

Income Protection - Executive

Important:

Before providing this data, the Policy Owner must ensure that (a) the Life Insured knows that his/her personal data will be used by Zurich Life and (b) that a copy of Zurich Life's Data Protection Notice ("Notice") has been provided to the Life Insured. This data capture form is NOT an application form and should not be sent to Zurich Life for input. Information which you, the Life Insured and/or the Employer/Policy Owner, 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			Gender	M	F	Retirement Age	
Occupation				Gross Annual Salary			
				Are you PRSI Class S (self-employed)?		Yes	No
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:

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

Benefit Details

Annual Income Protection Benefit	€		NOTE: The max benefit is 75% of your Gross Annual Salary less State Benefit.
Annual Pension Contribution Cover	€		
Deferred Period	4 Weeks	8 Weeks	
	13 Weeks	26 Weeks	
	52 Weeks		
Escalation Claim Option	Yes	No	
Inflation Protection	Yes	No	

Note:

You can only cover your salary from your main occupation.

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

Surname at birth if different

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

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'affaires 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.

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

Employer/Owner Details

Company Name	<input type="text"/>		
Country of Incorporation	<input type="text"/>	Country of Residence	<input type="text"/>
Eircode	<input type="text"/>		
Business Address	<input type="text"/>		

Contact Details

Telephone: Office	<input type="text"/>	Mobile	<input type="text"/>
Email Address	<input type="text"/>		

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

Person Authorised to Sign on Behalf of the Employer

Please insert details of the person who is authorised to sign on behalf of the employer. This should be a company director or someone that has been authorised by a resolution of the company to act on its behalf.

Authorised Signatory First Name	<input type="text"/>		
Authorised Signatory Surname	<input type="text"/>	Mobile	<input type="text"/>
Email Address	<input type="text"/>		

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.

Personal Details

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

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

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Please complete
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			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? <i>(Please specify age at diagnosis of the relevant medical history.)</i>			
(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	Yes	No	

Family History (Continued)

- | | | |
|---|-----|----|
| (for example heart attack or angina)? | Yes | No |
| (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.

Details

Income Protection Occupational Duties

- | | | |
|--|-----|----|
| 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 | | |

Details

Income Protection General Information

- | | | |
|---|-----|----|
| 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 |

Details

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

Third party payor details (If applicable)

Please complete If third party payor is a Company

Name

Country of
Incorporation

Country of
Residence

Address

Eircode

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 Policy which is available at www.zurich.ie/privacy-policy.

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.
- 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).

Continued overleaf

Data Protection Notice (continued)

- 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 Policy which is available at www.zurich.ie/privacy-policy.

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 Policy which is available at www.zurich.ie/privacy-policy.

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 Policy at www.zurich.ie/privacy-policy.

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 Policy

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

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		Twice	
	Three or more		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

	First Life	Second Life
1. What have you been diagnosed with? <ul style="list-style-type: none"> • Anxiety • Stress • Depression • Post Natal Depression • Post Traumatic Stress Disorder / Obsessive Compulsive Disorder • Bipolar Disorder / Schizophrenia / Major Mood Disorder • Psychosis • Combination of above • Other <p>If 'Other' Please confirm diagnosis</p>		
2. When were you first diagnosed with this condition? <ul style="list-style-type: none"> • Within the past 6 months? • Greater than 6 months ago? 		
3. Who have you sought advice or received treatment from? <ul style="list-style-type: none"> • Cognitive Behavioural Therapist • GP / Counsellor • Psychologist • Hospital Doctor or Psychiatrist • No one • Combination of above <p>If combination - Please provide details of the attendances including who you attended and last attendances</p>		
4. Have you ever intentionally harmed yourself, taken an overdose of drugs, attempted to take your own life or considered one of these things? <p>When was the last episode / attempt?</p>	<p>Yes No</p> <p>Within the past 2 years Within the past 2 years</p> <p>Over 2 years ago Over 2 years ago</p>	<p>Yes No</p> <p>Within the past 2 years Within the past 2 years</p> <p>Over 2 years ago Over 2 years ago</p>
5. Are you having treatment now? <p>If Yes, please confirm which best describes your treatment</p> <ul style="list-style-type: none"> • Counsellor • Cognitive Behavioural Therapy (CBT) • Medication • Combination of above <p>If currently on medication, please confirm the name(s) of the medication and dosage if known.</p>	<p>Yes No</p>	<p>Yes No</p>
6. In the past 5 years have you had to take any time off work or unable to carry out daily activities? <p>If yes, please confirm full details including the number of days and dates of last time off work / inability to carry out activities.</p>	<p>Yes No</p>	<p>Yes No</p>

Additional Medical Questionnaires Continued

High Blood Pressure

	First Life		Second Life	
1. What age were you when you first diagnosed with high blood pressure?				
<ul style="list-style-type: none"> • 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				
<ul style="list-style-type: none"> • 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				
<ul style="list-style-type: none"> • 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?				
<ul style="list-style-type: none"> • Within the past 12 months? • Greater than 12 months ago? 				
6. Please confirm the result of your last reading				
<ul style="list-style-type: none"> • 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				
<ul style="list-style-type: none"> • 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

	First Life	Second Life
1. What illness have you been diagnosed as suffering from? <ul style="list-style-type: none"> • Hypothyroidism (i.e Underactive) • Hyperthyroidism (i.e. Overactive) • Benign Nodule / Goitre • Thyroiditis • Other, please give details 		
2. Have you ever had any of the following complications of this illness? <ul style="list-style-type: none"> • Irregular heartbeat / palpitations • Eye problems • Tremor • High blood pressure • Other • No complications 		
3. What tests and investigations have you had done? <ul style="list-style-type: none"> • Routine blood tests with GP • Specialist referral and tests • Biopsy • Other 		
4. What treatment was undertaken for this condition? <ul style="list-style-type: none"> • 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? If No, please confirm full details	Yes No	Yes No

Additional Medical Questionnaires Continued

High Cholesterol

	First Life		Second Life	
1. When were you found to have high cholesterol?				
<ul style="list-style-type: none"> • Within the past 6 months • Greater than 6 months ago 				
2. What was your cholesterol level at the time of diagnosis?				
<ul style="list-style-type: none"> • 7.6mmol/l or higher • 7.5mmol/l or less • Don't know 				
3. Are you on treatment for this?				
<ul style="list-style-type: none"> • Medication <ul style="list-style-type: none"> • Has your treatment changed in the last 12 months? <ul style="list-style-type: none"> • No • Increased • Decreased on medical advice • Diet / Lifestyle changes only <ul style="list-style-type: none"> • Were you previously on treatment for your high cholesterol? <div>Yes No</div> • If Yes, Please confirm the reason why this treatment stopped <ul style="list-style-type: none"> • Advised by GP / Doctor no longer required • I decided to stop the treatment myself 			Yes No	
4. When was your cholesterol last checked?				
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • If Yes please confirm the result <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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				
<ul style="list-style-type: none"> • 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)'				

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The information contained herein is based on Zurich Life's understanding of current Revenue practice as at June 2022 and may change in the future.

Intended for distribution within the Republic of Ireland.

GR: 7036 Print Ref: ZL LP 6477 0622

