



Issued by:

It's So Easy Travel Insurance  
27 Old Gloucester Street  
London WC1H 3XX

## HEPATITIS C QUESTIONNAIRE

**Full name of life proposed:**

**Address:**

**Tel:**

**e mail:**

**Date of Birth:**

**Smoker / Non-Smoker:**

**Amount of cover required:**

**Period of cover required (Max 10 years):**

1.	<b>When did you first contract the disease? (If unknown, or estimated, please state so.)</b>	
2.	<b>When were you first diagnosed as having Hepatitis C?</b>	
3.	<b>Please provide dates and details of the results of any serologic tests, liver function tests or liver biopsy.</b>	
4.	<b>Please give details of treatment you have undergone, and the dates or are currently undergoing.</b>	
5.	<b>Have you ever had time off with the condition(s) Disclosed in this section? (Please state when and for how long.)</b>	
6.	<b>Do you drink alcohol? If yes, how many units per week?</b>	
7.	<b>What symptoms, if any, are now present?</b>	
8.	<b>Please give details of any other medical conditions or other factors which may affect your application.</b>	

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of the proposal. I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract. I have read through any answers not completed by me and confirm that they are correct.

<b>Signed:</b>		<b>Date:</b>	
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**Please send this completed form to:  
Pulse Insurance Limited  
6 Oxford Court, St James Road, Brackley, Northants, NN13 7XY**