

Declaration of health

Please answer all of the questions on this form honestly and in full. If you miss any information out, or give us misleading information, this could mean that we won't pay if you have to make a claim. It could also delay the processing of your application. If you're not sure whether to include any information, then please include it.

The information you gave us on your original application form will still form part of your contract with Royal London, on behalf of Bright Grey. If any of the information has changed from your original application form you must tell us on this form.

This declaration of health form, together with your original application form, your quote and plan details, will then form the basis of your proposed contract with Royal London, on behalf of Bright Grey.

If any of the information you give us on this form affects the application, Bright Grey will then have the right to reconsider or withdraw terms if appropriate.

Please contact our Customer Care Team if you need reminding of the information you put in your application form and would like us to send you a copy.

Please remember that you must tell us if your health changes, or any other detail affecting your application changes, between you completing this form and sending it back to us, and the date Bright Grey assumes risk on your plan or the changes to your plan. If you need more space for any information, please use the last page of this form.

Section A – About the people covered

	Person 1	Person 2
1 Your name	title first name middle name last name	title first name middle name last name
2 Date of birth	/ /	/ /
3 Plan number (if known)		
4 Date of application (if applicable)	/ /	/ /
5 Since you completed your original application form have you applied for any other cover with any other insurance company?	<input type="radio"/> No <input type="radio"/> Yes If Yes, please give details.	<input type="radio"/> No <input type="radio"/> Yes If Yes, please give details.

Section B – Your job, leisure activities and lifestyle

	Person 1	Person 2
<p>1 Since you completed your original application form has there been any change to the country in which you are permanently resident?</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please give details.</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please give details.</p>
<p>2 In the next 6 months, will you be moving from the country in which you are permanently resident?</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please give details.</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please give details.</p>
<p>3 Has there been any change in your job, or the activities involved in your job, since you completed your original application form?</p> <p>e.g. you now work at heights, your job now involves hazardous duties or an increase in manual or driving work.</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please give details.</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please give details.</p>
<p>4 Have you become a member of the TA or Armed Forces reservists since you completed your original application form?</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>
<p>5 Since you completed your original application form have you taken up any hazardous leisure activities?</p> <p>e.g. aviation, caving or potholing, hang-gliding, motor sports, mountaineering or rock climbing, parachuting, underwater diving or yachting.</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please give details.</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please give details.</p>
<p>6 Have you smoked, or used any form of nicotine replacement products, in the last 12 months?</p> <p>If you answer No, we may carry out tests to check that you are a non-smoker.</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please tell us how much you smoke a day.</p> <p>cigarettes a day</p> <p>cigars a day</p> <p>pipes a day</p> <p>nicotine replacement products</p> <p>other</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please tell us how much you smoke a day.</p> <p>cigarettes a day</p> <p>cigars a day</p> <p>pipes a day</p> <p>nicotine replacement products</p> <p>other</p>
<p>7 Since you completed your original application form have you had exposure to the risk of Human Immunodeficiency Virus (HIV) infection?</p> <p>This can be caught through unsafe sex, intravenous drug abuse, or blood transfusions or surgery undertaken outside the EU.</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please give details.</p>	<p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please give details.</p>

Section C – Your health

	Person 1	Person 2
1 What is your height? You can use either feet and inches or metres and centimetres.	<input type="text"/> feet <input type="text"/> inches <input type="text"/> metres <input type="text"/> centimetres	<input type="text"/> feet <input type="text"/> inches <input type="text"/> metres <input type="text"/> centimetres
2 What is your weight? You can use either stones and pounds or kilograms.	<input type="text"/> stones <input type="text"/> pounds <input type="text"/> kilograms	<input type="text"/> stones <input type="text"/> pounds <input type="text"/> kilograms
3 Since you completed your original application form, has your weight increased or decreased by 7 pounds (3 kilograms) or more, for reasons other than pregnancy?	<input type="radio"/> No <input type="radio"/> Yes If Yes, please give details. <input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes If Yes, please give details. <input type="text"/>
4 Since you completed your original application form: – have you become certified by a doctor as unfit for work? – are you experiencing any symptoms or complaints for which you have not consulted a doctor? – are you awaiting, or have you been advised to seek, any medical or surgical consultation or follow-up? Tick Yes if you are awaiting an appointment with your GP.	<input type="radio"/> No <input type="radio"/> Yes If Yes, please give details. <input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes If Yes, please give details. <input type="text"/>
	<input type="radio"/> No <input type="radio"/> Yes If Yes, please give details. <input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes If Yes, please give details. <input type="text"/>
	<input type="radio"/> No <input type="radio"/> Yes If Yes, please give details. <input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes If Yes, please give details. <input type="text"/>
5 Since you completed your original application form have you: – attended any other medical appointment – taken any other test or medication, or – received any other treatment? Tick Yes even if you are awaiting any medical or surgical test, consultation or follow-up, including the results of any such test.	<input type="radio"/> No <input type="radio"/> Yes If Yes, please give details. <input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes If Yes, please give details. <input type="text"/>

You don't need to tell us about any of the following treatments and confirmed conditions: acne, athlete's foot, blisters, cold sores, common colds, conjunctivitis, contraception, ear wax or syringing, food poisoning, hay fever, infected or extracted wisdom teeth, infertility treatment, influenza, ingrowing toenails, miscarriage, pregnancy, shingles, sinus trouble, tonsillitis, vaccinations or vasectomy.

Declaration of health

I declare that:

- the answers given in this declaration of health form are true and complete, to the best of my knowledge and belief.
- if I have applied as a non-smoker that I have not used any form of tobacco or nicotine replacement products in the last 12 months.

I agree that:

- if my health changes, or any other detail affecting the application changes, before the date Bright Grey assumes risk on the plan, or the plan restarts or changes, I will inform Bright Grey in writing. I understand Bright Grey will then have the right to reconsider terms if appropriate.

I understand that:

- this declaration of health form, together with my original application form, the quote and the plan details, shall form the basis of the contract between me and Royal London, on behalf of Bright Grey.
- if any detail affecting the application changes before the date Bright Grey assumes risk on the plan, or the plan restarts or changes, Bright Grey will then have the right to reconsider or withdraw terms if appropriate.
- if I do not give Bright Grey all facts that are likely to influence the assessment and acceptance of this application form, any plan issued as a result of this application may be cancelled or the terms changed, and any claims may be refused.
- Bright Grey may request medical information within 6 months of the start of the plan to check the accuracy of any statement made in, or in connection with, this application. If the person covered does not give their consent to Bright Grey obtaining this information, or any statement is inaccurate and this affects Bright Grey's assessment of the insurance risk, Bright Grey will then have the right to reconsider or withdraw terms if appropriate and my plan may be cancelled.

Person 1

signature

date / /

Person 2

signature

date / /

Please return this form to:

Bright Grey, 2 Queen Street, Edinburgh EH2 1BG.

Additional information

If you need more space for any answers please use this area and include the relevant question number. If you still need more space please use an additional sheet of paper. Remember to write your plan number or full name and date of birth on any additional sheets of paper and sign, date and attach it securely to the declaration of health.
