

Questionnaire – High Cholesterol

Life Insured Details

Life Insured:

Policy Number:

Important information for customers

Before completing this questionnaire it is important that you read this statement, as you will be required to sign a declaration stating that you understand and agree to the following:

You are aware that you have a legal duty to answer all questions asked in relation to this questionnaire 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. It is vital that you answer all questions fully as Zurich Life will not necessarily obtain any medical reports from your doctor in respect of the answers given in this form.

Zurich Life may accept or provide terms based on your answers alone.

The information requested below is to enable Zurich Life make a decision in some instances without having to request a report from your General Practitioner (GP). If some of the answers are unknown to you please try to obtain this information from your GP.

If you are in doubt about this declaration please refer to your Financial Adviser or Zurich Life.

Changes to answers arising after completion of Application Form:

You agree to notify Zurich Life if there are any changes in my answers to the questions in the application form or this questionnaire between the date of completion of these forms and the date that the policy is issued.

High Cholesterol

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
- 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

- 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

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

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)'



Please sign and date.

Declaration

I declare that I have answered the above questions honestly and with reasonable care (including any statements written down for me).

I have read and understand the important information for customers at the top of this form I agree that failure to answer questions honestly and with reasonable care could result in Zurich life rejecting all or part of any claim that may arise.

I agree that this declaration shall be incorporated with and form part of the original application form.

Signature of the Life insured

X

Date

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