Income Protection – Personal

Important:
This data capture form is NOT an application form and should not be sent to Zurich Life for input. Information which you, the customer, provide in this form will be input by your Financial Advisor (on your behalf and with your authority) in an online application form. The information provided in the online application form will be relied upon by Zurich Life. Before the application is submitted to Zurich Life, you will be asked to confirm that you have answered all questions honestly and with reasonable care. You will also be required to digitally sign the Consumer Declarations including: (i) the Policy Declaration, (ii) the Data Protection Notice, (iii) the Marketing Preferences, and (iv) the Consumer Disclosure.

Marketing Preferences

From time to time, we would like to contact you to keep you up to date with news and offers from Zurich Life and those of the Zurich Group or third parties that we recommend. If you are happy for us to do this, please choose how you would like us to contact you.

For news, updates and offers from Zurich Life by:

◯ Post ◯ Email ◯ Phone ◯ Text/Digital message

For news, updates and offers from the Zurich Group or third parties by:

◯ Post ◯ Email ◯ Phone ◯ Text/Digital message

If at any time you would like to change your preferences or remove your permission, all you need to do is contact us by phone on 01 799 2711, by email at customerservices@zurich.com, or by writing to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

Life Insured Details

First Name		Surname	
Date of Birth		Retirement Age	
Occupation		Gross Annual Salary	

Note:
Nicotine replacement products may include e-cigarettes, nicotine products or gum.

In the last 12 months, which of the following best describes your smoking habits:

◯ I am a smoker
◯ I am an occasional smoker or have smoked in the last 12 months
◯ I have used nicotine replacement products including e-cigarettes in the last 12 months
◯ I am a non-smoker

Premium Frequency

◯ Monthly ◯ Quarterly ◯ Half-yearly ◯ Yearly

Note:
You can only cover your salary from your main occupation.

Benefit Details

Annual Income Protection Benefit € _____ **NOTE:** The max benefit is 75% of your Gross Annual Salary

Deferred Period
◯ 4 Weeks ◯ 8 Weeks
◯ 13 Weeks ◯ 26 Weeks
◯ 52 Weeks

Escalation in Claim ◯ Yes ◯ No

Tax Rate ◯ 20% ◯ 40%

Inflation Protection ◯ Yes ◯ No

Are you replacing an existing policy in whole or in part?

- ◯ Not a replacement
- ◯ Replacement of Zurich Life Policy — If yes, please specify the policy number: _____
- ◯ Replacement of Other

Policy Sales

Was this policy sold, signed or completed outside Ireland? ◯ Yes ◯ No

If the policy was sold, signed or completed outside Ireland, insert the name of the country where it was sold, signed or completed.

_____

Life Insured Details (continued)

◯ Mr ◯ Mrs ◯ Ms ◯ Mx

Surname at birth if different _____

Gender M ◯ F ◯

Nationality _____

Country of Residence _____

Eircode _____

Residential Address _____

If the above address is not a residential address please indicate the address type ◯ PO Box ◯ Care of ◯ Standard

Employment Status ◯ Employed ◯ Self Employed ◯ In Partnership ◯ Employed co-director ◯ Other

Note:
Email address & Mobile contact number are compulsory as they will be used for the online approval process.

Life Insured Contact Details

Mobile Contact Number _____

Email Address _____

Note:
Please see below for definitions of these terms.

Politically Exposed Person (PEP) or Relative or Close Associate (RCA) of a PEP

Are you (or have you been within the last 12 months), a PEP or a RCA of a PEP? ◯ Yes ◯ No

Who is a Politically Exposed Person (PEP)?

A 'Politically Exposed Person' means an individual who is, or has at any time in the preceding 12 months been, entrusted with a prominent public function, (but not including any middle ranking or more junior official) and performs one of the following roles:

- a head of state, head of government, government minister or deputy or assistant government minister.
- a member of a parliament or a similar legislative body.
- a member of the governing body of a political party.
- a member of a supreme court, constitutional court or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal.
- a member of a court of auditors or of the board of a central bank.
- an ambassador, chargé d'affairs or high-ranking officer in the armed forces.
- a director, deputy director or member of the board of, or person performing the equivalent function in relation to, an international organisation.
- a member of the administrative, management or supervisory body of a state-owned enterprise.

