

DECLARATION OF HEALTH

Policy/Proposal Number:

1st Life Insured

2nd Life Insured

Date of Original Application to Zurich Life:

Important Notes

Please disclose all Material Facts. A Material Fact is any fact about your health, smoking or drinking habits, occupation, pastimes or policies with other insurance companies that an insurer would regard as likely to influence the assessment and acceptance of an application for cover. If you are in any doubt about whether a fact is material you should disclose full details.

Failure to disclose all material facts could mean that we do not pay your claim and cancel all cover under this policy.

You must advise Zurich Life of any changes to your health, occupation, pastimes or residency since signing this form and up to the date your policy starts or is reinstated.

Since the date of the above application have you:	1 st Life		2 nd Life	
	Yes	No	Yes	No
1. (a) Suffered from any illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Been referred to or consulted a GP, specialist, hospital doctor or surgeon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Been referred to or attended a hospital or clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Received any medical advice, treatment or course of pills or tablets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Any condition or symptoms for which you intend seeking medical advice or treatment in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever tested positive for HIV/AIDS or are you awaiting the results of such a test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you:				
(a) travelled or resided outside the EU (except for holidays) in the past five years or do you intend to do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Changed your Occupation or engaged in a hazardous pastime or pursuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Been postponed, declined or accepted on special terms by another insurance company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have your drinking or smoking habits changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above questions is “Yes” please give full details below (except colds/Flu), including names and addresses of doctors attended.

Q. No	First Life	Q. No.	Second Life
	<u>Name and address of GP 1st Life</u> For how many years _____		<u>Name and address of GP 2nd Life</u> For how many years _____

Declaration by life(lives) insured

Please read the Declaration below carefully before signing this form. If you do not fully understand any part of this form, or if you have any doubt about the meaning of any of the questions in this form or of any part of the Declaration you should not sign the Declaration until all your queries have been clarified to your satisfaction.

I declare that I have read the entire Declaration of Health form after it was fully completed and that I am satisfied that all the answers and statements in this form are true and complete (including those completed by my Financial Advisor). I agree that this declaration shall be incorporated with and form part of the original application.

I understand that I must disclose all *Material Facts*. I understand that if I fail to disclose all material facts or provide Zurich Life with full and accurate information about any aspects of my health, smoking or drinking habits, occupation, pastimes or insurance policies with other insurance companies that any subsequent claim may be rejected. If you are in any doubt about whether a fact is material you should disclose full details.

I understand that I must advise Zurich Life immediately of any material facts or any changes in my health between the date I sign this declaration and the date my policy starts or is reinstated by Zurich Life.

I confirm that I have read and fully understand all parts of the above declaration and the consequences of my failure to provide full, correct and accurate information.

This form cannot be accepted without a Policy/Proposal number.

Signature of
Life/Lives Insured

Date
