

Questionnaire – Drug Use

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.

Drug Use

1. Which of the following drugs have you used (please tick all that apply)?

Amphetamines (e.g. ecstasy, speed) Anabolic steroids or other performance enhancing drugs
Barbiturates Cannabis Cocaine Hallucinogens (e.g. acid, LSD)
Opiates (e.g. heroin, methadone) Sedatives Solvents Other

2. Have you ever injected any non-prescription drugs?

Yes No

If Yes, when was the most recent time?

3. Are you still taking any of these drugs?

Yes No

If Yes, please tell us which drugs.

4. How many times per month do you take this / these drug(s)?

5. When you were taking these drugs how often did you take them?

6. When was the last time you took any of these drugs?

7. Have you suffered from any mental or physical problems as a result of your drug use? Yes No

If Yes, please give full details including any treatment that you have received.

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

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