Who is a Relative of a PEP?

- any spouse of the politically exposed person.
- any person who is considered to be equivalent to a spouse of the politically exposed person under the national or other law of the place where the person or politically exposed person resides.
- any child of the politically exposed person.
- any spouse of a child of the politically exposed person.
- any person considered to be equivalent to a spouse of a child of the politically exposed person under the national or other law of the place where the person or child resides.
- any parent of the politically exposed person.
- any other family member of the politically exposed person who is of a prescribed class set out by the Department of Finance.

Who is a Close Associate of a PEP?

- any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the politically exposed person.
- any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed Person.

Important Information and Questions

All of the information you provide in this section must be provided honestly and with reasonable care. Failure to comply with these requirements and/or any negligent or fraudulent misrepresentation could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of the claim being reduced.

These questions are designed to identify factors that may influence the assessment and acceptance of an application for insurance or may increase the possibility that you will make a claim. If you are in any doubt in relation to giving details to a question then you should provide these details.

However, it is important that you are aware that in accordance with the provisions of Part 4 of the Disability Act 2005 you should NOT disclose the result of any Genetic (DNA or RNA) test.

You must disclose if you are having treatment for, experiencing symptoms of, or having investigations (other than a genetic test) for a genetic condition as well as disclosing all other conditions. You must also give us full information about your family history (without disclosing the name of any relatives), including all genetic conditions as requested in Question 13.

Note: Nicotine replacement products may include e-cigarettes, nicotine products or gum.

Note: (One pint = 2 units, a bottle of beer is 1½ units, a standard glass of wine or a single measure of spirits is one unit.)

Note: You can only cover your salary from your main occupation.

'**Note:** For anyone working at heights, please confirm percentage of time and maximum heights.

Note: If your occupation is "Company Director" please advise the nature of the business.

Health Statement and Other information

Personal Details

1. (i) Height: ◯ ft ◯ cms (ii) Weight: ◯ st ◯ kg

2. If you are a smoker, what amount of all tobacco products do you consume:

Cigarettes per day | Cigars per day | Pipe tobacco grams per day

(ii) Do you drink alcohol? ◯ Yes ◯ No

If yes, what is your average weekly consumption of alcohol in units?

Occupation / Activities / Travel

3. Please state your occupation.

		Details
4. Does your occupation involve any of the following: working externally at heights greater than 40 feet / 12 metres', offshore in oil, gas or fishing industries, underground, handling explosives, flying, diving or are you in the armed forces?	◯ Yes ◯ No	
5. Do you have any intention of flying other than as a passenger on a public airline?	◯ Yes ◯ No	
6. Have you travelled or resided outside the EU for more than 3 months in the last 5 years? (Travel to UK, USA, Canada, Australia or New Zealand need not be disclosed.)	◯ Yes ◯ No	
7. Do you have any intention or prospect of travelling or residing outside the EU other than on a holiday of less than 3 months duration? (Travel to UK, USA, Canada, Australia or New Zealand need not be disclosed.)	◯ Yes ◯ No	
8. Do you take part or intend to take part in any hazardous pastime such as motor racing, diving, private aviation or flying, mountaineering, off piste snow sports?	◯ Yes ◯ No	
9. Have you received a conviction for drink driving or driving under the influence of a controlled substance in the past 5 years?	◯ Yes ◯ No	

Health

Details

10. Have you ever suffered from or received treatment, medical advice or had investigations for any of the following:

(i) Cancer, including less advanced early or in situ cancer, tumour, leukaemia, hodgkin's disease, lymphoma or any cyst or tumour in the brain or spine? ◯ Yes ◯ No

