

Questionnaire – Chest Pain

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:

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.

Chest Pain

If you have had more than one episode, please answer questions 1 to 7 in respect of each one.

1. When did this occur?

2. What was the pain like? Please tick as many boxes as are appropriate:

How painful was it?

Mild

Moderately severe

Severe

Other (please describe)

What sort of pain was it?

Stabbing

Crushing

Constricting or a tightness

Aching

Other (please describe)

Whereabouts did it occur?

Centrally in the chest

Left side

Right side

High in the chest

Low

Other (please describe)

Did it travel to anywhere else?

To the shoulder

Down the arm (if so, say which)

To the neck or jaw

Other (please describe)

Continued overleaf

What brought it on?

Exercise or physical work

Awkward posture

Came on for no apparent reason

Other (please describe)

3. How long did the pain last (for example so many minutes or hours, or perhaps it was on and off for a period)?

4. What happened next (for example you consulted your doctor, you went to A&E or you were taken to hospital by ambulance)?

5. Did you have any investigations done? (examples could include blood tests, an x-ray and an ECG)

Yes

No

If Yes, what was the test and what were the results?

6. Were you kept in hospital?

Yes

No

Not Applicable

If Yes, for how long?

7. What treatment did you have? Please include details of any medicines you were prescribed and when you stopped taking them.

Continued overleaf

8. Are you on any treatment now? Yes No

If Yes, what is this?

9. Has this cleared up now? Are you symptom-free? Yes No

If No, please give details.

10. Are you still under follow up or review? Yes No

If Yes, when is your next appointment?

11. 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.



Please sign and date.

Signature of the Life insured

X

Date

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