

CRITICAL ILLNESS BENEFIT CLAIM

CLAIMANT'S STATEMENT

Full Name: Mr/Mrs/Miss: _____

Address: _____

Date of Birth: _____

Policy No: _____

1. Please describe your illness in full (continue on a separate sheet if required):

2. On what date did you first note symptoms ?

3. Please provide full details of any tests/investigations which have been carried out (please provide name, dept, reference (if this is appropriate) and address of the institution where such tests were performed):

4. What treatment are you currently receiving?

5. Have you previously suffered from the same or any similar condition? Please provide full details to include full dates:

6. Name and address of your General Practitioner:

7. When did you first consult your GP for this condition ?

8. Please provide name and address of any other doctor/specialist consulted for this condition or details of hospitalisation:

9. Please provide details of any other insurance policies under which you may receive payment for this illness.

10. Please provide any further details you feel may help us assess your claim:

I certify that the above answers and statements are full and true to the best of my knowledge and belief that I have not withheld any material fact from Sterling Life Ltd.

Signed: _____

Date: _____

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the Financial Services Authority**