

Form Med 09 - Medical Conditions Supplementary Questionnaire
Growths/Lumps/Tumours/Cysts

Full Name: _____ **Date of Birth:** _____

Please remember that failure to answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.

1. Please state the exact medical diagnosis of the swelling, growth, tumour or other malignancy that has been advised to you.

2. How long have you had symptoms of this condition?

3. When was it actually diagnosed?

4. Where was it or is it situated?

5. Is it still there or has it been removed/treated?

6. When was it removed/treated?

7. By whom (ie: surgeon at hospital, or your own doctor).

8. If removed at hospital give name of surgeon and hospital and time spent in hospital?

9. Did the removal require a full operation, cryosurgery or a local anaesthetic?

10. If not removed, what treatment was used?

11. Have you had any further treatment since the operation or since initial treatment? (ie: tablets, radiotherapy, etc)

12. Have you subsequently attended either at hospital or with your own doctor for this condition? If **yes**, please state how often & the date of the last attendance.

13. Have you been asked to attend for further checks?

Note:
Please ensure your answers given in this questionnaire are, to the best of your knowledge, true and complete and that no information is withheld which may influence the underwriting of the application(s) for Life Assurance, Critical Illness cover, Income or Mortgage Payment Protection. Failure to disclose any material facts known may affect the terms offered. If you fail to provide any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn.
If you are uncertain as to the relevance of any such information please disclose it anyway.