



Instant Life Insurance Data Capture Form

These questions are about the person to be insured and will be asked in any application for Instant Life Insurance, unless indicated otherwise. They should always be answered by the person to be insured.

Guidance for the intermediary

Is this an application form?

No, this is not an application form as we only accept online applications.

This form is only intended to help you collect the information we will ask for when you apply online - we may not ask for all the information your client provides on this form, or we may ask your client to complete additional questions, depending on their age, sex, medical history and insurance applied for. You will need to transfer your client's answers faithfully.

Guidance for the person(s) to be insured

Is this an application form?

This is not an application form. We only accept online applications. Your financial adviser will transfer the information you provide on this form into our online application system. AIG Life will not receive a copy of this form and we will base our decision on the answers your adviser enters into our online system.

Once your insurance starts, we will send you a policy pack, including a copy of the application details we received. Please check the application details carefully - it is your responsibility to make sure they are correct. Please be aware that any misleading, inaccurate or incomplete answers may lead to your policy being cancelled, or to a future claim being reduced or rejected. It is very important that you check these details carefully.

Which questions do I need to answer?

You must answer all of the questions. Please be aware that because of the way our online application form works, we may not require all of the information you provide on this form. Alternatively, we may ask additional questions that are not included on this form. Your adviser may therefore need to call you back for more information.

What happens if the answers are not honest, accurate and complete?

Any insurance we offer you will be on the basis that the answers you have given us are honest, accurate and complete. Please check your answers carefully. When you receive your policy pack, please remember to check your application details. Any misleading, inaccurate or incomplete information could lead to your policy being cancelled, or to a future claim being reduced or rejected.

Do I need to tell you about the results of any predictive genetics tests?

You do not need to tell us about the results of any predictive genetic tests you may have had if the total combined sum assured of all the life insurance policies* you hold, including this application, is below £500,000.

If the total combined sum assured of all the life insurance policies* you hold, including this application, is above £500,000, you need to tell us if you have had a positive test for Huntington's disease. You do not need to tell us about the results of any other predictive genetics tests you may have had.

However, you can choose to tell us about any predictive genetic test results you've had that were favourable (i.e. results that confirm you have a normal or reduced risk of developing other inherited conditions), particularly if you have a family history of a condition we ask about.

**Life insurance policies (i.e. policies that pay out on death) includes term assurance, whole of life insurance, care insurance with whole of life insurance, relevant life insurance, critical illness insurance with term assurance and family income benefit.*

AIG Privacy Notice

The personal information we collect about you, which includes sensitive information such as your health and medical history, may be disclosed to carefully selected third parties in order for us to provide your insurance. We will never use your information for marketing purposes without your express permission.

If we ask for personal information about another person, you will need to (unless we agree otherwise) tell them about this notice and our Privacy Policy and obtain their permission where possible before you share their personal information with us.

In connection with your application for insurance, we (AIG Life) use an automated underwriting process to screen against pre-existing medical conditions. The system will use information you provide relating to the medical history and health of you, other people insured under the policy [and family medical history] to determine whether we are able to offer you an insurance policy and on what terms. You have the right not to be subject to a decision which is based solely on automated processing, to express your point of view and contest the automated decision. You do not have to take part in this underwriting process, but if you don't we won't be able to provide you with an insurance policy, so please DO NOT continue with this form.

Please read our Privacy Policy (www.aiglife.co.uk/privacy-policy) for further details about how we use your personal information and automated decision-making tools.

Please confirm before completing this form

Please be aware, if you select 'No' we won't be able to process your details in relation to your application

Yes

No

Who is this quote for?

	First person to be insured	Second person to be insured
Title	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Have you used cigarettes?	<input type="text"/>	<input type="text"/>
Preferred contact number	<input type="text"/>	<input type="text"/>
Alternative contact number(s)	<input type="text"/>	<input type="text"/>
Address*	<input type="text"/>	<input type="text"/>
Post code	<input type="text"/>	<input type="text"/>
Email*	<input type="text"/>	<input type="text"/>
How do you want to receive your policy documents and correspondence? Email or post	<input type="text"/>	<input type="text"/>

* Please ensure you enter the postal and email addresses of the person(s) to be insured, not those of the adviser or intermediary

Getting Started

First person to be insured

Second person to be insured

Have you ever had:

Cancer or a brain or spinal tumour?

