

Liver Disease



Contact name: It's So Easy Travel Insurance

IFA company name: 476160

Telephone number: 0845 222 2226

Email: hello@itssoeasytravelinsurance.com

GENERAL INFORMATION

Full name of life proposed		Sum Assured
Gender		Period of Policy
Date of Birth		Level/Decreasing Term Assurance
Height	Weight	Have you smoked in the last 12 months?

INFORMATION ABOUT YOUR MEDICAL CONDITION

What is the cause of your liver disease and when was this first diagnosed?	
Please provide dates and details of the results of any serologic tests, liver function tests or liver biopsy.	
Please give details of treatment you have undergone, and the dates.	
Please give details of treatment you are currently undergoing.	
Have you ever had time off with the condition(s) disclosed in this questionnaire? If so, please state when and for how long.	
Have you ever had a liver transplant or are you on the waiting list? (If yes, please also fill in the 'liver transplant' questionnaire)	
Do you drink alcohol? If yes, how many units per week?	
What symptoms, if any, are now present?	
Please give details of any other medical conditions or other factors which may affect your application.	

Signed (client or IFA):		Date:	
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Please send this completed form to:
Pulse Insurance Limited
6 Oxford Court, St James Road, Brackley, Northants, NN13 7XY