(ii) Heart attack, angina, cardiac failure, cardiomyopathy, heart valve or structural disorders or other heart disease? ◯ Yes ◯ No

(iii) Stroke, brain haemorrhage,Transient Ischaemic Attack (TIA), Mini Stroke or brain injury through any cause? ◯ Yes ◯ No

(iv) Disease of the arteries or veins, aortic aneurysms, or poor circulation in the legs? ◯ Yes ◯ No

(v) Disease or disorder of the blood, including anaemia or Haemochromatosis and clotting disorders? ◯ Yes ◯ No

(vi) Multiple sclerosis, optic neuritis, Parkinson's disease, Alzheimer's disease, dementia or paralysis from any cause? ◯ Yes ◯ No

(vii) Epilepsy or any other disease of the nervous system (brain, spinal cord or nerves)? ◯ Yes ◯ No

(viii) Cirrhosis or any other illness affecting the liver? ◯ Yes ◯ No

(ix) Kidney failure or kidney disease including cystic kidney disease? ◯ Yes ◯ No

(x) Diabetes or raised blood sugars or sugar in the urine, thyroid disorders* or any hormone abnormalities? ◯ Yes ◯ No

(xi) Any mental illness that required hospitalisation or inpatient treatment including psychosis,schizophrenia,bipolar disorder, an eating disorder or have you ever self harmed or attempted suicide?* ◯ Yes ◯ No

11. In the last 5 years have you suffered from or received treatment, medical advice or had investigations for any of the following:

(i) Have you required attendance with a GP, Doctor or any mental health service for any of the following; anxiety, depression,low mood,stress or any mental health issue including addiction?* ◯ Yes ◯ No

(ii) Chronic fatigue syndrome or fibromyalgia or myalgic encephalomyelitis (ME), long covid, fatigue or persistent tiredness? ◯ Yes ◯ No

(iii) Lump, growth, cyst, mole or freckle that has bled, changed shape, colour or size or become painful? ◯ Yes ◯ No

(iv) High blood pressure*, raised cholesterol*, chest pain or irregular heart beat? ◯ Yes ◯ No

(v) Any form of numbness or tingling, temporary loss of muscle power or tremor, severe headaches, dizziness, seizure, fit, fainting or blackout or any other symptom that may be due to a nervous system disorder? ◯ Yes ◯ No

***Note:**
Please complete the appropriate questionnaire at the back of the application

***Note:**
Please complete the appropriate questionnaire at the back of the application

			Details
(vi)	Ulcers or any disorder of the oesophagus, intestine, pancreas, bowel,bladder or urinary system including blood or protein in the urine?	◯ Yes ◯ No	
(vii)	Asthma*, bronchitis*, emphysema, shortness of breath, sleep apnoea or any other respiratory disorder?	◯ Yes ◯ No	
(viii)	Blurred or double vision or any Disorder affecting the eye (and not wholly corrected by spectacles or contact lenses), ear, nose or throat?	◯ Yes ◯ No	
(ix)	Arthritis or joint disorders, gout, back, neck or muscular disorder?	◯ Yes ◯ No	
(x)	**If male** – prostate or any other urinary disorders? **If female** – abnormal mammogram, abnormal cervical smear or any other gynaecological or urinary disorder?	◯ Yes ◯ No	
(xi)	Other than for the conditions you have already disclosed, are you taking any prescribed drugs, medicines, tablets or any other treatment at present? (Please give the name of the condition for which you are taking this treatment and not the medication itself.)	◯ Yes ◯ No	
(xii)	Other than the conditions disclosed above have you sought medical advice, treatment, been hospitalised or had investigations for any other condition in the past 5 years?	◯ Yes ◯ No	
(xiii)	Are you awaiting the results of any tests/investigations or referral to any hospital, clinic or doctor or do you have any medical condition, pain or other symptoms for which you have not yet sought medical advice?	◯ Yes ◯ No	
12.(i)	Have you ever been treated for alcohol misuse, or advised/counselled to reduce your consumption of alcohol?	◯ Yes ◯ No	
(ii)	Have you taken cocaine, cannabis, heroin, anabolic steroids or any drugs other than for medicinal purposes within the last 10 years?	◯ Yes ◯ No	
(iii)	Have you ever tested positive for HIV/AIDS or are you awaiting the results of such a test?	◯ Yes ◯ No	
(iv)	Have you ever tested positive for Hepatitis B or C or are you awaiting the results of such a test?	◯ Yes ◯ No	
(v)	In the past five years have you been accepted with special terms, postponed or declined by Zurich Life or any other insurance company for Life cover, Serious Illness or Income Protection benefit?	◯ Yes ◯ No	
(vi)	Have you any medical condition which you know or suspect to be hereditary or for which you have received or advised to receive follow up or screening?	◯ Yes ◯ No	

