

**DECLARATION OF HEALTH**  
**INCOME-PROTECTION INSURANCE**

We would be most grateful if you could complete this form so that we can assess *your renewal* as quickly as possible as otherwise we may not be able to ensure the continuation of your insurance cover.

**Please enter**

**your full name** \_\_\_\_\_

**Your home address** \_\_\_\_\_  
\_\_\_\_\_

Post code \_\_\_\_\_

<b>Home Tel No:</b>		<b>Height/Weight</b>	<b>Ft</b>	<b>in</b>	<b>st</b>	<b>lbs</b>
<b>Policy Ref:</b>	66*CC_____	<b>Gross annual income:</b> Max benefit is 66% of your gross income	£			
<b>Date of birth</b>		<b>Occupation:</b> (include name of your employer & details of any manual work undertaken)				

1)	Are you fit, healthy and currently working ?	<b>YES</b>	<b>NO</b>
2)	In the last 12 months, other than for colds and flu, have you:		
	• visited or consulted a doctor ?	<b>YES</b>	<b>NO</b>
	• received medical advice or counselling ?	<b>YES</b>	<b>NO</b>
	• had a blood test ?	<b>YES</b>	<b>NO</b>
3)	Are you currently taking prescribed drugs, medicines, tablets or any other treatment ?	<b>YES</b>	<b>NO</b>
4)	Are you due to have any check-up in the next 12 months in connection with any medical condition, or are you waiting for the result of any medical investigation ?	<b>YES</b>	<b>NO</b>
5)	Have you ever made a claim for income protection, medical or accident benefits ?	<b>YES</b>	<b>NO</b>

If you have ticked any of the "shaded" areas then please give full details in the box below:

**IMPORTANT NOTE**

This declaration of health should be completed to the best of your knowledge and belief and all material facts should be disclosed. Failure to do so could invalidate your insurance and any claim. A material fact is one that is likely to influence our acceptance or assessment of your insurance. You should consult with your intermediary if you are in any doubt.

***I declare that these statements are true and complete to the best of my knowledge and belief. I agree that a copy of this declaration of health will have the same validity as the original and that it shall form the basis of the contract of insurance between us.***

Signature.....

Date.....

**PLEASE RETURN TO COMPASS VIA YOUR INTERMEDIARY**

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