

# Questionnaire – Crohn's Disease

Name:

## 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.

## Crohn's Disease

1. When was Crohn's disease first diagnosed?

2. Has your Crohn's Disease ever affected any of the below? Select all that apply.

Joints

Skin

Liver

Eyes

None of these

3. Have you had surgery for Crohn's Disease?

Yes

No

If Yes, please give details

4. When was this (if you had surgery more than once please give all dates)?

5. Have you had any symptoms since your last surgery?

Yes

No

### Zurich Life Assurance plc

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Intended for distribution within the Republic of Ireland.



6. When did you last have any symptoms?

7. How many times have you had attacks or flare ups in the last three years?

8. What treatment are you currently taking?

9. What treatment have you been prescribed in the last year?

10. How many days have you taken off work due to Crohn's Disease in the last two years?

11. Does your condition limit your ability to work or carry out your normal daily activities?

Yes              No

If Yes, please give details.

## 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 \_\_\_\_\_

Date \_\_\_\_\_