Family History

			Details
13.	Have any of your **parents**, **brothers** or **sisters** ever had one or more of the following medical conditions at age 60 or less? *(Please specify age at diagnosis of the relevant medical history.)*		
(i)	Breast or ovarian cancer?	◯ Yes ◯ No	
(ii)	Multiple Sclerosis, Motor Neurone disease or Parkinson's disease?	◯ Yes ◯ No	
(iii)	Bowel or colon cancer?	◯ Yes ◯ No	
(iv)	Stroke or heart disease (for example heart attack or angina)?	◯ Yes ◯ No	

Family History (Continued)

Details

(v) Cardiomyopathy? ◯ Yes ◯ No

(vi) Muscular dystrophy of any kind? ◯ Yes ◯ No

(vii) Polycystic kidney disease? ◯ Yes ◯ No

(viii) Huntington's disease or Alzheimer's disease? ◯ Yes ◯ No

(ix) Any type of cancer that has occurred in the same site in two or more family members? ◯ Yes ◯ No
Note: there is no need to repeat disclosure given in question 13 (i) and (iii) above.

Income Protection Occupational Duties

Details

1, Do any of the following activities form an essential part of your work?

Manual or physical activity? ◯ Yes ◯ No

If YES: Percentage of time %
Please give nature of this activity.

2. Use of machinery or tools? ◯ Yes ◯ No

If YES: Percentage of time %
Please give nature of this activity

3. Annual business mileage greater than 16,000 kms (10,000 miles)? ◯ Yes ◯ No

4. Working at heights? ◯ Yes ◯ No

If YES: Average height worked

Income Protection General Information

Details

1. Do you have or are you applying for Income Protection Benefit with another Insurance Office? ◯ Yes ◯ No

2. Have you ever made an Income Protection claim or any other claim resulting from an accident, illness or disability? ◯ Yes ◯ No

3. In the last 2 years have you had to take any days off work due to sickness or injury? (if yes please confirm the number of days) ◯ Yes ◯ No

4. Are you currently off work, working reduced hours or have you altered your duties due to sickness or injury? ◯ Yes ◯ No

Concurrent or simultaneous cover with Zurich life

Is this application being submitted as part of two or more simultaneous applications to Zurich Life which have not yet been issued? ◯ Yes ◯ No

If Yes, Please confirm the concurrent plan details and policy number if known

Current Doctor

Doctor's Name

Address

Length of time with doctor

If you have been with this Doctor for more than 5 years, when did you last visit them?

Tick here if you have no doctor ◯

If you have changed your doctor in the last year, please also give the name and address of your previous doctor.

Doctor's Name

Address

Proposal Details

Hold Policy Start Date ◯ Yes ◯ No Start Date

Note:
Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts, Zurich Life is required to obtain certain documentation and information about you, the method of payment being used and the origin of the funds used to pay the premium. Further information may subsequently be requested.

