

Health and Lifestyle Questionnaire – User Guide

This document can be used to help you complete the Health and Lifestyle Questionnaire for the Guaranteed Lifetime Income plan (“the Plan”). It will support you when filling in the form to ensure the correct information is supplied so that you receive the best quote possible.

Each section is labelled with additional information provided to help you complete the form.

If you're unable to answer any of the medical questions, please use the NHS app or contact your GP directly. Where dates are requested, for example, these should be as accurate as possible.

If you have any other questions while completing this form, please contact your financial adviser who will be able to help you.

If a condition does not apply to you, please leave that section blank.

Please complete the answers as accurately as possible, as they may affect the income payable from the Plan.

If you choose to purchase a Plan, the information you have provided may need to be verified, and if this cannot be confirmed, it may result in your income being reduced.

Once you have completed this form please return it to your financial adviser securely.

Adviser Note:

Please use the answers in this form to complete the online application process on behalf of your client for all applicable medical conditions.

When applying, please ensure you press 'add medication' once one is selected to complete the medication section for all applicable medical conditions.

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Section 1 – Personal Details

Occupation

- **Current occupation** – If not listed, please select the closest fit
- **Previous occupation end date** – If you do not know exact end date of your previous occupation, please provide a reasonable estimate.

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Section 2 – Medical Assessment

General

- **Waist measurement** – please provide a waist measurement for where you would normally wear a belt. This is usually at the level of your belly button.
- **Smoking** – If you currently smoke, please put the date you started. If you do not know please provide your best estimate. In terms of how much you smoke please just use an average or typical amount you smoke per day. Vaping should not be taken into account.
- **Drinking** – Please provide the number of units you consume on a typical week based on the examples below.

A single small shot of spirits (25ml, ABV 40%)	=	1 unit
A pint of lower strength lager, beer or cider (ABV 3.6%)	=	2 units
A pint of higher strength lager, beer or cider (ABV 5.2%)	=	3 units
A standard glass of red, white or rose wine (175ml, ABV 12%)	=	2.1 units

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Health and Lifestyle Questionnaire Sections

Please tick which medical conditions apply to you and complete the relevant sections of the form

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Section 3 – Medical Conditions

High blood pressure (Hypertension)

- **Date diagnosed** - Please provide the **month** and **year** your Hypertension was diagnosed. You should be able to find this on any medical letter that was sent regarding the diagnosis or alternatively please use the NHS app or contact your GP.
- **Last reading** – You will be able to find the **systolic pressure (SYS)** and **diastolic pressure (DIA)** readings on your reading results letter or via your GP. This reading must be taken by a GP or Clinician rather than a home testing kit. For information, the systolic pressure (higher number) is the force at which your heart pumps blood around your body. The diastolic pressure (lower number) is the resistance to the blood flow in the blood vessels. They're both measured in millimetres of mercury (mmHg).
- **Date of previous reading** – if you have provided the date of your last reading, please also provide the date of the previous reading and the reading result, if known.
- **Current medications** – Please list all prescribed medications you are taking for Hypertension and the dose. Please write these beside the Hypertension section if you have more medications than fit in the box and need more space.

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Section 3 – Medical Conditions

Cholesterol

- **Date diagnosed** - Please provide the date your high cholesterol was diagnosed. You should be able to find this on any medical letter that was sent regarding the diagnosis or alternatively please use the NHS app or contact your GP.
- **Last reading** – You will be able to find the mmol/L readings on your reading results letter or via your GP. This reading must be taken by a GP or Clinician rather than a home testing kit. For information, blood cholesterol is measured in units called millimoles per litre of blood which is often shortened to mmol/L.
- **Date of previous reading** – if you have provided the date of your last reading, please also provide the date of the previous reading and the reading result, if known.
- **Current medications** – Please list all prescribed medications you are taking for high cholesterol and the dose. Please write these medications at the end of the high cholesterol section if you have more to list and need more space.