Yes No

Yes No

You need to tell us about: cancer, leukaemia, lymphoma (including Hodgkin's disease), any tumour in your brain or spine whether cancerous or not.

Heart condition or heart surgery?

Yes No

Yes No

You need to tell us about: heart attack, heart disease, angina, heartbeat abnormalities, heart valve or structure abnormalities, cardiomyopathy, any surgery to your heart.

Stroke, brain haemorrhage, brain damage or injury or brain surgery?

Yes No

Yes No

You need to tell us about: stroke or mini-stroke (TIA), brain damage, brain haemorrhage, any form of bleeding in your brain, any surgery to your brain.

Multiple sclerosis (MS), motor neurone disease (MND) or other progressive neurological condition?

Yes No

Yes No

A progressive neurological condition is a condition of the nervous system which is likely to get worse over time.

Hepatitis B or C, or cirrhosis of the liver?

Yes No

Yes No

A positive HIV test or are you waiting for the result of a HIV test?

Yes No

Yes No

An illness which is terminal or are you on kidney dialysis or a waiting list for any organ transplant (or have you had such surgery)?

Yes No

Yes No

We would consider a terminal illness to be where you have a condition with no known cure that your doctors expect you to die from within the next 12 months. You must tell us if you are resident in a terminal care facility such as a hospice.

First person to be insured**Second person to be insured**

In the last 10 years have you had an eating disorder or an addiction to drugs or alcohol?

Yes No

Yes No

In the last 10 years have you attempted self harm or suicide, or stayed overnight in a specialist clinic or hospital for mental illness?

Yes No

Yes No

In the last 5 years have you lived in Africa, Thailand, the Caribbean or Russia for more than a month?

Yes No

Yes No

In the last 1 month have you had a new continuous cough and/or fever/temperature, been confirmed to have or suspected to be coronavirus (COVID-19) or been advised to self-isolate by a medical professional? **OR In the last 3 months** have you had any of the following symptoms for which you may or may not have seen a doctor or medical professional:

Yes No

Yes No

- Unexplained weight loss
- Bleeding or change in bowel habit
- A growth or lump
- A mole or skin blemish which has changed in appearance
- Onset of fits or seizures

Are you waiting for any of the following investigations:

Yes No

Yes No

- ECG, echocardiogram or other heart investigations
- Biopsy
- CT, MRI, ultrasound or other type of scan
- Chest x-ray
- Internal camera investigations (e.g. endoscopy or colonoscopy)

If you have answered yes to any of these questions we are unable to offer you this Instant Life Insurance product.

About You

First person to be insured

Second person to be insured

What is your height and weight?
Please indicate scale (imperial or metric).

H:	
W:	

H:	
W:	

Please enter your height without shoes and enter in metres to the nearest centimetre e.g. 1.70 metres (if answering in metres).

If you are currently pregnant then please tell us your weight immediately before your pregnancy. If you have recently given birth please tell us your current (post-pregnancy) weight.

Your Health

In the last 5 years have you:

Had, or been treated for raised blood pressure, raised cholesterol or diabetes?

Yes	No
-----	----

Yes	No
-----	----

You need to tell us about:

- Any raised blood pressure or cholesterol readings (whether or not you needed treatment or follow-up) including where these have since returned to normal
- Any diabetes or raised blood sugar levels

Been prescribed any medication, treatment or counselling for a month or more?

Yes	No
-----	----

Yes	No
-----	----

You need to tell us about any prescription even if you did not take the medication. Please tell us the name of the condition not the name of the treatment prescribed. Some things people commonly tell us about here are:

- Depression, anxiety, stress and other mental health conditions
- Asthma, bronchitis or breathing problems in your sleep (including inhaler treatment)
- Blood disorders such as anaemia

You do not need to tell us about contraception prescriptions or fertility treatment.

