

Questionnaire – Respiratory Disorders

(For Asthma please use Asthma Questionnaire)

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.

Respiratory Disorders

1. What is / was the diagnosis?

2. When was the diagnosis made?

3. When did you last have symptoms?

4. Have you ever had to go to hospital because of this condition?

Yes No

If Yes, please give the date or dates and describe what happened, including whether you were admitted as an in-patient.

5. How often do you get symptoms now and what causes them to occur?

6. Please describe what these symptoms are like typically (For example wheezing, coughing sputum, shortness of breath, etc.)

7. What investigations have you had done? In particular, please give the results of any lung function tests and when these were done.

8. What treatment have you had? Please give drug names, the date prescribed and, if you have stopped taking it, when.

9. Are you having any treatment now? If so, describe what this is and how often you use it.

10. Have you ever taken steroid tablets for this condition?

Yes No

If Yes, when was the last time?

11. Do you ever get short of breath when doing any of the below? (Select all that apply.)

Walking? Hurrying? Climbing stairs?

12. How has this condition affected your work or what you do day to day? Please describe in as much detail as you can, including the amount of any time lost from work and when.

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 _____