

Questionnaire – Arthritis & Joints

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.

Arthritis & Joints

1. What type of arthritis have you had?

Osteoarthritis

Rheumatoid arthritis

Don't know

Other (please say what)

2. When did you first see a doctor about this?

3. What joints have been affected?

Hip

Knee

Ankle

Toes

Shoulder

Elbow

Wrist

Fingers

Back/spine (including neck)

4. Are the joints on both sides (left and right) affected or just one side?

Both sides

One side

5. What tests and investigations have you had done? When were they done and what were the results?

6. What treatment have you had? Please give drug names, the date prescribed and, if you stopped taking it, when?

7. Are you having any treatment now? If so, please describe what this is.

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

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Intended for distribution within the Republic of Ireland.



8. Who has been managing your condition?

Your GP

Hospital or clinic or specialist

Both

9. Please describe the symptoms you have had, particularly pain and discomfort, stiffness and difficulty in doing things. Also please advise if you have had other symptoms such as affecting the skin, eye or bowel.

10. Are your symptoms getting worse, improving or staying the same?

Getting worse

Improving

Staying the same

11. When did you last have symptoms?

12. How has this condition affected your work or your day to day activities? Please describe in as much detail as you can, including the amount of any time off work in the past 2 years.

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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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