Been advised to have or had any medical investigations, scans or tests?

Yes	No
-----	----

Yes	No
-----	----

You need to tell us about any investigations, scans and tests unless these are purely in relation to pregnancy or joint pain. Some things people commonly tell us about here are:

- Blood tests
- ECG, Echocardiogram or other heart investigations
- CT, MRI, Ultrasound or other scans
- Chest X ray
- Internal camera investigations (e.g. endoscopy or colonoscopy)

Seen or been asked to see medical professionals more than once in connection with the same medical condition?

Yes	No
-----	----

Yes	No
-----	----

This includes reviews or check-ups that you have been asked to attend including those with your own GP practice, other doctors or specialists, even if you did not attend. Some things people commonly tell us about here are:

- Depression, anxiety, stress and other mental health conditions
- Asthma or bronchitis
- Blood pressure or cholesterol
- Digestive conditions such as Crohn's disease or Ulcerative Colitis
- Rheumatoid arthritis
- Epilepsy
- Kidney conditions or blood or protein in the urine

You do not need to tell us about check-ups purely in relation to pregnancy, joint pain, fertility or dental treatment.

Additional Medical Information

If you answered **yes** to any question in the **Your Health** section, our online system will ask specific questions about your condition(s). Please use the Additional Medical Information section (or our medical data capture form) to give as much detail as you can about your condition(s) or, if a diagnosis has not been made, the symptoms suffered.

Condition 1	First person to be insured	Second person to be insured
Name of condition & question to which it relates.		
When was this first diagnosed?		
When was your last review date?		
At your last review, were you advised to increase, decrease or stop treatment, or were you discharged?		
When was the last time you experienced symptoms?		
Please note here any relevant readings.		
What treatment did you receive?		
Are you currently receiving any treatment?	Yes No	Yes No
Are you now fully recovered?	Yes No	Yes No
Does it impact on your ability to work, or have you been off work due to this problem?	Yes No	Yes No
If so, for how long and when did you return?		
Please list any associated conditions.		
If a diagnosis has not been made, please list the symptoms suffered.		

Notes

Condition 2**First person to be insured****Second person to be insured**

Name of condition and question to which it relates.

When was this first diagnosed?

When was your last review date?

At your last review, were you advised to increase, decrease or stop treatment, or were you discharged?

When was the last time you experienced symptoms?

Please note here any relevant readings.

What treatment did you receive?

Are you currently receiving any treatment?

Yes No

Yes No

Are you now fully recovered?

Yes No

Yes No

Does it impact on your ability to work, or have you been off work due to this problem?

Yes No

Yes No

If so, for how long and when did you return?

Please list any associated conditions.

If a diagnosis has not been made, please list the symptoms suffered.

Notes

Condition 3**First person to be insured****Second person to be insured**

Name of condition and question to which it relates.

When was this first diagnosed?

When was your last review date?

At your last review, were you advised to increase, decrease or stop treatment, or were you discharged?

When was the last time you experienced symptoms?

Please note here any relevant readings.

What treatment did you receive?

Are you currently receiving any treatment?

Yes No

Yes No

Are you now fully recovered?

Yes No

Yes No

Does it impact on your ability to work, or have you been off work due to this problem?

Yes No

Yes No

If so, for how long and when did you return?

Please list any associated conditions.

If a diagnosis has not been made, please list the symptoms suffered.

Notes

Your Lifestyle

First person to be insured

Second person to be insured

In the last 12 months have you used cigarettes, cigars, a pipe, e-cigarettes or any nicotine replacement products (such as gums, patches or sprays)?

Yes No

Yes No

You need to tell us about any smoking in the last 12 months even if you smoked very rarely. You should include cigarettes, roll ups, cigars, pipe smoking and any nicotine replacement products.

If yes, please choose the type.

	Cigarettes
	Cigars
	Pipe
	E-cigarettes
	Nicotine replacement products
	Other

	Cigarettes
	Cigars
	Pipe
	E-cigarettes
	Nicotine replacement products
	Other

If no, which of the following best describes you?

