

ARTHRITIS AND GOUT **QUESTIONNAIRE**

CONFIDENTIAL

To be completed in English by the life assured.

Full name

Date of birth (dd/mm/yyyy)

We understand that you suffer from arthritis or gout and we would appreciate your answers to the following questions.

1. Please confirm the diagnosis of the condition you are suffering from.

Osteoarthritis Rheumatoid Arthritis Spondylosis Gout

Other (please specify)

2. When did you first suffer symptoms?

3. What joints are affected?

4. What is the frequency and severity of your symptoms?

5. If you suffer from gout please confirm the last uric acid test result and the date this was done.

6. What are your current symptoms?

7. Are there any physical activities you are unable to perform, or has your gout or arthritis restricted you from carrying out your day-to-day activities - especially your occupation?

Yes No If Yes, please provide details below.

8. Have you ever taken steroids, antirheumatic drugs such as gold, azathioprine, sulphasalazine or methotrexate, or anti-TNF agents such as infliximab, rituximab or etanercept?

Yes No If Yes, please provide details below.

9. Are you currently receiving any form of treatment?

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

10. Have you been treated continuously since the condition was first diagnosed?

Yes No If Yes, please provide details below.

11. Do you use a walking stick or other mobility aids?

Yes No If Yes, please provide details below.

12. Have you ever had, or are you currently on the waiting list for, surgery for this condition?

Yes No If Yes, please provide details below.

13. How often are you seeing your consultant/doctor?

14. How much time off work in the last 5 years have you taken for this condition? Please give dates and duration.

DATA PROTECTION ACT

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)