

Note:

E

Health Statement and Other Information (continued)

Please answer carefully, giving full details and, if necessary, use a separate sheet for additional information. Tipp-ex should not be used on the application form. If you need to alter an answer please put a line through the incorrect part of the answer and initial the alteration.

Note:

If your occupation is "Company Director" please advise the nature of the business.

Personal Details

- 1. (i) What is your height?
- (ii) What is your weight?
(Please specify stones, pounds or kilos.)

- 2. Do you drink alcohol?
What is your average weekly consumption in units?

(One pint = 2 units, a bottle of beer is 1½ units, a standard glass of wine or a single measure of spirits is one unit.)

Yes No

Details

Occupation/Activities/Travel

- 3. Please state your occupation.
- 4. As part of your occupation, do you work at heights greater than 40 feet / 12 metres or underground or carry out any other potentially hazardous activity?
- 5. Do you have any intention of flying other than as a passenger on a public airline?
- 6. Have you travelled or resided outside the EU for more than 3 months in the last 5 years?
(Travel to USA, Canada, Australia or New Zealand need not be disclosed.)
- 7. Do you have any intention or prospect of travelling or residing outside the EU other than on a holiday of less than 3 months duration?
(Travel to USA, Canada, Australia or New Zealand need not be disclosed.)
- 8. Do you take part or intend to take part in any hazardous pastime such as motor racing, diving, aviation or mountaineering?
- 9. Have you received a conviction for drink driving or driving under the influence of a controlled substance in the past 5 years?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Details

Health

- 10. Have you ever suffered from or received treatment, advice or had investigations for any of the following:
 - (i) Cancer or tumour, leukaemia, Hodgkin's disease or lymphoma?
 - (ii) Heart attack, angina, cardiac failure, cardiomyopathy, heart valve or structural disorders or other heart disease?
 - (iii) Stroke, brain haemorrhage or brain injury through any cause?
 - (iv) Disease of the arteries or veins, aortic aneurysms, or poor circulation in the legs?
 - (v) Disease or disorder of the blood, including anaemia?
 - (vi) Multiple sclerosis, optic neuritis, Parkinson's disease, Alzheimer's disease, dementia or paralysis from any cause?
 - (vii) Epilepsy or any other disease of the nervous system (brain, spinal cord or nerves)?
 - (viii) Cirrhosis or any other illness affecting the liver?
 - (ix) Kidney failure or kidney disease including cystic kidney disease?
 - (x) Diabetes, thyroid disorders or any hormone abnormalities?
 - (xi) Any mental illness including anxiety, depression, stress or eating disorder, or have you attempted to harm yourself?

Yes No

Details

Continued overleaf

Note: Please answer carefully, giving full details and, if necessary, use a separate sheet for additional information. Tipp-ex should not be used on the application form. If you need to alter an answer please put a line through the incorrect part of the answer and initial the alteration.

E Health Statement and Other Information (continued)

Family History

13. Have any of your **parents, brothers or sisters** ever had one or more of the following medical conditions at the ages specified:

Family member(s) age 50 OR less

- (i) Breast or ovarian cancer? Yes No
- (ii) Multiple Sclerosis, Motor Neurone disease or Parkinson's disease? Yes No

Family member(s) age 60 OR less

- (iii) Bowel or colon cancer? Yes No
- (iv) Stroke or heart disease (for example heart attack or angina)? Yes No
- (v) Cardiomyopathy? Yes No
- (vi) Muscular dystrophy of any kind? Yes No
- (vii) Polycystic kidney disease? Yes No
- (viii) Huntington's disease or Alzheimer's disease? Yes No
- (ix) Any type of cancer that has occurred in the same site in two or more family members? Yes No

Note: there is no need to repeat disclosure given in question 13 (i) and (iii) above.

- (x) Any disorder which you know or suspect to be hereditary or for which you have received follow up or screening? Yes No

Details

(Please specify age at diagnosis of the relevant medical history.)

Note: Please sign the appropriate boxes at the bottom of page 6.

