

# Questionnaire – Kidney Stone

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.

## Kidney Stone

1. When did this first occur?

2. Has it occurred again?

Yes                      No

If Yes, please give the date(s).

3. When did you last have symptoms of kidney trouble?

4. What investigations have you had done? (Examples could include X-rays, blood tests and scans.)

### **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](http://www.zurich.ie)

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5. What treatment have you had? If you have had an operation, please say what it was, and give details of any medicines you were prescribed.

6. Are you on any treatment now?

Yes                      No

If Yes, what is this?

7. Has this kidney trouble cleared up now? Do you have any kidney stones now?

Yes                      No

If Yes, please give details.

8. Have you ever been told that this kidney trouble has caused complications such as high blood pressure or affecting your kidney function?

Yes                      No

If Yes, please give full details.

9. Are you still under follow up or review?

Yes                      No

If Yes, when is your next appointment?

10. 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 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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