

Questionnaire – Anxiety Disorders

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.

Anxiety, Stress & Depression

1. What have you been diagnosed with?

- Anxiety
- Stress
- Depression
- Post Natal Depression
- Post Traumatic Stress Disorder / Obsessive Compulsive Disorder
- Bipolar Disorder / Schizophrenia / Major Mood Disorder
- Psychosis
- Combination of above
- Other

If 'Other' Please confirm diagnosis

2. When were you first diagnosed with this condition?

- Within the past 6 months?
- Greater than 6 months ago?

3. Who have you sought advice or received treatment from?

- Cognitive Behavioural Therapist
- GP / Counsellor
- Psychologist
- Hospital Doctor or Psychiatrist
- No one
- Combination of above

If combination - Please provide details of the attendances including who you attended and last attendances

4. Have you ever intentionally harmed yourself, taken an overdose of drugs, attempted to take your own life or considered one of these things?

Yes No

When was the last episode / attempt?

Within the past
2 years
Over 2 years ago

5. Are you having treatment now?

Yes No

If Yes, please confirm which best describes your treatment

- Counsellor
- Cognitive Behavioural Therapy (CBT)
- Medication
- Combination of above

If currently on medication, please confirm the name(s) of the medication and dosage if known.

6. In the past 5 years have you had to take any time off work or unable to carry out daily activities?

Yes No

If yes, please confirm full details including the number of days and dates of last time off work / inability to carry out activities.



Please sign and date.

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

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