

Questionnaire – Gout

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.

Gout

1. When was gout first diagnosed?

2. When did you last experience symptoms of gout?

3. On how many separate occasions have you had attacks of gout symptoms in the last 12 months?

4. Please describe these symptoms.

5. Which joints are affected?

6. Please give the date and result of your most recent blood test to measure uric acid levels, if known.

7. Please describe any treatment or medication that you have received in the last two years. (Please give name of treatment if known, dosage and date of last prescription.)

8. Have you been diagnosed with raised blood pressure or have you had any kind of kidney problems in the past?

Yes No

If Yes, please give details.

9. Does this condition limit your ability to carry out your usual activities?

Yes No

If Yes, please give full details.

10. How much time off work have you taken due to the symptoms of gout in the last two years?

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.

Intended for distribution within the Republic of Ireland.



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 _____

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