

COVID-19 QUESTIONNAIRE

TO BE COMPLETED BY THE LIFE ASSURED. FOR JOINT LIFE PLANS EACH LIFE ASSURED SHOULD COMPLETE A SEPARATE QUESTIONNAIRE. PLEASE COMPLETE ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. FAILURE TO GIVE ACCURATE AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM.

Life Assured

Plan number (if known) Date of birth (dd/mm/yyyy)

In the last month have you:

i. been advised to quarantine due to Covid-19? Yes No
 e.g. via contract tracing, due to contact with an individual suspected or confirmed to have COVID-19 or as a result of travel?
 If yes, when did your quarantine end? (dd/mm/yyyy)

ii. experienced a new, continuous cough and/or high temperature and/or loss or change to your sense of taste or smell? Yes No

Have you ever had a positive COVID-19 antigen test (a test for the presence of the virus in the body)? Yes No

If yes, when was this? (dd/mm/yyyy)

Did you require admission to hospital? Yes No

* If yes, did you require high-dependency unit (HDU), intensive care unit (ICU), intensive treatment unit (ITU) or critical care unit (CCU) admission? Yes No

** If yes, did you require the support of a ventilator? Yes No

If yes to (*) or (**), have you made a full physical function recovery and are you able to perform your normal occupational or daily duties, without any ongoing symptoms or restrictions (i.e. shortness of breath or fatigue)? Yes No

If so, when did you make a full recovery? (dd/mm/yyyy)

Have you been fully vaccinated (You are considered 'fully vaccinated' two weeks after completing the second dose of a two-dose Covid-19 vaccine (e.g. Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g. Johnson & Johnson/Janssen)?) Yes No

If yes, which vaccine did you receive (eg. Pfizer, Moderna etc.)?

If yes please confirm the date on which your vaccination was completed? (dd/mm/yyyy)

Data Protection

We take the responsibility of handling your personal data very seriously and we will only ask you for details required to process your request to us. Please be aware of our privacy policy - please visit www.rl360.com/privacy to view the full policy or this can be provided on request 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 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 Date (dd/mm/yyyy)

I give explicit consent to capture and process my health data.