

If you have to answer YES to any of the health questions please complete this section. In many cases this may enable PAFS to reach a decision without the need to seek a report from your doctor. If you require more space, please use a blank sheet of paper, ensuring all of the questions below have been answered. Please write on any blank sheet your name and home postcode. Thank you.



For additional questionnaires please go to [www.compassuw.com](http://www.compassuw.com) and go to the products section.

Please complete a separate form for each applicant if necessary.

Indicate whether this form relates to Applicant 1 or Applicant 2 by ticking the appropriate box:

Applicant 1  Applicant 2

1. Name  2. Date of birth

3. Name of condition, illness or injury:

4. Date of first symptoms:

5. Description of symptoms:

6. How long did the symptoms last?

Are they ongoing? Yes  No

7. Are you currently on any medication, and if so, what?

8. What investigations, tests or treatment were carried out?

9. What were the results (e.g. latest blood pressure, cholesterol, blood tests etc.)

10. How much time was lost from work?

11. Has there been any recurrence?

12. Have you ever required in-patient treatment for this condition? If so, please advise the reason why and result.

13. Do you suffer from any associated illnesses or complications related to this condition?  
If so, please provide details e.g. for diabetics, please advise if you suffer from any eye or kidney problems, hypertension, peripheral vascular or heart disease.

### Declaration

I declare that to the best of my knowledge and belief, these statements are true and complete and that I have not withheld any material information. I understand that failure to do so may result in cancellation or amendment of the policy and invalidate any future claim.

Signature

Date

**Please return this form to your financial adviser or to:  
Compass Underwriting Limited, 40 Lime Street, London, EC3M 7AW  
or fax: 020 7398 0109**