

Application for Guaranteed Term and Mortgage Protection

To be completed in addition to the Personal Information Form

Important Information for Customers

You, as the Policy Owner and/or the Life/Lives Insured, have a legal duty to answer questions honestly and with reasonable care. You must carefully read the statements within the Important Notice below, together with all of the Declarations on pages 2 and 3 including (i) the Policy Declaration, (ii) the Data Protection Notice, (iii) the Marketing Preferences, (iv) the Disclosure Confirmation and (v) the Permission to request further information. If you have read and understand each of these declarations, please sign at the end of page 3.

When submitting online, your Financial Advisor will:

Send us your completed Personal Declaration Form only (that is a 'Declaration Only' application). In this instance, Zurich Life will only receive the Personal Declaration Form (pages 1 - 6).

Your Financial Advisor will input your personal information online and retain the paper copy of the Personal Information Form.

OR

Send us your completed Personal Information and Personal Declaration Forms.

For any applications sent via email or fax to Zurich Life, we will treat these as a true copy of the application you completed.

Note that all of the information you provide in the Personal Information Form must be answered honestly and with reasonable care otherwise payment of any future benefits may be affected.

Important Notice: Legal duty of Policy Owner and Life/Lives Insured to answer questions honestly and with reasonable care:

I am aware, as the Policy Owner and/or the Life/Lives Insured, that I have a legal duty to answer all questions asked in relation to the application for this policy 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 a claim being reduced.

As the Policy Owner, I understand that any answers and information provided by the Life/Lives Insured in relation to the application for this policy will be treated as if they were provided by me. This means that I am ultimately responsible for answers and information provided to Zurich Life by the Life/Lives Insured.

I understand that Zurich Life will not necessarily obtain a report from my doctor, so it is vital that I answer all questions honestly and with reasonable care (see overleaf).

I understand that Zurich Life will assess the application based on the information in this form. I understand that it is my responsibility to check that the completed application is answered honestly and with reasonable care before submitting it to Zurich Life.

Insurance Ireland Code of Practice for Underwriting Mortgage Protection Insurance for Cancer Survivors

Zurich Life has signed up to the *Insurance Ireland Code of Practice for Underwriting Mortgage Protection Insurance for Cancer Survivors*. If your application for decreasing Mortgage Protection Life cover benefit satisfies the criteria set out in the Code then Zurich Life will apply the rules of the Code to the final underwriting decision. You are still required to answer all the questions in this application as outlined in this section.

Note:

Please complete in BLOCK CAPITALS.

Intermediary Number

Intermediary Name

Financial Advisor Name

Life / Lives Insured Details

First Life Name:

Date of Birth

Second Life Name:

Date of Birth

Plan(s) applied for

Guaranteed Term Protection

Guaranteed Mortgage Protection

Proposal Number (If available)

