travel (holiday)                                   |
| f. <input type="checkbox"/> Charity  | <input type="checkbox"/> Charity  |
| g. <input type="checkbox"/> Visiting family                                    | <input type="checkbox"/> Visiting family                                    |
| h. <input type="checkbox"/> Other reasons                                      | <input type="checkbox"/> Other reasons                                      |

Do you always follow Foreign and Commonwealth Office guidance when visiting this/these countries?

Yes  No

Yes  No

Which of the following best describes your location in this/these countries:

- |  |  |
|--|--|
| • <input type="checkbox"/> Secure accommodation within major cities          | <input type="checkbox"/> Secure accommodation within major cities          |
| • <input type="checkbox"/> Business class hotels within major cities         | <input type="checkbox"/> Business class hotels within major cities         |
| • <input type="checkbox"/> Other accommodation within major cities           | <input type="checkbox"/> Other accommodation within major cities           |
| • <input type="checkbox"/> Secure accommodation outside major cities         | <input type="checkbox"/> Secure accommodation outside major cities         |
| • <input type="checkbox"/> Business class accommodation outside major cities | <input type="checkbox"/> Business class accommodation outside major cities |
| • <input type="checkbox"/> Other accommodation outside major cities          | <input type="checkbox"/> Other accommodation outside major cities          |

How many months do you intend to spend in this country in the next 2 years?

41. How many times a week do you exercise for at least 30 minutes?

*Moderate exercise generates an increase in temperature, breathing and heart rate. It can be structured exercise or sport such as running, swimming or cycling or a lifestyle activity such as a brisk walk to the shops, gardening or taking the dog for a walk.*

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

42. Do you intend to do any of the following?

- Mountaineering or rock climbing
- Powerboat, motor or motorcycle racing
- Caving, potholing or diving
- BASE jumping
- Parachuting or skydiving
- Flying other than as a fare-paying passenger
- Hang-gliding, or
- Horse riding?

Yes  No  Yes  No

**Please answer where applicable**

- Mountaineering/rock climbing

Which type of climbing do you perform?

<input type="text"/>	<input type="text"/>
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Do you climb professionally?

Yes  No  Yes  No

Do you intend to climb outside of the UK?

Yes  No  Yes  No

Have you climbed outside the UK in the last 3 years?

Yes  No  Yes  No

What is the maximum height you climb to (in metres)?

<input type="text"/>	<input type="text"/>
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Do you intend to climb routes that are either graded more than UK severe or not protected by bolts?

Yes  No  Yes  No

If you climb outside of the UK, please tell us which ranges you climb?

<input type="text"/>	<input type="text"/>
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- Powerboat racing

Which type of powerboat racing do you take part in?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Do you intend to take part in any record attempts?

Yes  No  Yes  No

Which type of sports boat racing do you take part in?

<input type="text"/>	<input type="text"/>
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- Motor or Motorcycle racing

Do you confine your activities to marshalling?

Yes  No  Yes  No

Which type of event do you participate in?

<input type="text"/>	<input type="text"/>
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Do you participate on an amateur basis only?

Yes  No

Yes  No

Is the engine capacity greater than 2 litres?



Type of motorcycle you ride (in c.c)?



What is the type of motorcycle event you enter?



Do you take part in international circuit racing events? If yes which?



How many events do you enter each year?



- Caving/Potholing

How many years have you been caving?



Is any cave diving involved?

Yes  No

Yes  No

How many times a year do you go caving or pot-holing



Do you go caving to depths greater than 50 metres (165ft)?

Yes  No

Yes  No

- Diving

Do you participate in snorkelling only?

Yes  No

Yes  No

Is this recreational, holiday/weekend diving only up to 20 dives per year?



Do you have more extensive involvement or dive more than 20 times per year?

Yes  No

Yes  No

Do you have any formal training (PADI/BSAC or equivalent) or do you always dive with a qualified diver?



Do you ever dive without a buddy?

Yes  No

Yes  No

Do you participate in any of the following activities in association with your diving?

- cave or pot-hole diving,
- internal exploration of wrecks,
- external study of wrecks, record attempts or special expeditions,
- do you require the use of a diving bell,
- ice diving,
- diving for profit or reward?

Do you do any deep sea diving?

Yes  No

Yes  No

What is the maximum depth to which you have dived in the last 3 years?

- BASE jumping

Do you intend to participate in base jumping?

Yes  No

Yes  No

- Parachuting/Skydiving

Has this been a one-off jump i.e. for charity?

Yes  No

Yes  No

Do you participate in display work? If yes, please give full details

Yes  No

Yes  No

Do you jump by 'static line'?

Yes  No

Yes  No

Do you intend to participate in free-fall or competition jumping?

Yes  No

Yes  No

How many jumps have you made over the last 12 months?

How many jumps do you intend to make over the next 12 months?

Do you jump as a member of the armed forces?

Yes  No

Yes  No

- Aviation

Do you fly purely for recreational purposes?

Yes  No

Yes  No

Do you, or do you intend to participate in any form of stunt/display flying?

Yes  No

Yes  No

Do you hold an aerobatics certificate?

Yes  No

Yes  No

Do you participate in any form of air racing or record attempts?

