DIGESTIVE SYSTEM
QUESTIONNAIRE

CONFIDENTIAL

To be completed in English by the life assured.

Full name of life assured

Date of birth (dd/mm/yyyy)

We understand that you suffer from a stomach complaint and we would appreciate your answers to the following questions.

1. Please state the precise diagnosis, if known. Eg. ulcerative colitis, Crohn's disease, gastric or duodenal ulcer, hernia, Barrett's oesophagus, irritable bowel etc.

2. When was the condition first diagnosed?

3. Have you had any investigations such as colonoscopy, gastroscopy, barium meal etc.

   ☐ Yes   ☐ No   If yes, please provide copies of the reports and results including any histology reports from biopsies removed.

4. How often do your symptoms occur? (daily, weekly, fortnightly, monthly, yearly) and the date on which you last experienced symptoms.

5. Please state the severity and duration of your last experienced symptoms.

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6.   Have you ever had an operation for this condition or is an operation being considered? Eg. colostomy, vagotomy, gastrectomy, ileostomy etc.

☐ Yes   ☐ No   If yes, please provide operation reports or copies of investigations and results.

7.   Have you experienced any problems or complications following surgery?

☐ Yes   ☐ No   If Yes, please provide full details below.

8.   Have you been discharged from follow-up?

☐ Yes   ☐ No   If No, please confirm the date of your last follow up and how often you will be reviewed in the future.

9.   Are you currently taking any medication in relation to your digestive disorder?

☐ Yes   ☐ No   If Yes, please provide full details below.

10.   Has your treatment changed since you were originally diagnosed with your digestive disorder?

☐ Yes   ☐ No   If Yes, please provide full details below.

11.   Have you at any time been off work because of your digestive disorder?

☐ Yes   ☐ No   If Yes, please provide full details below.

12.   Please provide the name and contact information for the doctor who has treated you for this complaint.

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)

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