

## Surgical

Name in full (as shown on ID card/passport)									
Date of birth (DD/MM/YYYY)									
Application number or reference (if known)									
Ple	ease complet	e all details.							
acc	ease answer the ecurate information	on may affect th	e assessn	nent ar	nd acceptance o	of any cover we	offer or continu		
Any information you provide will be kept in the strictest confidence and will form part of your insurance application.									
of s	ce you have con space when writi ach the extra she	ing your answer	s, please o			-			-
١	our details								
	What operation did you have? eg hysterectomy, mole removal, cyst etc.								
When did you have your operation? Please tell us the month and year.									
3. When is the last time you smoked or used any form of tobacco?  (e.g. cigarettes, cigars, pipe tobacco, shisha, vaping or nicotine products such as nicotine patches, nicotine gum)									
	In the last week	In the last month	Within th		Between 3-6 months	6-12 months ago	Between 1-2 years	Over 2 years	Never

	Your details (continued)						
4	a) How many follow-up visits did you make to the hospital?						
	b) If check-ups have now ended please give the date you were discharged from further hospital attendance.						
	c) If check-ups are continuing please give the date of the next appointment.						
5	What further treatment is/was necessary eg physiotherapy, medication (if none say none)?						
6	a) How soon after the operation were you able to resume work?						
	b) If you do not work, how soon after the operation were you able to resume your normal daily activities?						
7	Is the condition now considered cured?	Yes No					
8	Please give the name of your consultant, name and address of the hospital and your patient number if known.						

## **Data Protection**

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services Friends Provident International Limited ("FPIL") can provide to you or may stop FPIL from being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at www.fpinternational.com/legal/privacy-and-cookies.

Any data you provide to FPIL may be shared, if allowed by law, with other companies both inside and outside of FPIL and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and FPIL may be required to provide it to its regulator, its government or anyone else required by law.

FPIL will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. FPIL will, at all times, make sure that your data and information is only used in ways that are allowed by law.

You can receive a copy of the information FPIL holds about you free of charge by writing to our Data Protection Officer, Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles IM9 1RA, or by emailing DPO@fpiom.com. We can reserve the right not to send you your personal data in some circumstances. If we do we will write to you setting out the reasons why.

Our full privacy statement can be viewed at https://www.fpinternational.com/legal/privacy-and-cookies or can be obtained by requesting a copy from our Data Protection Officer.

## **Declaration**

I declare that the information given in this questionnaire is true and accurate in every respect.

I understand that this questionnaire will form part of my insurance application to Friends Provident International and failure to provide complete and accurate information may affect the assessment and acceptance of any cover Friends Provident International offers or continues to offer and could result in the policy being cancelled, its terms being amended, a claim being rejected or a reduction in any claim payment.

Signature	
Date	
	I give explicit consent to capture and process my medical/lifestyle data.

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