

3	Indicate any sickness or accidents which have occurred during previous visits abroad:
a	Dates, place and circumstances:

b	Nature and site of injuries or illness:

c	Stay(s) in hospital with or without surgical operation(s):
d	Place of hospitalisation:
e	Treatment(s) taken and duration:
f	Persisting disability.....

It is imperative that this questionnaire be completed by the insurance applicant; all the questions must be completed. Applicants should be advised to consult their doctor or any other medical practitioner if they are not confident they will remember to disclose all health details that may be relevant.

I authorise your company to forward this information to its Reinsurers and approved professional organisations. I agree this form will constitute part of my application for Income Protection and that failure to disclose any material fact known to me may invalidate the contract.

I declare that to the best of my knowledge the answers I have given (whether in my handwriting or not) are true and complete. I confirm I have read and understand the disclosure notes in this form.

Name Date..... 20.....
 Signature of the insurance applicant