

Questionnaire – Kidney Disease

(For Kidney Stones please use Kidney Stone Questionnaire)



Name

Proposal 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:

That if you do not answer the questions honestly and completely, Zurich Life may not pay any claim. 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

Kidney Disease

1. What is / was the diagnosis?

2. When did it first occur?

3. Has it occurred again?

☐ Yes ☐ No

If Yes, please give the date(s)

4. When did you last have symptoms of kidney trouble?

5. What investigations have you had done? (Examples could include x-rays, blood tests and scans).

6. What treatment have you had? If you have had an operation, please say what it was, and give details of any medicines you were prescribed.

7. Are you on any treatment now?

☐ Yes ☐ No

If Yes, what is it?

8. has this kidney trouble cleared up now?

☐ Yes ☐ No

If No, please give details.

9. Have you ever been told that this kidney trouble has caused complications, such as high blood pressure or affecting your kidney function?

☐ Yes ☐ No

If Yes, please give details

10. Are you still under follow up or review?

☐ Yes ☐ No

If Yes, when is your next appointment?

11. Has this condition ever affected your work or your day to day activities?

☐ Yes ☐ No

If Yes, please give full details

Declaration

I declare that the answers to the above questions are true and complete (including any statements written down for me).

I have read and understood the 'important information for customer' notice on page one of this form and understand that failure to give true and complete answers to the above questions 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 _____

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

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