

# **MENTAL HEALTH QUESTIONNAIRE**

## **CONFIDENTIAL**

To be completed in English by the life assured.

Full name

Date of birth (dd/mm/yyyy)

We understand you have suffered from a mental health disorder and we would appreciate your answers to the following questions.

1. If you have been given a precise diagnosis for your condition, please provide full details, eg. anxiety, depression, bipolar disorder, eating disorder, schizophrenia etc.

2. When did you first consult a doctor about your condition and are you aware of anything in particular that triggered this?  
Eg. stress at work, bereavement etc.

3. Regarding your symptoms:

- a) Have you ever experienced symptoms since the initial onset?

- b) Are you aware of any specific provoking factor that triggers your symptoms?

4. What treatment are you currently receiving? Please advise the name and dosage of any medications being taken or details and frequency of counselling or cognitive behaviour therapy sessions.

5. What treatment have you received in the past? Please advise the name and dosage of any medications being taken or details and frequency of counselling or cognitive behaviour therapy sessions.

6. Have you ever required electroconvulsive therapy (ECT)?

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

7. Have you ever seen a psychiatrist or had treatment as a hospital out-patient?

Yes  No      If Yes, please provide full details including date(s) and name of psychiatrist or hospital.

8. Please provide details of any time off work due to your condition. Include date and duration of each absence.

9. Have you ever considered (or attempted) taking your own life?

Yes  No      If Yes, please advise when and details of any follow-up treatment.

10. Please provide any additional information on your condition which you feel may be helpful in processing your application.

**DATA PROTECTION**

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](http://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](mailto: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](http://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)