

Questionnaire – Check Up

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.

Check Up

1. What was the reason for the check up?

Employment or insurance purposes

A Well Man/Well Woman check up

To investigate symptoms at the time

In relation to a specific medical condition

In relation to a family member's medical condition

Other (please give details below)

2. Whom did you have the check up with?

GP

Practice nurse

Specialist or hospital doctor

3. When did you have this check up?

4. What tests did you have done (select all that apply)?

Electrocardiogram (ECG)

Blood test

CT scan

MRI scan

Mammogram

No special tests

Other tests (please give details below)

5. Were any abnormalities found as a result of the check up or investigations?

Yes

No

Don't know

If Yes, please give details.

6. Were you given a diagnosis after the check up? Yes No

If Yes, please give details.

7. Have you been asked to re-attend for a further follow up appointment or referral, undergo investigations or tests or start treatment? Yes No

If Yes, please give full details including who you will be seeing and the dates if known.

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

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

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