Declarations by Policy Owner and Life/Lives Insured

(i) Policy Declaration

- **This application:** I declare that I have read the entire application form (i.e. the Personal Information Form and the Personal Declaration Form) after it was fully completed and I am satisfied that all the answers and statements in the Personal Declaration Form and the Personal Information Form are answered honestly and with reasonable care (including those completed by my Financial Advisor).
- **Consumer Insurance Contracts Act:** I understand that I have a legal duty to answer all questions addressed by or on behalf of Zurich Life in relation to the application for this policy honestly and with reasonable care (including but not limited to questions asked in the Personal Information Form, this Personal Declaration Form and any medical exam (if requested) for Zurich Life, along with any answers to questions provided by Zurich Life). I understand that I must also ensure that any information voluntarily provided by me or on my behalf is provided honestly and with reasonable care. I understand that Zurich Life shall rely upon this information when deciding whether to accept this policy, what terms to apply to it and the premium to be charged. I understand that failure to comply with these requirements and/or any negligent misrepresentation 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 a claim being reduced. I further understand that:
 - any matter about which Zurich Life asks a specific question is material to the risk undertaken, or the calculation of the premium, by Zurich Life, or both.
 - a fraudulent misrepresentation is a representation that is false or misleading in any material respect and which the person making the representation either (a) knows to be false or misleading or (b) consciously disregards whether it is false or misleading.
 - a negligent misrepresentation is a representation made without reasonable care by the person making the representation, but which is not a fraudulent misrepresentation.
 - any and all answers, representations and/or information given by the Life/Lives Insured, or any third party on behalf of the Policy Owner, whether in the application documentation for this policy or via a separate medical examination or otherwise, are provided by the Life/Lives Insured and/or third party as agent for and on behalf of the Policy Owner, by which the Policy Owner will be bound.
- **Changes to answers arising after completion of Application Form:** I agree to notify Zurich Life if there is any change in the answers to any questions addressed in relation to this application for a policy between the date of completion of this application form and the date that the policy issues. Any failure on my part to do so 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 a claim being reduced.
- **Smoking Habits:** I understand that I am expected to answer honestly and with reasonable care in relation to my smoking habits. I understand that if I provide incorrect or false information about my smoking habits, this may be considered by Zurich Life to constitute misrepresentation and it may refuse to pay all or part of my claim.
- **Copy of application:** I understand Zurich Life will send the Policy Owner a copy of the application submitted by the relevant Financial Advisor. If any answers or statements in the application are incorrect or inaccurate, I will advise Zurich Life in writing within ten days of receiving the copy of the online application submitted by the Financial Advisor, or payment of the first premium, whichever is later.
- **Exclusions:** I understand that the policy of insurance contains specific conditions and exclusions relating to the cover provided as summarised in Appendix A of the relevant Customer Guide and the relevant Policy Document, a copy of which is available on request.

(ii) Data Protection Notice

Zurich Life Assurance plc ('Zurich Life', 'we', 'our') is a member of Zurich Insurance Group ('the Group'). Zurich Life is the data controller for this contract under data protection legislation. Our Data Protection Notice ('Notice') for this product is detailed at the end of this form. Please read this carefully.

By signing this form I confirm that I have read and understood the Data Protection Notice.

(iii) 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.

(iv) Disclosure Confirmation

I confirm as Policy Owner that I have received the relevant Zurich Life Customer Guide and that the Customer Guide has been fully completed by my Financial Advisor.

Does this policy replace an existing policy, in whole or in part? Yes No

If Yes, and that policy is a Zurich Life policy, please specify policy number:

Warning: If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or Financial Advisor.

Where this policy is replacing an existing policy both you as Policy Owner and the Life/Lives Insured must answer all the questions in this application 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 a claim being reduced.

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

(v) Permission to request further information

I agree to give Zurich Life permission to request medical information from any doctor, hospital or clinic that I have attended and to request relevant information from any other insurance office that I have applied to for life insurance cover. I agree that this authority will remain in force after my death.


I confirm that I have read and fully understand:
1. parts (i), (ii), (iii) and (iv) of the above declarations; and
2. the legal duty to answer questions honestly and with reasonable care on page 1.
3. I further understand that the Policy Owner will be the beneficial owner(s) of this policy.
I have read, fully understand and agree to part (v) of the above declaration.
I understand that failure to comply with the requirements in the above declarations and / or any negligent or fraudulent misrepresentation by me as Policy Owner or by the Life/Lives Insured 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 a claim being reduced.

 **Policy Owner(s):**
Please sign and date.

X _____ Date

 **Policy Owner(s):**
Please sign and date.

X _____ Date

 **Policy Owner(s)
Company Owned
Applications**
Please sign and date.

Signature for and on behalf of the company
X _____ Date

 **Life/Lives Insured
(if different from Policy Owner(s)):**
Please sign and date.

X _____ Date

 **Life/Lives Insured
(if different from Policy Owner(s)):**
Please sign and date.

X _____ Date

This part should be completed by your Financial Advisor.

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001, the applicant(s) has been provided with the information specified in Schedule 1 to those Regulations (the relevant Zurich Life Customer Guide) and that I have advised the client(s) as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement.

Signature of Financial Advisor
X _____ Date

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.

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.