Payment Details

Frequency of payment

◯ Monthly ◯ Quarterly ◯ Half-yearly ◯ Yearly

Method of payment

◯ Direct Debit

Is the payment from the Policy Owner(s) own bank account? ◯ Yes ◯ No

Third party payor details (If applicable)

Please complete If third party payor is a Person

First Name Surname

Gender ◯ M ◯ F

Nationality Country of Residence

Residential Address

Relationship to policy owner

Please complete If third party payor is a Company

Name

Country of Incorporation Country of Residence

Address

Relationship to policy owner

Direct Debit collection date ◯ 1st ◯ 7th ◯ 15th **Note:** If a billing date is not specified this will default to the 1st.

Account Holder Name

IBAN

Data Protection Notice

About this Notice
Everyone has rights with regard to the way in which their personal data is handled. During the course of our activities we will collect, store and process personal data about you. The purpose of this Notice is to set out some information on the collection and processing of your personal data. Further information can be obtained in our Privacy Statement which is available at www.zurich.ie/privacy-statement.

The Data we collect
We collect the following personal data ('Data') from you (unless you are a member of a group scheme, in which case we may collect the Data from your employer or the trustee of the scheme):

- **Contact and identifying information** such as title, name, address, email, telephone number, gender, marital status, date of birth, occupation, PPS number, nationality, country of residence and photographic identification. We require this Data to identify you, contact you, conduct a suitability assessment (in the event of a sale via a financial advisor employed by or tied to Zurich Life), to fulfil our contract with you and to comply with legal obligations (e.g. performance of anti-money laundering checks). For investment products we also collect your US citizen status and your Tax Identification Numbers from other countries (if applicable) which we require to comply with Revenue law. If you are a member of a group scheme, we may also collect your employer's details.
- **Financial information** such as bank details, credit/debit card details (where needed) and income details (where applicable). We require this Data so we can assess the premium to be paid, to fulfil our contract with you and to comply with legal obligations.
- **Medical condition and health status** for protection products and some pension and investment products which also offer life and serious illness benefits, we collect medical information relating to: personal habits (e.g. smoking or consumption of alcohol), prescription information and medical history. For pension products we may collect disability information (e.g. if you apply for an early retirement due to ill health). We require this Data so that we can fulfil our contract with you.
- **Other sensitive information** - in certain cases, we may receive sensitive information from which it may be possible to infer your trade union membership, religious or political beliefs (e.g. if you are a member of a group scheme through a professional, trade, religious, community or political organisation). In addition, we may obtain information about your criminal record or civil litigation history in the process of preventing, detecting and investigating fraud. We may obtain your PEP (politically exposed person) status, which is necessary for compliance with anti-money laundering legislation.

Data collected from third parties
We may collect Data from third parties if you engage with us through a third party e.g. through a financial broker/advisor or, in the case of a group scheme, through your employer. We do this in order to fulfil our contract and provide services to you. We may also obtain Data from third parties so that we can assess a claim.

What do we do with your Data?
We collect and process this Data to manage and administer our relationship with you. We may use, process and store the Data, for the following purposes:

- Risk evaluation, product suitability, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, to provide annual statements, to create trustee annual reports (in the context of group schemes), for statistical evaluation, for survey purposes or to otherwise ensure the Group service delivery. Zurich Life or other members of the Group may contact you in connection with these purposes. We do this in order to provide you with the services for which you have contracted with us.
- We may check the Data you have provided against international/economic or financial sanctions laws or regulated listings to comply with legal obligations (e.g. anti-fraud and anti-money laundering requirements) or otherwise to protect our legitimate interests and/or the legitimate interests of others.

Sharing of Data
In order to provide a seamless service, we may share your Data (where appropriate):

- With other companies in the Group such as branches, subsidiaries, affiliates within the Group, partners of the Group, coinsurance and reinsurance companies located in Ireland and abroad, including outside the European Economic Area ('EEA').
- If you apply for, or purchase, one of our products through a financial broker/advisor or another third party (e.g. your employer if you are a member of a group scheme), we will, as appropriate, correspond with that third party in relation to your products: this may result in us sharing your Data with that third party.

