

# Underwriting query form



Any underwriting queries must be completed in this form and emailed to your usual Health Trading Centre Consultant.

Customer name	<input type="text"/>		
Customer date of birth	<input type="text" value="DD / MM / YYYY"/>	Customer postcode	<input type="text"/>
Current underwriting	<input type="text"/>		
Original Moratorium Start date (if applicable)	<input type="text" value="DD / MM / YYYY"/>		
Broker name	<input type="text"/>	Broker email address	<input type="text"/>
Agency number	<input type="text"/>		
Trading centre consultant	<input type="text"/>		

	Question 1	Question 2	Question 3	Question 4	Questions 5, 6 and 7 only require completing for Musculoskeletal disclosures		
	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7
	Specific diagnosis (name of condition or symptom)	Are any appointments planned or recommended with a GP, specialist or hospital in the future?	If yes, please clarify what appointment is planned, if it's with a GP or specialist, whether as part of routine follow-up and if any treatment, tests or investigations will take place	Please provide a brief summary of the condition including: <ul style="list-style-type: none"> <li>• Date of diagnosis (MM/YYYY)</li> <li>• Date of last symptoms (MM/YYYY)</li> <li>• Treatment and date of last treatment</li> <li>• If condition is monitored with tests, please confirm last test result</li> </ul>	Please confirm the exact area of the body affected by your musculoskeletal disclosure e.g. left knee, lumbar spine	Do you have a recurrent problem with this part of the body?	Has arthritis been diagnosed or suspected? (diagnosed or suspected by a medical professional)
<b>Condition / Member</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>  <b>If your answer is no please go to question 4</b>					

**Questions 5, 6 and 7 only require completing for Musculoskeletal disclosures**

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<b>Condition / Member</b>		<p><b>YES</b>   <b>NO</b></p> <p><input type="checkbox"/>   <input type="checkbox"/></p> <p><b>If your answer is no please go to question 4</b></p>					
<b>Condition / Member</b>		<p><b>YES</b>   <b>NO</b></p> <p><input type="checkbox"/>   <input type="checkbox"/></p> <p><b>If your answer is no please go to question 4</b></p>					

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<b>Condition / Member</b>		<p><b>YES</b>    <b>NO</b></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><b>If your answer is no please go to question 4</b></p>					

If you have any questions relating to this form or anything else, please speak to your usual Health Trading Centre Consultant on **0800 158 3348**.

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