

## Questionnaire – Gall Bladder

### 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:**

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.

## Gall Bladder Disorders

1. What gall bladder illness have you suffered from?

2. When did it first occur?

3. What symptoms have you had? Please tell us what occurred, when and, if appropriate, how often.

4. When did you last experience any symptoms?

5. If you still have symptoms, are these improving, getting worse or staying about the same?

6. What investigations have you had done? (Examples could include an x-ray, scan and endoscopy.)

7. Have you had an operation for this?

Yes      No

If Yes, please give details.

8. What other treatment have you had? Please give details including when this started and stopped, drug names, etc.

9. What treatment are you taking now?

Continued overleaf

10. Are you still under follow up or review?

Yes      No

If Yes, please give details.

11. Has this condition ever affected your work or your day to day 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

X

Date

 **Life insured:**  
Please sign and date.

### Zurich Life Assurance plc

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