Continued overleaf

Data Protection Notice (continued)

- Without your consent or without consulting you, when we believe that it is appropriate to comply with our legal obligations, a Court Order or to cooperate with State bodies (e.g. Revenue, the Central Bank, The Pensions Authority and law enforcement agencies).
- On the sale, transfer or reorganisation of our or our Group's business (or any part of it).
- With business partners, suppliers and sub-contractors with whom we work and/or engage (e.g. auditors, cloud service providers, medical professionals, third-party claim administrators and outsourced service providers) to assist us in carrying out business activities which are in our legitimate business interest and where such interests are not overridden by your interests.
- In order to enforce this Notice or other legal rights, to protect the security and safety of others, and to prevent fraud.

For further information with respect to the third parties that we may share Data with, please see our Privacy Statement which is available at www.zurich.ie/privacy-statement.

Where transfers of Data take place outside the European Economic Area ("EEA"), we ensure that they are undertaken lawfully and in accordance with appropriate safeguards. Data may be transferred to, and stored outside the European Union ("EU") or EEA and in a country for which there is no adequacy decision relating to the safeguards for Personal Data from the European Commission. In such instances, appropriate safeguards are put in place to protect your Data. For further information with respect to the non-EU or non-EEA countries to which your Data may be transferred and for which there is no adequacy decision relating to the safeguards for Personal Data from the European Commission or for a copy of the safeguards put in place to protect your Data, please see our Privacy Statement which is available at www.zurich.ie/privacy-statement.

If you have any questions about your Data, you can contact our Data Protection Officer, free of charge, using the contact details below.

Marketing
Depending on the marketing preferences you have expressed in any application forms for our products or services, we may send you details of offers and news that we would like to share with you. Please note that you have the right to change your preferences at any time by contacting us by phone on 01 799 2711, by email at customerservices@zurich.com, or by writing to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

Data Retention
The time periods for which we retain your Data depend on the purposes for which we use it. We will keep your Data for no longer than is required or permitted. For more detail, see our Data Retention Statement at www.zurich.ie/privacy-statement.

Data Subject Rights
You have the following rights in relation to your Data which is held by Zurich Life:

1. To ask for details of your Data held by us.
2. To ask for a copy of your Data.
3. To have any inaccurate or misleading Data rectified.
4. To have your Data erased.
5. To restrict the processing of your Data in certain circumstances.
6. To object to the processing of your Data.
7. To transfer your Data to a third party.
8. A right not to be subject to automated decision making.
9. The right to receive notification of a Data breach.
10. Where processing is based on consent, the right to withdraw such consent.
11. The right to lodge a complaint to the Data Protection Commission.

If you wish to avail of these rights, a request must be submitted in writing to our Data Protection Officer. In order to protect your privacy, you may be asked to provide suitable proof of identification before we can process your request.

Our Data Protection Officer is contactable by phone, email, or post via:

- Zurich Life Customer Services on 01 799 2711
- dataprotectionofficer@zurich.ie
- Data Protection Officer, Zurich Life, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

Privacy Statement
Please note that this Notice is not a stand-alone document and should be reviewed in conjunction with our Privacy Statement which is available at www.zurich.ie/privacy-statement.

Additional Medical Questionnaires

If you have answered 'yes' to any of the indicated questions in the main body of the Application, you can provide further details by completing the appropriate 'Additional Medical Questionnaire'. By providing this further information you will help to speed up the underwriting process and lead to a quicker decision.