	Have never smoked
	Smoke occasionally or socially only
	Ex smoker: last smoked or used nicotine products over 5 years ago
	Ex smoker: last smoked or used nicotine products 1-5 years ago
	Ex smoker: last smoked or used nicotine products within the last year
	Current regular smoker

	Have never smoked
	Smoke occasionally or socially only
	Ex smoker: last smoked or used nicotine products over 5 years ago
	Ex smoker: last smoked or used nicotine products 1-5 years ago
	Ex smoker: last smoked or used nicotine products within the last year
	Current regular smoker

First person to be insured

Second person to be insured

How many of the following do you drink in a typical week? (If none please enter "0". Consider an average over the last 6 months, rather than a specific week)

Pints of beer, cider or lager

=

Small glasses of wine (175 ml)

=

Large glasses of wine (250 ml)

=

Single measures of spirits, shots or bottles of alcopops

=

- One bottle of wine is equal to 4 small glasses or 3 large glasses
- A small bottle (275 ml) of beer, cider or alcopop is equal to half a pint
- A large bottle (500ml) of beer, cider or alcopop is equal to a full pint

Have you ever been advised to reduce your alcohol consumption by a medical professional?

Yes No

Yes No

If yes please answer the following question.

In the last 5 years have you (please tick all that apply):

Yes No

Yes No

Attended A & E, been hospitalised or required medical attention following drinking

Yes No

Yes No

Lost consciousness or blacked out due to alcohol consumption

Yes No

Yes No

Been charged of drink driving (or is any such conviction pending)

Yes No

Yes No

Missed work or lost a job due to the effects of alcohol

Yes No

Yes No

Had liver problems such as abnormal liver function tests or enlarged liver

Yes No

Yes No

Attended an alcohol service or alcohol support group (such as AA)

Yes No

Yes No

None of the above

Yes No

Yes No

First person to be insured**Second person to be insured**

Have you used recreational or illegal drugs in the last 10 years?

Yes	No
-----	----

Yes	No
-----	----

If yes, have you ever injected drugs?

Yes	No
-----	----

Yes	No
-----	----

If yes, have you ever suffered any physical or mental problems related to drug use?

Yes	No
-----	----

Yes	No
-----	----

Which non-prescription drugs have you taken?
Please tick all that apply.

<input type="checkbox"/>	Amphetamines
<input type="checkbox"/>	Barbiturates
<input type="checkbox"/>	Cannabis
<input type="checkbox"/>	Cocaine
<input type="checkbox"/>	Hallucinogens
<input type="checkbox"/>	Opiates
<input type="checkbox"/>	Sedatives
<input type="checkbox"/>	Solvents
<input type="checkbox"/>	Anabolic steroids
<input type="checkbox"/>	More than one of the above

<input type="checkbox"/>	Amphetamines
<input type="checkbox"/>	Barbiturates
<input type="checkbox"/>	Cannabis
<input type="checkbox"/>	Cocaine
<input type="checkbox"/>	Hallucinogens
<input type="checkbox"/>	Opiates
<input type="checkbox"/>	Sedatives
<input type="checkbox"/>	Solvents
<input type="checkbox"/>	Anabolic steroids
<input type="checkbox"/>	More than one of the above

When did you last take these drugs?

--

--

You need to tell us about any drug use, including:

- Any use of cocaine
- Ecstasy
- Amphetamines
- Anabolic steroids
- Heroin
- Cannabis
- Barbiturates
- Solvents

About You

First person to be insured

Second person to be insured

Have you been banned from driving or convicted of careless or reckless driving in the last 5 years?

Yes No

Yes No

Have you ridden a motorcycle on the road in the last 12 months?

Yes No

Yes No

You need to tell us about:

- Motorcycles of all engine sizes
- Scooters
- Riding as a passenger on a motorcycle or scooter

Do you participate in any of the following pastimes?