Yes  No

Yes  No

Do you fly helicopters? If yes, please tell us the type and weight

Yes  No

Yes  No

How many hours do you intend to fly over the next 12 months?

Which region do you fly in?

- Horse Riding

Are you a professional or full-time rider?

Yes  No

Yes  No

Do you take part in hunting?

Yes  No

Yes  No

Please confirm type of events that you participate in?

43. Have you ever been banned from driving, been involved in a road traffic accident that was your fault, or do you have any motoring prosecutions pending?

Yes  No

If yes please state:

- How many driving bans you have had

- How many accidents you have had which were your fault

- Have any further points on your licence since the ban

44. Do you work in the Armed Forces (including reserve forces)?

Yes  No

Yes  No

Proceed to question 45 if **No**

Proceed to question 45 if **No**

Are you currently operating outside the UK or are you on standby, a high state of readiness on notice to move, awaiting out of area duties or awaiting a new posting outside of the UK?

Yes  No

Yes  No

Please advise the country that you are currently posted in or about to be posted to.

Are you currently serving with any of the following units: SAS/SBS, 1,2,3 or 4 parachute regiment, Royal Marine Commandos, Rapid Response Unit?

Yes  No

Yes  No

Do your duties involve any of the following: bomb disposal, mine or ordnance clearance, diving, pilot or aircrew, mountaineering?

Yes  No

Yes  No

**PLEASE ANSWER QUESTIONS 45 TO 49 IF YOU ARE APPLYING FOR INCOME PROTECTION BENEFIT, TEMPORARY DISABILITY, TOTAL PERMANENT DISABILITY OR WAIVER OF PREMIUM**

45. In a typical working day do you spend two or more hours bending, walking, standing or lifting?

Yes  No

Yes  No

If yes, please tell us how many hours of each you do. You do not need to include tasks that we do not ask about here, e.g. working at your desk. If your daily activities vary then it may be easier to consider the percentage of time in a month, then for every 10% enter 1 hour of your working day.

Lifting heavy objects *Heavy machinery, power tools or other heavy equipment*

Lifting light objects *About the weight of a bag of sugar, e.g. kitchen tools or light tools*

Standing, walking or bending *Not including lifting*

46. How many hours a week do you work?

47. Please confirm your annual earned income?

48. Do you drive more than a total of 20,000 miles a year to your normal place of work and in connection with your job?

49. Do you have or have you applied for any other cover which would pay you a benefit if you were unable to work due to illness or accident including cover with Fortis Life? (You do not need to include this cover, waiver of premium cover, or any cover that is to be replaced or cancelled on issue of this policy)

Yes  No

Yes  No

**PLEASE ONLY ANSWER QUESTION 50 IF YOU ARE APPLYING FOR LIFE COVER OF £500,000 OR MORE**

50. Will the amount of life insurance you are now applying for added to any existing cover you have (with any company including Fortis) exceed £750,000?

Yes  No

Yes  No

**PLEASE ONLY ANSWER QUESTION 51 IF YOU ARE APPLYING FOR CRITICAL ILLNESS COVER OF £250,000 OR MORE**

51. Will the amount of critical illness insurance you are now applying for added to any existing cover you have (with any company including Fortis) exceed £350,000?

Yes  No

Yes  No

52. Do you have any existing life, critical illness, Income protection, or Real Life policies with Fortis Life?

Yes  No

Yes  No

**PLEASE REMEMBER IT IS VERY IMPORTANT THAT YOU HAVE ANSWERED EVERY QUESTION FULLY AND ACCURATELY. IF INCORRECT INFORMATION IS GIVEN AND WE CANNOT FAIRLY PRICE YOUR APPLICATION THEN ANY CLAIM WILL BE REDUCED OR DECLINED COMPLETELY.**

Sometimes it may be necessary to contact you to obtain specific information in relation to your answers. In order to process your application quickly and efficiently our preferred contact method is a telephone call.

Please note that we will only contact you in the event that we do not have sufficient detailed information to complete the application process.

\* If you are happy for us to contact you by telephone please complete the following:

Telephone number(s):

Preferred time to call:

*\*Written communication will cause delays with processing your application.*

### DIRECT DEBIT DETAILS

Name(s) of account holder(s):

Bank/Building Society account number

Branch sort code:

Bank/Building Society name:

Bank address:




Payment day:

Please ensure your client understands the following direct debit guarantee:

This Guarantee is offered by all banks and building societies that take part in the direct debit scheme. The efficiency and security of the scheme is monitored and protected by your own bank or building society. If the amounts to be paid or the payment dates change, Fortis Life will notify you at least ten working days in advance of your account being debited as otherwise agreed.

If an error is made by Fortis Life or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid. You can cancel a direct debit at any time by writing to your bank or building society. Please also send a copy of your letter to us.



**Fortis Life UK Limited  
Registered Address**

5 Aldermanbury Square  
London  
EC2V 7HR

Telephone 0845 600 6820 (calls should cost no more than 5p per minute from a BT landline, networks may vary)

Registered in England and Wales  
Number 6367921.

Fortis Life UK Limited is authorised and regulated by the Financial Services Authority. The registration number is 473752.

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