

Form Med 14 - Medical Conditions Supplementary Questionnaire
Thyroid Disorder/Glandular Abnormalities

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answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.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 thyroid or glandular abnormality. (If it is the thyroid affected, is it an over active or under active condition)

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

3. When was it actually diagnosed?

4. When did the symptoms last occur?

5. What drugs have you received and are these still ongoing?

6. Have you ever needed an operation for the condition or has one been suggested or recommended?
Please give full details.

7. Are you receiving regular check ups?
If yes, please state how often, with whom and when they are due to be completed.

8. Have you had to take time off work with this condition?

Yes No If **yes**, please give frequency & duration of occasions:

9. Are there any other signs or symptoms, associated with the condition, from which you have suffered?

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any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn.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.