

Questionnaire – Inflammatory Bowel Disease



Name

Proposal 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:

That if you do not answer the questions honestly and completely, Zurich Life may not pay any claim. 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

Inflammatory Bowel Disease (including Ulcerative Colitis and Crohn's Disease)

1. When did symptoms of this illness first occur?

2. What was the diagnosis?

3. Have you had an operation for this?

☐ Yes ☐ No

If Yes, please give details (including the name of the operation if known)

4. When was this? If you have had more than one operation, please give all dates.

5. Have you had any symptoms since having surgery?

☐ Yes ☐ No

6. When did you last have symptoms?

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

8. What treatment are you taking now?

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

10. In connection with this illness have you ever had:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Joint trouble | <input type="checkbox"/> Skin trouble | <input type="checkbox"/> Fever |
| <input type="checkbox"/> Anaemia | <input type="checkbox"/> Weight loss | <input type="checkbox"/> None of these |

11. Are you still under follow up or review?

- ☐ Yes ☐ No

If Yes, when is your next appointment?

12. Has this condition ever affected your work or your day to day activities?

- ☐ Yes ☐ No

If Yes, please give full details.

Declaration

I declare that the answers to the above questions are true and complete (including any statements written down for me).

I have read and understood the 'important information for customer' notice on page one of this form and understand that failure to give true and complete answers to the above questions 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 _____

Zurich Life Assurance plc

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