

Questionnaire – Gynaecological 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.

Gynaecological Disorders

1. Have you had any of the following?

Abnormal cervical smear (Please go to section A)

Endometriosis (Please go to section C)

Fibroids (Please go to section C)

Hysterectomy (Please go to section B)

Period problems (Please go to section C)

Other (Please go to section C)

Section A – Abnormal Cervical Smear

A1. When were you diagnosed with this?

A2. Were you diagnosed with cancer?

Yes No

A3. Apart from routine cervical smears are you still under review or being followed up?

Yes No

If Yes, please give details.

A4. What was the date and the result of your last cervical smear?

A5. Please list any treatment (including surgery) that you have had.

If you are currently on medical treatment, please provide details of name of treatment and dosage.

Section B – Hysterectomy

B1. What was the date of your hysterectomy?

B2. Was your hysterectomy due to cancer or cancerous cells?

Yes No

B3. Please list any treatment (including surgery) that you have had.

If you are currently on medical treatment, please provide details of name of treatment and dosage.

B4. Have you fully recovered (which means you are discharged from further review and not under any further follow up)?

Yes No

If No, please give details.

Section C – Others

C1. If period problems or other please give details of any diagnosis.

C2. When were you diagnosed with this?

C3. Please list any treatment (including surgery) that you have had. If you are currently on medical treatment, please provide details of name of treatment and dosage.

C4. Have you fully recovered (which means you are discharged from further review and not under any further follow up)?

Yes No

If No, please give details.

C5. How many days have you taken off work due to this in the last two years?

C6. Does your condition limit your ability to work or carry out your normal daily activities including driving

Yes No

If Yes, please give details.

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

Intended for distribution within the Republic of Ireland.



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 _____