

Questionnaire – Cyst, Mole & Growths

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.

Cyst, Mole & Growths

1. Where in or on the body was this?

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

3. Has a diagnosis been made?

Yes No

If Yes, what was it?

4. What investigations did you have done? When and where were they done?

5. If you can, please describe the size or extent of the cyst/mole/growth – for example the staging and whether or not it had spread elsewhere.

6. What treatment have you had, and when did it begin and end?

7. Have you had more treatment subsequent to what you had originally?

Yes No

If Yes, what was this and when did you have it?

8. Are you having any treatment now?

Yes No

If Yes, please give details.

9. Did you have any follow up or review appointments after treatment?

Yes No

If Yes, please tell us how many, for how long and when the last appointment was.

10. Are you still under follow up or review?

☐ Yes ☐ No

If Yes, when is your next appointment?

11. Has this condition ever affected your work or your day to day activities?

Yes No

If Yes, please give full details.

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 _____