F Declarations (continued on next page)

(i) Policy Declaration

- **This application:** I declare that I have read the entire application form after it was fully completed and I am satisfied that all the answers and statements in the Application Form are true and complete (including those completed by my Financial Advisor).
- **Contract of insurance:** I agree that this Application Form together with any statements made or to be made to the medical examiner (if requested) for Zurich Life, along with any verbal statements to be made to and acknowledged in writing by Zurich Life which shall be deemed to be part of this Declaration and shall form the basis of this contract of insurance.
- **Material Facts:** I understand that I must disclose all Material Facts. A Material Fact is any fact that may influence the assessment and acceptance of an application for insurance or may increase the possibility that you will make a claim under this policy. If you are in any doubt about whether a fact is material, you should disclose full details.
- **Events prior to the start of this policy:** I understand that I must advise Zurich Life immediately about any changes in my health or other Material Facts that occur between now and the date my policy starts.
- **Tobacco consumption:** I understand that if I provide incorrect or false information about my tobacco consumption any claim may not be paid.

Continued overleaf

F **Declarations (continued)**

(ii) Data Sharing Consent

Zurich Life Assurance plc ('Zurich Life') is a member of Zurich Insurance Group ('the Group').

In order to provide a seamless insurance service globally, Zurich Life may transfer any data it has received from, and any data it holds on me to other units of the Group, such as branches, subsidiaries, or affiliates within the Group, cooperative partners of the Group, coinsurance and reinsurance companies located in this country or abroad.

Zurich Life, as well as such recipients may use, process and store the data, in particular for the purpose of risk evaluation, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, statistical evaluation or to otherwise ensure the Group global insurance service delivery.

If a Financial Advisor or agent is acting on my behalf, Zurich Life is authorised to use, process and store data received from such Financial Advisor or agent, and to forward to such Financial Advisor or agent my data relating to the execution of the policy, collection of premiums and payment of claims.

Zurich Life may procure data from third parties to assess a claim. Zurich Life may check my personal data against international / economic or financial sanctions, laws or regulated listings.

You have a right of access to and the right to rectify the data concerning you held by Zurich Life/the Group.

Zurich Life may, in future, want to use your data to tell you about its products and services, those of the Group or of a third party that they have arranged for you. If you do not want your data to be used for these purposes, please tick here.

You can ask Zurich Life at any time to stop using your data in this way, by writing free of charge to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, FREEPOST, Blackrock, Co. Dublin.

(iii) Consumer Disclosure

I confirm that I have received the relevant Zurich Life Customer Guide and that the Customer Guide has been fully completed by my Financial Advisor.

Does this policy replace an existing policy, in whole or in part? Yes No

If YES, and that policy is a Zurich Life policy, please specify policy number:

Warning: If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or Financial Advisor.

Where this policy is replacing an existing policy you must disclose all Material Facts (see definition on page 5) including all Material Facts and changes in your health since the date the existing policy was issued.

If the policy was sold, signed or completed outside Ireland, insert the name of the country where it was sold, signed or completed.

Note:

An occupation is pensionable if in connection therewith you are a member of a "sponsored superannuation scheme", which is any scheme or arrangement from which you expect to receive a retirement benefit, whether in lump sum or pension form, that will not have been wholly provided out of your own resources.

(iv) Pension Declaration (Please complete both statements and refer to notes in left margin.)

1. Are you engaged on your own account or as a partner personally acting in some trade, profession or occupation? Yes No

2. Are you an employed person (or the holder of an office or employment) with one or more of your occupations non-pensionable? Yes No

(v) Permission to request further information

I agree to give Zurich Life permission to request medical information from any doctor that I have attended and to request relevant information from any other insurance office that I have applied to for life insurance cover. I agree that this authority will remain in force after my death.

I confirm that I have read, fully understand and agree to all parts of the above declarations ((i), (ii), (iii) (iv) and (v)), the commitment to provide honest and complete information on page 1 and that, as policy owner I will be the beneficial owner of this policy.

I am aware that if I do not answer all questions honestly and completely, Zurich Life may decline to pay a future claim.



Policy Owner:

Please sign and date.

X Date

Zurich Life Assurance plc

Zurich House, Frascati Road, Blackrock, Co. Dublin, Ireland.

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

Intended for distribution within the Republic of Ireland.

The information contained herein is based on Zurich Life's understanding of current Revenue practice as at June 2014 and may change in the future.