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Heart condition – Heart attack, angina and other heart conditions

- **Have you ever been diagnosed with any of the following?** - If you have been diagnosed with one or more of the listed conditions by a medical practitioner please add the diagnosis date. You should be able to find this on the medical letter that was issued regarding the diagnosis or alternatively please use the NHS app or contact your GP.
- **If surgery has been carried out** – You should be able to find this information on any medical letter that was sent regarding the surgery or alternatively, please use the NHS app or contact your GP.
- **What medication are you currently taking?** – Please list all prescribed medications you are taking for your heart condition and the dose. Please write these medications at the end of the Heart condition section if you have more to list and need more space.
- **How many times have you been admitted to hospital due to your heart condition within the past 10 years?** – Please check with your GP or hospital if you do not know the number of times you've been previously admitted and your last admission date.

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Diabetes

- **When was your diabetes diagnosed?** – You should be able to find this information on any medical letter that was issued regarding the diagnosis or alternatively, please use the NHS app or contact your GP. Please exclude any period of pre-diabetes.
- **How is your diabetes controlled?** – Please select 'diet controlled' if you have not been prescribed any diabetic prescription.
- **Diabetic complications** - Please refer to any previously issued hospital letters to help complete this section.
- **Please give the last two readings for HbA1c** - You should be able to find this on any reading results letter or alternatively please use the NHS app or contact your GP. HbA1c readings can be reported as mmol/mol or as a percentage. Mmol/mol readings are usually higher figures between 40 mmol/mol and 140+ mmol/mol; whereas percentage readings are usually lower figures between 3.0% and 16.0%. Please do not advise results of glucose finger prick tests, fasting blood sugar tests or random blood sugar tests here.
- Please include any further information you feel may be important, such as any secondary complications.

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Stroke

- Please complete as fully and accurately as possible

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Respiratory / Lung disease

- **Diagnosis** - If you have been diagnosed with one or more of the listed conditions by a medical practitioner, please tick the box and add the diagnosis date. You should be able to find this on any medical letter that was issued regarding the diagnosis or alternatively, please use the NHS app or contact your GP.
- **How has your lung function been graded according to FEV1?** - You should be able to find this on any medical letter that was issued regarding the diagnosis or alternatively, please use the NHS app or contact your GP. FEV1 means forced expiratory volume and is used to calculate the amount of air that a person can force out of their lungs in one second.

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Multiple sclerosis

- **When was your multiple sclerosis diagnosed?** – You should be able to find this on any medical letter that was issued regarding the diagnosis or alternatively, please use the NHS app or contact your GP.
- **If you have been admitted to hospital due to your multiple sclerosis** - Please check with your GP or hospital if you do not know the number of times you've previously been admitted and your last admission date.
- **Do you have, or have you had, any of the following in relation to your multiple sclerosis?** Please refer to any medical letter you have previously received or alternatively, please use the NHS app or contact your GP.

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Other neurological disease

- **Diagnosis** - If you have been diagnosed with one or more of the listed conditions by a medical practitioner, please tick the box and add the diagnosis date. You should be able to find this on any medical letter that was issued regarding the diagnosis or alternatively, please use the NHS app or contact your GP.
- **Mini Mental State Examination (MMSE)** – You should be able to find this on any medical letter that was issued regarding the diagnosis or alternatively, please use the NHS app or contact your GP. The MMSE is a score out of 30.

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Activities of daily living

- Please complete as fully and accurately as possible

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Cancer, leukaemia, lymphoma, growth or tumour

- **What type of tumour staging is it?** You should be able to find this on any medical letter that was issued regarding the diagnosis or alternatively, please use the NHS app or contact your GP.
- **Diagnosis** - You should be able to find the classification on any medical letter that was issued regarding the diagnosis or alternatively, please use the NHS app or contact your GP.
- **Please tick the box that most closely describes the nature of the tumour** – If you are unsure, you should be able to find the classification on any medical letter that was issued regarding the diagnosis or alternatively, please use the NHS app or contact your GP.
- **Have you been discharged?** – If you no longer need to see an Oncologist or other specialist in relation to your condition, please tick no.
- **Prostate cancer** – You should be able to find the classification on any medical letter that was issued regarding the diagnosis or alternatively, please use the NHS app or contact your GP.
- **Breast cancer hormone receptor status** – This will be either positive or negative. You should be able to find this on any medical letter that was issued regarding the diagnosis or alternatively, please use the NHS app or contact your GP.
- **Type of surgery** – This will be either a Lumpectomy or Mastectomy

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Other conditions

- Please use medical letters received to help you complete this section where applicable.

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