



VitalityLife form

Declaration of information

Important information

- If joint life and medical consent has not been provided to share medical and health information with both lives, Please complete this form for each life assured.
- Please use black ink, BLOCK LETTERS and tick or complete answers as appropriate. If you make a mistake please Initial your correction.
- Please take care to answer the questions on this form honestly and fully. If you miss any information out, or give us misleading information, this may mean that a future claim will not be paid. In addition, this could also delay the processing of your application. Please enclose all relevant information. If you are uncertain about whether a particular fact would influence our decision please include it (use a separate page if necessary).

Important: Failure to disclose relevant information may result in non-payment of a claim.

First Life Assured

Title Mr Mrs Ms Miss Other

Forename

Surname

Application/policy number:

Second Life Assured

Title Mr Mrs Ms Miss Other

Forename

Surname

Please sign and date beneath whichever statement applies (A or B)

- with regards to changes and/or additions to personal health, family history, occupation, participation in any hazardous leisure activities, travel or residence, lifestyle (smoking, alcohol consumption etc).

A I/We have never tested positive for Coronavirus and in the last month I/we have not been personally advised to self-isolate by a medical professional or the NHS or 111, had a new continuous cough and / or high temperature, or had direct contact with someone who's been confirmed or suspected to have Coronavirus. (Please ignore if the only contact is related to working as a medical professional).

I/We confirm that I/we have reviewed the answers given within the original application form/confirmation schedule and there are no changes and/or additions to any of the information provided.

I/We hereby certify that the answers given have been accurately re-produced, that I/we have disclosed all material facts and I verify the truth of the answers. Moreover, I/we authorise that they form the basis of the contract applied for. In accordance with applicable Data Protection Laws (including, but not limited to all laws and regulations in the United Kingdom including the Data Protection Act 2018 and laws and regulations of the European Union, the European Economic Area and their member states, applicable to the processing of personal data and the interception of communications in place from time to time), the medical collections agent will hold information about me on their computer systems.

Signed

Signed

Date

Date

OR

B I/We confirm that I/we have reviewed the answers given in the original application form/confirmation schedule and the following corrections and/or additions overleaf are required to the information provided. I/We understand that Vitality may use this corrected information when considering my/our application and may alter the original terms offered.

I/We hereby certify that the answers given have been accurately re-produced, that I/we have disclosed all material facts and I verify the truth of the answers. Moreover, I/we authorise that they form the basis of the contract applied for. In accordance with applicable Data Protection Laws (including, but not limited to all laws and regulations in the United Kingdom including the Data Protection Act 2018 and laws and regulations of the European Union, the European Economic Area and their member states, applicable to the processing of personal data and the interception of communications in place from time to time), the medical collections agent will hold information about me on their computer systems.

Signed

Signed

Date

Date

If statement B applies please complete the corrections/additions below

Amendments to information contained within the application form

First Life Assured

Question no.	Corrected/additional information

Please continue on a separate sheet if necessary

Second Life Assured

Question no.	Corrected/additional information

Please continue on a separate sheet if necessary