- Mountaineering or rock climbing
- Flying - other than as a fare paying passenger
- Parachuting, skydiving, hang gliding
- Powerboat racing, motor car or motorcycle racing
- Diving

Yes No

Yes No

You do not need to tell us about:

- One off charity events or experience days
- Snorkelling or one off holiday dives
- Indoor wall climbing

If you answered yes to this question, please fill out the relevant questions about your activities in the supplementary leisure section. Participation in connection with a one-off charity event or holiday should also be mentioned.

Does your job involve any of the following:

- Working in the Armed Forces or Territorial Army
- Commercial fishing or Merchant Shipping
- Sea Diving
- Working at heights over 50ft or 15metres
- Flying or Aviation
- I do not currently work

Yes No

Yes No

You need to tell us about all work in the Armed Forces including being a member of the Territorial Army. You do not need to tell us about work at heights over 50 ft/ 15 m if you work at these heights for less than 25% of your typical working week.

If you answered yes to this question, please fill out the following question.

Are you unable to work due to health reasons?

Yes No

Yes No

If you answered yes please provide details on the additional medical information page, if you have not already done so.

Travel

First person to be insured

Second person to be insured

Do you currently live or do you intend to live or work outside the UK, Channel Islands, Isle of Man or Gibraltar in the next 2 years?

Yes No

Yes No

This insurance is only available to people who live in the UK, Isle of Man, Channel Islands or Gibraltar. Our definition of living in, is having been living in that territory for 10 months out of the last 12 months. You need to tell us about travel for work outside of the listed countries for any length of time.

If you answered yes to this question, please answer the following questions in this section.

Do you intend to live permanently outside the UK, Isle of Man, Channel Islands or Gibraltar?

Yes No

Yes No

This insurance is only available to people who live in the UK, Isle of Man, Channel Islands or Gibraltar. Our definition of living in, is having been living in that territory for 10 months out of the last 12 months.

Will you be travelling to any of the following countries:

Afghanistan, Algeria, Bahrain, Burundi, Central African republic, Chad, Chechnya, Colombia, Democratic republic of Congo, Egypt, Eritrea, Ethiopia, Georgia, Guinea, Guinea-Bissau, Haiti, Iran, Iraq, Ivory Coast, Kyrgyzstan, Lebanon, Liberia, Libya Mauritania, North Korea, Occupied Palestinian Territories, Somalia, Sudan, South Sudan, Syria, Tajikistan, Western Sahara, Yemen, Zimbabwe.

Yes No

Yes No

Please tell us the name of the country or countries you will travel to and include the area/s within those countries you will be staying in or visiting.

First person to be insured

Second person to be insured

How many weeks will you stay in each country over the next 12 months, including the duration of each stay?

First person to be insured

Second person to be insured

Family history**First person to be insured****Second person to be insured**

Before the age of 65, have any of your parents, brothers or sisters had any of the following:

heart attack, angina, cardiomyopathy or stroke

Yes No

Yes No

diabetes

Yes No

Yes No

breast or ovarian cancer

Yes No

Yes No

bowel or colon cancer

Yes No

Yes No

polycystic kidney disease

Yes No

Yes No

Huntington's disease or motor neurone disease

Yes No

Yes No

Alzheimer's disease

Yes No

Yes No

If you answered yes, please tell us the number of relatives, their relationship to you and the age of onset for each individual. For diabetes, please tell us the type of diabetes each relative had, whether you have had your blood sugar tested in the last 2 years, and if so, whether it was a normal result.

Please also tell us whether you have ever been diagnosed with the condition, suffered related symptoms or been referred to a specialist.

Do you have any existing policies with AIG Life Limited (formerly Ageas Protect Limited or Fortis Life Limited) or do you intend to apply for further cover with AIG Life Limited?

Yes No

Yes No

If you answered yes please answer the following questions

If you are aged 45 and under

Will your total life insurance with AIG Life Limited (formerly Ageas Protect Limited or Fortis Life Limited), including this new cover, be more than £600,000?

Yes	No
-----	----

Yes	No
-----	----

If you are aged 45 and over

Will your total life insurance with AIG Life Limited (formerly Ageas Protect Limited or Fortis Life Limited), including this new cover, be more than £350,000?