Asthma and / or Bronchitis

	First Life	Second Life
1. When were you diagnosed with Asthma and / or Bronchitis?		
Within the past 12 months?	○	○
Greater than 12 months ago?	○	○
2. Were you ever told you had Chronic Obstructive Pulmonary Disease (COPD) / Emphysema or any other respiratory disorder other than asthma and / or bronchitis?	○ Yes ○ No	○ Yes ○ No
3. Have you required hospitalisation for your asthma and / or bronchitis in the past 5 years?	○ Yes ○ No	○ Yes ○ No
4. Have you required oral steroids (not inhaled) MORE THAN ONCE in the past 2 years for your asthma and / or bronchitis?	○ Yes ○ No	○ Yes ○ No
If Yes, how many times were you required to go on a course of these steroids?	○ Twice ○ Three or more	○ Twice ○ Three or more
5. Have you missed more than 5 days work / normal activities due to your asthma and / or bronchitis in the past 2 years?	○ Yes ○ No	○ Yes ○ No
6. Do you suffer symptoms of your asthma and / or bronchitis on a daily basis?	○ Yes ○ No	○ Yes ○ No

Additional Medical Questionnaires Continued

Anxiety, Stress & Depression

1. What have you been diagnosed with?

	First Life	Second Life
• Anxiety	○	○
• Stress	○	○
• Depression	○	○
• Post Natal Depression	○	○
• Post Traumatic Stress Disorder / Obsessive Compulsive Disorder	○	○
• Bipolar Disorder / Schizophrenia / Major Mood Disorder	○	○
• Psychosis	○	○
• Combination of above	○	○
• Other	○	○

If 'Other' Please confirm diagnosis

2. When were you first diagnosed with this condition?

• Within the past 6 months?	○	○
• Greater than 6 months ago?	○	○

3. Who have you sought advice or received treatment from?

• Cognitive Behavioural Therapist	○	○
• GP / Counsellor	○	○
• Psychologist	○	○
• Hospital Doctor or Psychiatrist	○	○
• No one	○	○
• Combination of above	○	○

If combination - Please provide details of the attendances including who you attended and last attendances

4. Have you ever intentionally harmed yourself, taken an overdose of drugs, attempted to take your own life or considered one of these things?

	First Life	Second Life
	○ Yes ○ No	○ Yes ○ No
When was the last episode / attempt?	○ Within the past 2 years	○ Within the past 2 years
	○ Over 2 years ago	○ Over 2 years ago

5. Are you having treatment now?

	First Life	Second Life
	○ Yes ○ No	○ Yes ○ No

If Yes, please confirm which best describes your treatment

• Counsellor	○	○
• Cognitive Behavioural Therapy (CBT)	○	○
• Medication	○	○
• Combination of above	○	○

If currently on medication, please confirm the name(s) of the medication and dosage if known.

6. In the past 5 years have you had to take any time off work or unable to carry out daily activities?

	First Life	Second Life
	○ Yes ○ No	○ Yes ○ No

If yes, please confirm full details including the number of days and dates of last time off work / inability to carry out activities.

Additional Medical Questionnaires Continued

High Blood Pressure

	First Life	Second Life
1. What age were you when you first diagnosed with high blood pressure?		
•Age under 30	○	○
•30 or over	○	○
2. Are you currently waiting on tests or referrals in relation to your blood pressure?	○ Yes ○ No	○ Yes ○ No
3. Are you currently on medication / treatment for your blood pressure?	○ Yes ○ No	○ Yes ○ No
Are you on more than one medication for this?	○ Yes ○ No	○ Yes ○ No
Were you previously on treatment for your blood pressure?	○ Yes ○ No	○ Yes ○ No
If Yes, Please confirm the reason why this treatment stopped		
•Advised by GP / Doctor no longer required	○	○
•I decided to stop the treatment myself	○	○
4. Have you ever had any kidney problems, protein in your urine, eye problems or other medical conditions due to your blood pressure?	○ Yes ○ No	○ Yes ○ No
If yes, please confirm which best describes your condition		
•Kidney Problems	○	○
•Protein in urine	○	○
•Eye problems	○	○
•Some or all of the above	○	○
•None of the above	○	○
•Other	○	○
If 'Other', please explain		
5. When was the last time your blood pressure was checked?		
•Within the past 12 months?	○	○
•Greater than 12 months ago?	○	○
6. Please confirm the result of your last reading		
•Normal	○	○
•Slightly high	○	○
•High and needs to be reduced or medication increased	○	○
•Don't know	○	○
7. Apart from blood tests, have you had any investigations of your heart or circulatory system (such as an ECG or other tests)?	○ Yes ○ No	○ Yes ○ No
If Yes, Please confirm the result		
•Electrocardiogram (ECG)	○	○
•Echocardiogram	○	○
•Exercise / Stress Electrocardiogram (ECG)	○	○
•Angiogram	○	○
•Combination of above or other	○	○
If other, please confirm type of test		

