

Questionnaire – Diabetes

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.

Section A (Diabetes)

1. When was this first diagnosed?

2. What type of diabetes do you have?

Type 1 diabetes

Type 2 diabetes

Raised blood sugar during pregnancy (gestational diabetes) - see Section B below

3. Please advise what treatment you are taking?

Insulin

Other diabetic medication – include name

4. Has your treatment varied in the last 12 months?

Yes No

If Yes, what was the result?

5. Do you know the result of your last blood test to measure your HbA1c levels?

Yes No

If Yes, what was the result?

6. When was the date of this test?

7. Please give the results of your most recent blood glucose & urine glucose tests.

8. When was your blood pressure last checked and what was the result?

9. When was your cholesterol last checked and what was the result?

10. Other than when your diabetes was diagnosed, have you ever been admitted to hospital to control your diabetes?

Yes No

If Yes, when was this?

11. Have you ever had any of the following?

Raised blood pressure

Raised cholesterol

Kidney problems

Protein in your urine

Eye problems as a result of your diabetes

Tingling, numbness or loss of sensation in your hands or feet

Diabetic coma or high or low blood sugar levels that required emergency treatment

Any form of heart disease, stroke or problems with your blood vessels or circulation

If Yes, please give details

12. How frequently do you see your diabetic specialist?

13. Please give the name & address of the diabetic specialist you are seeing?

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.

Intended for distribution within the Republic of Ireland.



Section B (Gestational Diabetes)

1. Was this diagnosed during your current pregnancy or a previous pregnancy?

Current

Previous

Both

2. If in a previous pregnancy, has the sugar level in your blood or urine been checked since you gave birth?

Yes

No

3. Was the result normal?

Yes

No

Don't know

4. Have you been discharged from all follow up?

Yes

No

5. Are you still taking treatment for this condition?

Yes

No

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 _____