

In order that we may assess your proposal for insurance in a fair and accurate manner,
please complete the following form.

IMPORTANT

Guidance notes

Please use **BLOCK CAPITALS** or tick boxes as appropriate.

If you need more space to answer any of the questions, please use a separate sheet or the 'Additional information' space at the end of the form.

1. Please complete the relevant sections
2. You should give the results of even routine tests, with reasons for having the test. Also give details of any test for which you are awaiting results.

Failure to disclose material facts could affect payment of benefits. Material facts are those that an insurer would regard as likely to influence the assessment and acceptance of a proposal. Therefore, if you are in doubt whether certain facts are material, you are strongly advised to disclose them.

Please answer the following questions carefully and accurately:

Company name (if business policy): _____ Policy Number: _____

Insured Person

Title: _____ First name: _____ Surname: _____

Date of birth: ____ / ____ / ____ Sex: Male / Female

Occupation: _____

Height, in ft / in or m / cm: _____

Weight, in lbs or kilos: _____

Medical history questionnaire

1. Have you consulted a family doctor (GP) or been referred to any consultant or any other health professional during the past five years? Yes / No

If 'Yes', please give full details below.

Date of visit	Reason for visit / symptoms	Diagnosis	Treatment prescribed / medications

2. Have you had any time off work as a result of any of these medical conditions?

If 'Yes', please give full details below.

Absence start date	Absence end date	Reason for absence

3. Were you treated in, admitted to, or underwent tests or examinations in a hospital or clinic in relation to any of the above conditions?

If 'Yes', please give details including the dates, condition, the treatment prescribed and the length of any hospital admissions.

Dates (include any hospital admission dates and confirm length of stay)	Condition	Treatment (consultations, tests, ultrasounds / x-rays)

4. Do you take any regular medication, whether or not prescribed by a doctor?

If 'Yes', please give details below.

Medication	Condition	Frequency

5. Are you aware of any condition or complaint for which medical advice may be needed during the next six months and are you aware of any physical defects, psychiatric disorders, chronic conditions, illnesses or injuries not already mentioned?

If 'Yes', please give details

Additional information:

Signature: _____

Date: _____

**When complete please return this form to Groupama Personal Accident & Travel Underwriting,
Groupama House 24-26 Minories, London EC3N 1DE Tel (0870) 241 6182 Fax (0207) 264 2864
pa&travel.underwriting@groupama.co.uk**

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GR444 05/08