



Issued by:

It's So Easy Travel Insurance
27 Old Gloucester Street
London WC1N 3XX

HIV INITIAL QUESTIONNAIRE

Full name of life proposed:

Date of Birth:

Address:

Tel:

E mail:

Smoker / Non-Smoker:

Sum Assured:

Period of cover required:

1.	When was your first positive HIV test result?				
2.	Please give approximate date of infection, if known.				
3.	Have you had any HIV-related illnesses or symptoms, such as pneumonia, diarrhoea, night sweats, etc.?	YES		NO	
4.	If "yes", please give details:	<u>Nature of problem</u>		<u>Date</u>	
5.	Please give your CD4 count, if known.				
6.	Please give your viral load, if known.				
7.	What treatment are you taking?				
8.	Please give your height and weight:	Height		Weight	

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.

SIGNED:		DATE:	
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