

KIDNEY AND URINARY QUESTIONNAIRE

CONFIDENTIAL

To be	com	pleted in English by the life assured.			
Full na	ame	of life assured			
Date o	of bir	th (dd/mm/yyyy)			
		stand that you have suffered from a kidney or urinary disorder and we would appreciate your answers to the questions.			
1.	Plea	ase state the precise diagnosis, if known			
2.	Whe	en was the condition first diagnosed?			
3.	Hav	e you had an IVP, cystoscopy 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)	When was the last occurrence of symptoms?			



1

Have y	ou e	No	If Yes, please provide date(s) and full details including names of hospital and consultant/surg	
		vnarianced		
		vneriencod		
Ye			any symptoms following surgery?	
	es	No	If Yes, please provide details.	
What t	treati	ment are yo	u currently taking? (Please give name and dosage)	
What treatment have you taken in the past?				
Are yo	u be	ing followed		
Ye	es	No	If yes, please give the details of the doctor who is monitoring you, the date you last consulte and how often you are reviewed. If no, please state when you were discharged.	
Have y	ou h	ad any regu	llar time (e.g. weeks) off work with this condition?	
Ye	es	No	If Yes, please provide details, include dates and duration of time off work.	
Please	prov	vide any ado	ditional information on your condition which you feel may be helpful in processing your applic	

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. 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)



RL360 Insurance Company Limited. Registered Office: International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles. Registered in the Isle of Man number 053002C. RL360 Insurance Company Limited is authorised by the Isle of Man Financial Services Authority.

3

UW028e 10/18