SEPA Direct Debit Mandate



Zurich Life Unique Mandate
Reference Number (to be
completed by the creditor)
Creditor Identifier

IE43ZZZ992829

Important Note: By signing this mandate form, you authorise (A) Zurich Life Assurance plc to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Zurich Life Assurance plc. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields below:

Account Holder Name	
Account Holder Address	
City/Postcode	Country

Please Return to:

Creditor Name	ZURICH LIFE ASSURANCE PLC
Creditor Address	ZURICH HOUSE, FRASCATI ROAD, BLACKROCK
	CO. DUBLIN, IRELAND
Type of Payment	RECURRENT

IBAN (International
Bank Account Number)

Signature(s)
of Account
Holder(s)

<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	

SWIFT BIC
(Bank Identification Code)

Date of Signing

Mandate Declaration

Direct debits will be collected from your bank on the chosen date* of the month the contribution is due. Under Single Euro Payments Area (SEPA) legislation, you are entitled to 14 calendar days prior notice of: (i) the commencement of a direct debit collection from your bank account by Zurich Life or (ii) where there is a change in the direct debit amounts or bank account details. However, SEPA also allows for a shorter notification period and to ensure timely collection of your contributions, Zurich Life operates a three day notification period. This does not affect your rights as outlined in the SEPA Direct Debit Mandate.

*The default chosen date is 1st of the month; the 7th and 15th of the month are available with agreement.

By signing this mandate form you are agreeing to a three day notification period before Zurich Life can collect contributions from your bank account.

Please note: Your IBAN and BIC details are included on your bank statement.

Special Instructions (to be completed by Financial Advisor)

Start of Policy

If you do not want us to start the policy until instructed, tick here

Discount code:

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: 9909 Print Ref: ZL LP 241 (Booklet) 1025 Product Ref: JAT, JAS



Application for Guaranteed Term and Mortgage Protection

To be completed in addition to the Personal Information Form

Intermediary Name:

Note to Financial Advisor:
 If you submit the details in the Personal Information Form via our secure online system, you have the option to:

- Upload the signed Personal Declaration Form before you submit.
- Send only the completed Personal Declaration Form to us (note you should retain the paper copy of the Personal Information Form), or
- Send us both the completed Personal Information and Personal Declaration Forms.

Important note for customers: All of the information you provide in the Personal Information Form must be provided honestly and with reasonable care by the Policy Owner and by any Life/Lives Insured. 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 a claim being reduced.

Intermediary Number:

A Life/Lives Insured Details First Life Insured

Note:
 Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts, Zurich Life may require clients to provide 'Evidence of Identity' and 'Proof of Address' and other supporting documentation.

Note:
 Proof of date of birth of Life/Lives Insured is required to make a claim. If your date of birth is incorrect any claim payment will be recalculated.

	Mr	Mrs	Ms	Mx	First Name		
Surname							
Surname at birth if different							
Date of Birth				Age Next Birthday	Sex	M	F
Address							
Nationality							
Country of Residence							
Email Address							
Contact Number							

Life/Lives Insured Details Second Life Insured

	Mr	Mrs	Ms	Mx	First Name		
Surname							
Surname at birth if different							
Date of Birth				Age Next Birthday	Sex	M	F
Address							
Nationality							
Country of Residence							
Email Address							
Contact Number							

B **Policy Owner(s) Details - if different to Life/Lives Insured** **First Owner**

Mr	Mrs	Ms	Mx	First Name				
Surname								
Surname at birth if different								
Date of Birth				Age Next Birthday		Sex	M	F
Address								
Nationality								
Country of Residence								
Email Address								
Contact Number								

Policy Owner(s) Details - if different to Life/Lives Insured **Second Owner**

Mr	Mrs	Ms	Mx	First Name				
Surname								
Surname at birth if different								
Date of Birth				Age Next Birthday		Sex	M	F
Address								
Nationality								
Country of Residence								
Email Address								
Contact Number								

Economic Loss

If the relationship between the Life/Lives Insured and the Policy Owner(s) is not that of a married couple, please give reasons for insurance.