Yes	No
-----	----

Yes	No
-----	----

Supplementary leisure**First person to be insured****Second person to be insured****Aviation / flying other than as a fare-paying passenger**

Do you fly for purely recreational purposes?

Yes No

Yes No

Do you, or do you intend to, participate in any form of stunt / display work?

Yes No

Yes No

Do you hold an aerobatics certificate?

Yes No

Yes No

Do you participate in any form of air racing or record attempts?

Yes No

Yes No

Do you fly helicopters?

Yes No

Yes No

If yes, please tell us the type and weight.

How many hours do you intend to fly over the next 12 months?

How many hours flying experience do you have?

Which region do you fly in?

Base jumping

Do you intend to participate in base jumping?

Yes No

Yes No

Caving / potholing

How many years have you been caving?

Is any cave diving involved?

Yes No

Yes No

How many times a year do you go caving or potholing?

Do you go caving to depths greater than 50 metres (165 ft)?

Yes No

Yes No

Supplementary leisure**First person to be insured****Second person to be insured****Diving**

Do you participate in snorkelling only?

Yes No

Yes No

Is this recreational or holiday / weekend diving, only up to 20 dives per year?

Yes No

Yes No

Do you have more extensive involvement or dive more than 20 times per year?

Yes No

Yes No

Do you have any formal training (PADI / BSAC or equivalent) or do you always dive with a qualified diver?

Yes No

Yes No

Do you ever dive without a buddy?

Yes No

Yes No

Do you participate in any of the following activities in association with your diving:

- cave or pot-hole diving;
- internal exploration of wrecks;
- external study of wrecks, record attempts or special expeditions;
- require the use of a diving bell;
- ice diving; or
- diving for profit or reward.

Yes No

Yes No

Horse riding

Are you a professional or full-time rider?

Yes No

Yes No

Do you take part in hunting?

Yes No

Yes No

Which type of events do you take part in?

Motor or motorcycle racing

Do you confine your activities to marshalling?	Yes No	Yes No
Which type of event do you participate in?		
Do you participate on an amateur basis only?	Yes No	Yes No
Is the engine capacity greater than two litres?	Yes No	Yes No
What type of motorcycle do you ride (in c.c.)?		
What is the type of motorcycle event you enter?		
Do you take part in international circuit racing?	Yes No	Yes No
If yes, which?		
How many events do you enter each year?		

Mountaineering / rock climbing

Which type of rock climbing do you perform?		
Do you climb professionally?	Yes No	Yes No
Do you intend to climb outside of the UK?	Yes No	Yes No
Have you climbed outside of the UK in the last three years?	Yes No	Yes No
What is the maximum height you climb to (in metres)?		
Do you intend to climb routes that are either graded more than UK severe or not protected by bolts?	Yes No	Yes No
If you climb outside of the UK, please tell us which ranges you climb.	Yes No	Yes No

Parachuting / skydiving

Has this been a one-off jump for charity?

Yes	No
-----	----

Yes	No
-----	----

Do you participate in display work?

Yes	No
-----	----

Yes	No
-----	----

If yes, please give full details.

--

--

Do you jump by 'static line'?

Yes	No
-----	----

Yes	No
-----	----

Do you intend to participate in free-fall or competition jumping?

Yes	No
-----	----

Yes	No
-----	----

How many jumps have you made over the last 12 months?

--

--

How many jumps do you intend to make over the next 12 months?

--

--

Do you jump as a member of the armed forces?

Yes	No
-----	----

Yes	No
-----	----

Powerboat racing

Which type of powerboat racing do you take part in?

--

--

Do you intend to take part in any record attempts?

Yes	No
-----	----

Yes	No
-----	----

Which type of sports boat racing do you take part in?

--

--



aiglife.co.uk

AIG Life Limited. Telephone 0345 600 6820. Registered in England and Wales. Number 6367921. Registered address: The AIG Building, 58 Fenchurch Street, London EC3M 4AB.
AIG Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The registration number is 473752.

EDCO 2487-1220