

Questionnaire – Muscle Pain

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.

Muscle Pain

1. Did you have any special tests such as an MRI scan, lumbar puncture or blood tests?

Yes No

If Yes, please advise which test(s) and the results.

2. Have you taken or been advised to take any treatment?

Yes No

If Yes, please advise (including the names of treatments, dosage and how often you take them).

3. Who did you see for this condition?

GP Specialist Hospital doctor Physio

4. When did you first have muscle pain?

5. When did you last have muscle pain?

6. Has a particular medical condition been diagnosed? For example - Chronic Fatigue Syndrome (CFS), Myalgic Encephalomyelitis (ME), Fibromyalgia?

Yes No

If Yes, please give the diagnosis.

7. How often do you get symptoms of muscle pain and how long do the symptoms or episodes last?

8. How many days have you taken off work due to muscle pain in the last two years?

9. Please tell us about your current symptoms including where the pain occurs, whether symptoms are stable, improving or getting worse.

10. Have you been asked to re-attend for a further follow up appointment or referral, investigations or tests?

Yes No

If Yes, please give full details including the name of the hospital / clinic, who you will be seeing and the dates if known.

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

Yes No

If Yes, please give details including telling us about any daily tasks you cannot carry out or which cause you difficulty.

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 _____