C Plan Details

Note:
For single or joint life policies, please complete first/joint life section.
For dual life policies, please complete both first/joint life and dual life sections.

1. For Guaranteed Term Protection complete section C1

OR

2. For Guaranteed Mortgage Protection complete section C2

C1 Guaranteed Term Protection

Basis of Cover

Single Life or Dual Life or Joint Life Term of Cover* Years

* **Minimum** - 2 years; **Maximum** - 40 years but cover cannot extend beyond the older life's 90th birthday (or 75th birthday if Serious Illness or Cancer cover has been chosen).

i. Main Benefits

Note:
Only illnesses specified in your policy document are covered under Serious Illness benefit. Claims for any other serious or minor illnesses are not covered.

Note:
Only cancer related illnesses specified in your policy document are covered under Cancer cover benefit. Claims for any other illnesses are not covered.

Note:
Serious Illness includes PTD on the basis of inability to perform at least 3 out of 5 activities of daily work.

Note:
Only surgeries specified in your policy document are covered under Surgical Cash benefit. Claims for any other surgeries are not covered.

<p>You must choose at least one of Life, Serious Illness or Cancer cover</p> <p>Life Sum Insured (only available if aged 75 next birthday or less)</p> <p>Serious Illness Sum Insured (only available if aged 65 next birthday or less)</p> <p>Standalone Accelerated</p> <p>If accelerated, the Serious Illness sum insured must be less than or equal to the Life sum insured. If you select standalone Serious Illness cover, the Life cover (if chosen) is not affected by the amount of any Serious Illness/PTD claim. If you select accelerated Serious Illness cover, the Life cover is reduced by the amount of any Serious Illness/PTD claim.</p> <p>Cancer Cover Sum Insured (only available if aged 65 next birthday or less)</p> <p>Permanent Total Disablement (PTD) 'Own' Occupation Cover Only available if Serious Illness cover is chosen and the Life/Lives Insured is aged 60 next birthday or less. PTD cover ceases at age 65.</p> <p>If for any underwriting reasons you are not eligible for 'Own' Occupation PTD cover, please tick here if you do not want the application to proceed without 'Own' Occupation PTD cover.</p>	<p>First/Joint Life</p> <p>€</p> <p>€</p> <p>€</p> <p>Yes No</p>	<p>Dual Life</p> <p>€</p> <p>€</p> <p>€</p> <p>Yes No</p>	

ii. Additional Benefits and Options

<p>Surgical Cash Benefit Only available if Serious Illness cover is chosen. Only available if aged 60 next birthday or less. Benefit ceases at age 65.</p> <p>Hospital Cash Benefit Minimum: €30 per day - Maximum: €300 per day Only available if aged 60 next birthday or less. Benefit ceases at age 65.</p> <p>Personal Accident Benefit (limited to 50% of weekly earnings) Minimum: €100 per week - Maximum: €400 per week Only available if aged 55 next birthday or less. Benefit ceases at age 60.</p> <p>Waiver of Premium Benefit If joint life, first life only. Only available if aged 59 next birthday or less. Benefit ceases at age 60.</p> <p>Protection Continuation Option Only available if aged 65 next birthday or less.</p>	<p>First Life</p> <p>Yes No</p> <p>€ Per day</p> <p>€ Per week</p> <p>Yes No</p>	<p>Second Life</p> <p>Yes No</p> <p>€ Per day</p> <p>€ Per week</p> <p>Yes No</p> <p>Yes No</p>
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iii. Inflation Protection Option - automatically included

Please tick here if you **do not** want the Inflation Protection Option.
Note: This benefit is only available if aged 64 next birthday or less and the benefit ceases at age 65. Inflation Protection will be included in your policy unless this box is ticked.

C2 Guaranteed Mortgage Protection

Zurich Life has signed up to the *Insurance Ireland Code of Practice for Underwriting Mortgage Insurance for Cancer Survivors*. This means that we will disregard any disclosed cancer diagnosis where all of the following circumstances apply. An application for decreasing term assurance in association with a mortgage will not be rejected, nor will a higher premium apply, in relation to the cancer condition, if:

- The application is for a new individual decreasing term life cover only (single life / dual life / joint life).
- The application is for a policy in connection with a mortgage on the applicant's principal private residence. A principal private residence is where the applicant lives most or all of the time.
- The amount of life insurance is the lesser of the mortgage amount OR €500,000 per applicant.
- Treatment for cancer ended more than seven years prior to their application or more than five years if the applicant was under 18 at the time of diagnosis.

