

# **BACK DISORDERS** **QUESTIONNAIRE**

## **CONFIDENTIAL**

To be completed in English by the life assured.

Full name

Date of birth (dd/mm/yyyy)

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

1. Please state the precise diagnosis, if known.

2. When was the condition first diagnosed?

3. Have you had any x-rays or other investigations?

Yes

No

If Yes, please provide details including dates of investigations and results.

4. Regarding your symptoms:

a) Please describe your symptoms.

b) When did symptoms first occur?

c) How frequently do symptoms occur?

d) Are your activities restricted in any way?

Yes       No      If Yes, please provide details.

e) Do you use a walking stick or other mobility aids?

Yes       No      If Yes, please provide details.

5. Have you had an operation for this condition or is an operation being considered?

Yes     No      If Yes:

a) Please provide date(s) and full details including names of hospital and consultant/surgeon.

b) Have you experienced any symptoms following surgery?

Yes       No      if Yes, please provide details:

6. Are you currently being treated with painkillers or physiotherapy?

Yes     No      If Yes, please provide details of any medication or physiotherapy you are receiving including frequency:

7. How have you been treated in the past for this condition? ie painkillers/physiotherapy?

Yes     No      If Yes, please provide details of medication and physiotherapy received including frequency and duration of treatment:

8. Are you still under supervision?

Yes  No If Yes, please state how often. If No, please state when discharged.

9. Have you had any regular time (e.g. weeks) off work with this condition?

Yes  No If Yes, please provide details include dates and duration of time off work.

10. Please provide any additional information on your condition 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)

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