

# COVID-19 Questionnaire

**Proposal Number**

to be completed by Financial Broker/Advisor:

First Life Insured:

Second Life Insured:

**This questionnaire must be completed in conjunction with the above numbered application form for a proposal with Zurich Life.**

**In relation to the COVID-19 virus please confirm:**

	First Life		Second Life	
<b>1. In the last three months have you tested positive for COVID-19?</b>	Yes	No	Yes	No
If Yes, please answer the following:				
i. Was the date of diagnosis in the past 30 days?	Yes	No	Yes	No
ii. Did you require hospitalisation or specialist care during the infection?	Yes	No	Yes	No
iii. Have you made a full recovery AND returned to work / normal activities?	Yes	No	Yes	No
iv. Was the date of full recovery or return to work / normal activities in the past 30 days?	Yes	No	Yes	No
<b>2. In the last one month, have you:</b>				
i. Been advised to self-isolate due to COVID-19 (excluding mandatory Government orders to remain at home)?	Yes	No	Yes	No
If Yes, has your isolation period now ended AND are you back to work / normal daily activities?				
	Yes	No	Yes	No
If you are not back to work / normal activities, please confirm full details				
First Life:				
Second Life:				
ii. Had a new continuous cough, fever or raised temperature?	Yes	No	Yes	No
If yes, please confirm full details:				
First Life:				
Second Life:				

	First Life		Second Life	
iii. Been, to your knowledge, in contact with an individual suspected or confirmed to have COVID-19. (Please answer 'No' if the only contact is related to working as a medical professional)	Yes	No	Yes	No
If Yes, has your isolation period now ended AND are you back to work / normal daily activities?	Yes	No	Yes	No
If you are not back to work / normal activities, please confirm full details				

First Life:

Second Life:

**I/we declare that I/we have read the entire questionnaire on my/our application after it was fully completed and I/we am satisfied that all the answers and statements are answered honestly and with reasonable care (including those completed by my Financial Advisor). I/We agree that this additional COVID-19 questionnaire shall be incorporated with and form part of the original application.**

Signature

X

Date

Signature

X

Date

**First Life Insured:**

Please sign and date.

**Second Life Insured:**

Please sign and date.

#### Zurich Life Assurance plc

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Zurich Life Assurance plc is regulated by the Central Bank of Ireland.