Treatment has ended means being in "complete remission" and "active treatment" having ended seven or more years prior to the date of the application where the cancer was diagnosed when the applicant was aged over 18; and having ended five or more years prior to the date of application where the applicant was aged under 18 at time of diagnosis.

For full definition of "active treatment" and "complete remission" please see the Questionnaire to the rear of this application form.

Basis of Cover Single Life or Dual Life or Joint Life

Term of Cover* Years *** Minimum - 5 years; Maximum - 40 years but cover cannot extend beyond the older life's 90th birthday (or 75th birthday if Serious Illness cover has been chosen).**

Choose any one of the following interest rates (5, 6, 7, 8, 9%) %

The interest rate selected will determine the rate at which your sum insured will decrease over the term you have selected. If your actual mortgage interest rate exceeds your selected interest rate over the mortgage term, the amount payable on death (or Serious Illness if selected) may not be sufficient to repay the outstanding balance on your mortgage. Zurich Life's liability will be limited to the sum insured in force at the date of the claim.

Note:

Only illnesses specified in your policy document are covered under Serious Illness benefit. Claims for any other serious or minor illnesses are not covered.

i. Main Benefits

Life Cover Sum Insured
(only available if aged 75 next birthday or less)

Serious Illness Cover **This is the % of the then in force Life cover sum insured payable on diagnosis of one of a specified number of serious illnesses. On payment of a claim, the Life cover sum insured will be reduced by this %.**
(only available if aged 65 next birthday or less)

Permanent Total Disablement (PTD) 'Own' Occupation Cover
Only available if Serious Illness cover is chosen and the Life/Lives Insured is aged 60 next birthday or less. PTD cover ceases at age 65.

If for any underwriting reasons you are not eligible for 'Own' Occupation PTD cover, please tick here if you **do not want** the application to proceed without 'Own' Occupation PTD cover.

ii. Additional Benefits and Options

Hospital Cash Benefit
Minimum: €30 per day - Maximum: €300 per day
Only available if aged 60 next birthday or less. Benefit ceases at age 65.

Personal Accident Benefit (limited to 50% of weekly earnings)
Minimum: €100 per week - Maximum: €400 per week
Only available if aged 55 next birthday or less. Benefit ceases at age 60.

Protection Continuation Option
Only available if aged 65 next birthday or less.

First/Joint Life		Dual Life	
€		€	
100%	75%	100%	75%
50%	25%	50%	25%
0%		0%	
Yes	No	Yes	No
€ Per day		€ Per day	
€ Per week		€ Per week	

Yes No

Note:
Serious Illness includes PTD on the basis of inability to perform at least 3 out of 5 activities of daily work.

D Contribution Details and Source of Funds

(i) Contribution Details (Exclusive of Government Insurance Levy)

First Life Premium	€
Second Life Premium	€
Total Premium	€

Note: If dual life, please enter premium for each life and total premium.
If joint or single life, please enter total premium only.

(ii) Source of Funds (Complete if premium is above €1,000 per annum and not paid by personal cheque or Direct Debit drawn on Policy Owner(s) bank account)

Payment by:

Third Party Cheque / Direct Debit

Please provide Payor Name (if Third Party Cheque / Direct Debit).

Please state the exact nature of the relationship of Third Party Payor to Policy Owner(s).

Please confirm Country of Incorporation if Third Party is a Company.

or

Bank Draft

For Bank Drafts only please provide the details of the bank account from which the funds used to pay the premium were drawn.

Account Holder Name(s)

Name of Bank/Building Society

IBAN

SWIFT BIC

Country account is based in

If Third Party Payor, please state the exact nature of the relationship to Policy Owner(s).

or

Other - Please provide details.

