

Questionnaire – Ear Disorders

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.

Ear Disorders

1. Have you been diagnosed with any of the following?

Deafness / Partial Deafness

Labyrinthitis

Other

Meniere's Disease

Perforated Ear Drum

Tinnitus

If other, please give details

2. Were you told by your doctor that your condition is related to or caused by another medical condition?

Yes

No

Don't know

If Yes, please give details.

3. When were you first diagnosed with this condition or first have symptoms?

4. When did you last experience symptoms?

5. How many times have you had symptoms of this condition

6. How would you describe your hearing?

Good / Perfect

Moderate

Poor

Total or almost total loss of hearing

Continued overleaf

7. Which of your ears is / are affected? Left Right Both

8. Are you awaiting any hospital referral, investigations or an operation for this ear condition?

Yes No

If Yes, please give details.

9. Please list any treatment that you have had including medical treatment or surgical procedures. Please indicate whether you use a hearing aid.

10. Are your symptoms:

Improving Staying the same Getting worse

11. In the past two years has your condition limited your ability to work or carry out your normal daily activities?

Yes No

If Yes, please give details.

12. Have you fully recovered (which means you are not on any treatment, discharged from further review and have returned to your occupation or normal activities)? Yes No

If No, please give full details.

Continued overleaf

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

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