

Questionnaire – Eye Disorders

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.

Eye Disorders

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

Blindness / partial blindness Blurred vision

Cataract Conjunctivitis

Glaucoma Optic neuritis

Other (please provide full details)

2. Has a specific cause been identified for your eye condition?

Yes No Don't know

If Yes, please give details.

3. What eyes are affected?

Left Right Both

4. When were you first diagnosed with this condition?

5. When did you last experience any symptoms?

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.



6. How would you describe your vision with glasses or lenses as necessary?

Good / perfect

Moderate

Poor

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

8. Are your symptoms?

Improving

Staying the same

Getting worse

9. Please list any treatment that you have had including medical treatment or surgical procedures. Please provide details of name of treatment and dosage.

10. How many days have you taken off work due to this in the last two years?

11. Does your condition limit your ability to work or carry out normal daily activities including driving?

Yes

No

If Yes, please give details.

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.



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.

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 _____