Frequency of payment by:
DIRECT DEBIT

Monthly Quarterly

Half-yearly Yearly

OR

BANK DRAFT/CHEQUE

(only if paid half-yearly or yearly)

Half-yearly Yearly

Bank Drafts and Cheques should be made payable to Zurich Life.

Note:
Each person making some or all of the payment of premium must complete this section.

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.

Note:
IBAN (International Bank Account Number) and BIC (Bank Identification Code) details are included on bank statements.

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

Note:

Please see below for definitions of these terms.

Are any of the roleholders linked to this policy (or have any of the roleholders linked to this policy been within the last 12 months), a PEP or a RCA of a PEP?

Yes No

Note:

Roleholders may include (depending on the policy type) Owners, Lives Assured, Payors, Beneficiaries, Trustees. If a roleholder is a Company additional roleholders include Beneficial Owners and Directors.

For each roleholder for whom you have answered yes to the above question, please complete the following:

Role (see note)	Name	Address	Date of Birth	Nationality

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.

F Health Statement and Other Information

Important note: When answering the questions in this section you, as the Policy Owner and/or the Life/Lives insured, must answer all questions honestly and with reasonable care. Failure by you or the Life/Lives Insured 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 a 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.

Under Part 4 of the Disability Act 2005 you should NOT disclose the result of any Genetic test. A genetic test is any analysis of chromosomes, DNA or RNA to detect genetic abnormalities in individuals.

You must disclose if you are having treatment for, experiencing symptoms of, or having investigations (other than a genetic test) for any condition or family history (whether you have been advised to undergo these or whether you have chosen yourself to attend for these). 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

1. (i) What is your height?
(ii) What is your weight?
(Please specify stones, pounds or kilos.)

2. (i) 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

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

- Cigarettes per day
- Cigars per week
- Pipe tobacco grams per day

- (ii) Do you drink alcohol?

What is your average weekly consumption in units?
(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.)

First Life		Second Life	
Yes	No	Yes	No

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

Note:
Please answer carefully, giving full details in the relevant box and, if necessary, use a separate sheet for additional information. If you need to alter an answer please put a line through the incorrect part of the answer and initial the alteration.

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

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

Occupation/Activities/Travel

3. Please state your occupation.

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?

5. Do you have any intention of flying other than as a passenger on a public airline?

6. Have you travelled or resided outside the EU for more than 3 months in the last 2 years? (Travel to UK, USA, Canada, Australia or New Zealand need not be disclosed.)

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.)

8. Do you take part or intend to take part in any hazardous pastimes such as motor racing, diving, private aviation or flying, mountaineering or off piste snow sports?

9. Have you received a conviction for drink driving or driving under the influence of a controlled substance in the past 5 years?

	First Life		Second Life	
	First Life	Second Life	First Life	Second Life
4.	Yes	No	Yes	No
5.	Yes	No	Yes	No
6.	Yes	No	Yes	No
7.	Yes	No	Yes	No
8.	Yes	No	Yes	No
9.	Yes	No	Yes	No

First Life details

Second Life details

F Health Statement and Other Information (continued)

Health

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?
- (ii) Heart attack, angina, cardiac failure, cardiomyopathy, heart valve or structural disorders or other heart disease? (see note next to this box)
- (iii) Stroke, brain haemorrhage, Transient Ischaemic Attack (TIA), Mini Stroke or brain injury through any cause?
- (iv) Disease of the arteries or veins, aortic aneurysms, or poor circulation in the legs?
- (v) Disease or disorder of the blood, including anaemia or Haemochromatosis or clotting disorders?
- (vi) Multiple sclerosis, optic neuritis, Parkinson's disease, Alzheimer's disease, dementia or paralysis from any cause?
- (vii) Epilepsy or any other disease of the nervous system (brain, spinal cord or nerves)?
- (viii) Cirrhosis or any other illness affecting the liver?
- (ix) Kidney failure or kidney disease including cystic kidney disease?
- (x) Diabetes or raised blood sugars or sugar in the urine, thyroid disorders* or any hormone abnormalities?
- (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?*

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

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

First Life details

Second Life details

Note:
Please answer carefully, giving full details in the relevant box and, if necessary, use a separate sheet for additional information. If you need to alter an answer please put a line through the incorrect part of the answer and initial the alteration.