Additional Medical Questionnaires Continued

Thyroid Disorders

1. What illness have you been diagnosed as suffering from?

	First Life	Second Life
• Hypothyroidism (i.e Underactive)		
• Hyperthyroidism (i.e. Overactve)		
• Benign Nodule / Goitre		
• Thyroiditis		
• Other, please give details		

2. Have you ever had any of the following complications of this illness?

• Irregular heartbeat / palpitations		
• Eye problems		
• Tremor		
• High blood pressure		
• Other		
• No complications		

3. What tests and investigations have you had done?

• Routine blood tests with GP		
• Specialist referral and tests		
• Biopsy		
• Other		

4. What treatment was undertaken for this condition?

• Medication		
• Surgery		
• No treatment		
• Combination of medication and surgery		

5. Have you been treated as an in-patient in hospital for this condition? Yes No Yes No

6. Is your condition now classed as controlled? Yes No Yes No

If No, please confirm full details

Additional Medical Questionnaires Continued

High Cholesterol

	First Life	Second Life
1. When were you found to have high cholesterol?		
• Within the past 6 months	○	○
• Greater than 6 months ago	○	○
2. What was your cholesterol level at the time of diagnosis?		
• 7.6mmol/l or higher	○	○
• 7.5mmol/l or less	○	○
• Don't know	○	○
3. Are you on treatment for this?		
• Medication	○	○
• Has your treatment changed in the last 12 months?	○	○
• No	○	○
• Increased	○	○
• Decreased on medical advice	○	○
• Diet / Lifestyle changes only	○	○
• Were you previously on treatment for your high cholesterol?	○ Yes ○ No	○ Yes ○ No
• If Yes, Please confirm the reason why this treatment stopped		
• Advised by GP / Doctor no longer required	○	○
• I decided to stop the treatment myself	○	○
4. When was your cholesterol last checked?		
• Within the past 12 months?	○	○
• Greater than 12 months ago?	○	○
5. Do you know the result of your last cholesterol level?	○ Yes ○ No	○ Yes ○ No
• If **Yes** please confirm the result		
• 5.5mmol/l or under	○	○
• 5.6mmol/l to 6mmol/l	○	○
• 6.1mmol/l or higher	○	○
• If **No** please confirm if you were told it was any of the following:		
• Normal	○	○
• Slightly high	○	○
• High and needs to be reduced or medication increased	○	○
• Don't know	○	○
6. Have you ever been advised that you have raised Triglycerides?	○ Yes ○ No	○ Yes ○ No

If Yes, Please give details of when this was and reading(s) if known.

7. Apart from blood tests, have you had any investigations of your heart or circulatory system (such as an ECG or other tests)?	○ Yes ○ No	○ Yes ○ No
If Yes, please confirm the type of test		
• Electrocardiogram (ECG)	○	○
• Echocardiogram	○	○
• Exercise / Stress Electrocardiogram (ECG)	○	○
• Angiogram	○	○
• Combination of above or other	○	○

If Yes to any of above 'Please confirm full details including when this was and result(s)'

Zurich Life Assurance plc
Zurich House, Frascati Road, Blackrock, Co. Dublin, A94 X9Y3, Ireland.
Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurich.ie

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

The information contained herein is based on Zurich Life's understanding of current Revenue practice and may change in the future.

Intended for distribution within the Republic of Ireland.

GR: 21105 Print Ref: ZL LP 6419 0326

ZURICH®