

Declaration of Health



Note:

Please complete in
BLOCK CAPITALS.

Policy / Proposal
Number

First Life Name:

Second Life
Name:

Please complete (A) or (B)

(A) For Issued Policies - Date your policy lapsed:

(B) For unissued applications - Date your Original Application was signed:

Important information for customers

Before completing this declaration of health 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 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.

You also agree to notify Zurich Life if there are any changes in the answers to the questions in the declaration of health between the date of completion of this form and the date that the policy is issued.

If you are in doubt about this declaration please refer to your Financial Adviser or Zurich Life.

Since (A) Date your policy lapsed or (B) Date your original application was signed, have you?

1. (a) Suffered from any illness or injury?
- (b) Been referred to or consulted a GP, specialist, hospital doctor or surgeon?
- (c) Been referred to or attended a hospital or clinic?
- (d) Received any medical advice, treatment or course of pills or tablets?
- (e) Any condition or symptoms for which you intend seeking medical advice or treatment in the future.
2. Ever tested positive for HIV/AIDS or are you awaiting the results of such a test?
3. Have you:
 - (a) Travelled or resided outside the EU (except for holidays) in the past five years or do you intend to do so?
 - (b) Changed your Occupation or engaged in a hazardous pastime or pursuit?
 - (c) Been postponed, declined or accepted on special terms by another insurance company?
4. Have your drinking or smoking habits changed?

First Life

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

Second Life

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

Details

If the answer to any of the questions on page 1 is "Yes" please give full details below (except colds/Flu), including names and addresses of doctors attended.

First Life Insured

Second Life Insured

Question Number

Details

Doctor's Name

Address

For how many
years?

Declaration of Life (Lives) insured

Please read the Declaration below carefully before signing this form.

If you do not fully understand any part of this form, or if you have any doubt about the meaning of any of the questions in this form or of any part of the Declaration, you should not sign the Declaration until all your queries have been clarified to your satisfaction.

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.

I agree to notify Zurich Life if there has been any changes in the answers to the questions in the declaration of health between the date of completion of this form and the date that the policy is issued.

I confirm that I have read and fully understand all parts of the above declaration and the consequences of my failure to provide full, correct and accurate information.

This form cannot be accepted without a Policy/Proposal number.



Life insured:

Please sign and date.

Signature of Life insured

X

Date



Life insured:

Please sign and date.

Signature of Life insured

X

Date

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