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?*
- (ii) Chronic fatigue syndrome or fibromyalgia or myalgic encephalomyelitis (ME), long covid, fatigue or persistent tiredness?
- (iii) Lump, growth, cyst, mole or freckle that has bled, changed shape, colour or size or become painful?
- (iv) High blood pressure*, raised cholesterol*, chest pain or irregular heart beat?
- (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?
- (vi) Ulcers or any disorder of the oesophagus, stomach, intestine, pancreas, bowel, bladder or urinary system including blood or protein in the urine?
- (vii) Asthma*, bronchitis*, emphysema, shortness of breath, sleep apnoea or any other respiratory disorder?
(Colds, influenza, hay fever and simple respiratory tract infections can be omitted.)
- (viii) Blurred or double vision, or any disorder affecting the eye (and not wholly corrected by spectacles or contact lenses), ear, nose, or throat?
- (ix) Arthritis or joint disorders, gout, back, neck or muscular disorder?

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

F Health Statement and Other Information (continued)

Note:

Please answer carefully, giving full details in the relevant box and, if necessary, use a separate sheet for additional information. If you need to alter an answer please put a line through the incorrect part of the answer and initial the alteration.

Health (continued)

- (x) **If male** - prostate or any other urinary disorders?
If female - abnormal mammogram, abnormal cervical smear or any other gynecological or urinary disorder?
- (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)
- (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?
(Colds, influenza and hay fever can be omitted)
- (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, discomfort or other symptoms for which you have not yet sought medical advice?

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

First Life details

Second Life details

- 12. (i) Have you ever been treated for alcohol misuse, or advised/ counselled to reduce your consumption of alcohol?
- (ii) Have you taken cocaine, cannabis, heroin, anabolic steroids or any drugs other than for medicinal purposes within the last 10 years?
- (iii) Have you ever tested positive for HIV/AIDS or are you awaiting the results of such a test?
- (iv) Have you ever tested positive for Hepatitis B or C or are you awaiting the results of such a test?
- (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?
- (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?

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

First Life details

Second Life details

Continued overleaf

F Health Statement and Other Information (continued)

Note:

Please answer carefully, giving full details in the relevant box and, if necessary, use a separate sheet for additional information. If you need to alter an answer please put a line through the incorrect part of the answer and initial the alteration.

Family History

13. Have any of your **parents, brothers or sisters** ever had one or more of the following medical conditions at the ages specified: *(Please specify age at diagnosis of the relevant medical history.)*

Family member(s) age 60 OR less

- (i) Breast or ovarian cancer?
- (ii) Multiple Sclerosis, Motor Neurone disease or Parkinson's disease?
- (iii) Bowel or colon cancer?
- (iv) Stroke or heart disease (for example heart attack or angina)?
- (v) Cardiomyopathy?
- (vi) Muscular dystrophy of any kind?
- (vii) Polycystic kidney disease?
- (viii) Huntington's disease or Alzheimer's disease?
- (ix) Any type of cancer that has occurred in the same site in two or more family members? *Note: there is no need to repeat disclosure given in question 13 (i) and (iii) above.*

First Life

Second Life

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

Existing Cover

14. Does the Serious Illness sum insured on this application and any other Serious Illness cover you have with any other company exceed €500,000?

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

First Life details

Second Life details

G Please complete this section if 'Own' Occupation Permanent Total Disablement Cover is required

Note to

Financial

Advisor:

Please consult the online Occupational Benefits Guidelines (in the Underwriting section of the Document Library on ZurichBroker.ie) to check if your client's occupation is acceptable for 'Own' Occupation PTD cover.

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

(a) Manual or physical activity?

If Yes:

Percentage of time

Please give nature of this activity.

(b) Use of machinery or tools?

If Yes:

Percentage of time

Please give nature of this activity.

(c) Annual business mileage greater than 25,000 miles (40,000 km)?

(d) Working at heights?

If Yes:

Average height worked

First Life

Second Life

Yes No

Yes No

%

%

Yes No

Yes No

%

%

Yes No

Yes No

Yes No

Yes No

H GP Details

Please give the name, address of and the number of years that you have attended your usual doctor.

First Life Insured

Doctor's Name

Address

For how many years?

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

Second Life Insured

Doctor's Name

Address

For how many years?

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

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

First Life Insured

Doctor's Name

Address

Second Life Insured

Doctor's Name

Address

Note: Having completed this Personal Information Form (and any additional medical questionnaires overleaf), please ensure that you sign the Personal Declaration Form.

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.

Additional Medical Questionnaires
Cancer / Tumours

To be completed by all applicants with history of Cancer / Tumour(s)
 Applicants may apply for cover using the Insurance **Ireland Code of Practice for Underwriting Mortgage Protection Insurance for Cancer Survivors** where their treatment for cancer ended more than seven years prior to their application or more than five years if the applicant was under 18 at the time of diagnosis.
 Treatment has ended means being in "complete remission" **and** "active treatment" having ended seven or more years prior to the date of the application where the cancer was diagnosed when the applicant was aged over 18; and having ended five or more years prior to the date of application where the applicant was aged under 18 at time of diagnosis.
 * **Complete remission** is determined by a cancer survivor's treating oncologist. This includes the absence of signs and symptoms related to a cancer diagnosis which may be determined by, but not limited to, physical examination, radiological investigation and serum biomarkers.
 * The term "**Active treatment**" represents the use of surgery, radiation therapy, chemotherapy, biological agents, immunotherapy, bone marrow transplant or any evidence-based medical approaches to cure a cancer. These therapies may have been employed in both the primary (adjuvant and neoadjuvant) settings and secondary setting. The term "active treatment" excludes anti-hormonal medications or any form of preventative therapy or medicine designed to reduce recurrence risk following complete remission.

Part One – To be completed by applicants under the Insurance Ireland Code of Practice for Underwriting Mortgage Protection Insurance for Cancer Survivors

	First Life		Second Life	
1. Do you want your application to be Underwritten under the rules and criteria of the Insurance Ireland Code of Practice for Underwriting Mortgage Protection Insurance for Cancer Survivors	Yes	No	Yes	No
2. Is the purpose of this application to cover a mortgage in respect of your principal private residence (a principal private residence is where the life insured lives most or all of the time) and is not covered/secured by any other Life policy?	Yes	No	Yes	No

Part Two – To be completed by applicants with any history of Cancers / Tumours

3. At what age were you first diagnosed with Cancer?
4. Please confirm the type / site of cancer
5. Did you have more than one occurrence or spread of cancer / tumour? Yes No Yes No
 If Yes, please provide details in box below.

First Life	Second Life

6. Has your Specialist Doctor confirmed that your cancer is in complete remission?*

If Yes, please confirm what year this was

Yes No Yes No

7. Please confirm the month & year all treatment* stopped (ie month and year)
- Still undergoing treatment
 - Cancer Surgery
 - Chemotherapy
 - Radiotherapy
 - Immunotherapy

If No, treatment please specify details

First Life	Second Life

Additional Medical Questionnaires (continued)

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
<p>1. What have you been diagnosed with?</p> <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>			
<p>2. When were you first diagnosed with this condition?</p> <ul style="list-style-type: none"> • Within the past 6 months? • Greater than 6 months ago? 			
<p>3. Who have you sought advice or received treatment from?</p> <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>			
<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> <p>When was the last episode / attempt?</p>	Yes	No	Yes No
	Within the past 2 years	Over 2 years ago	Within the past 2 years Over 2 years ago
<p>5. Are you having treatment now?</p> <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>	Yes	No	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> <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>	Yes	No	Yes No

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	Yes	No	Yes	No
• 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. Overactive)
- 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

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

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Intended for distribution within the Republic of Ireland.

GR: 9909 Print Ref: ZL LP 241 (Booklet) 1025 Product Ref: JAT, JAS

