

# Armed forces questionnaire

(to be completed by the life to be insured)

## Instructions

Please complete this form in addition to your application. The information you give will assist us in the assessment of your application. Please write clearly in CAPITAL letters and complete the form in English.

**Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.**

Policy/Application number (if known)

## 1 Life insured details

Title  Mr  Mrs  Ms Other (please specify)

First name

Last name

Date of birth

D	D	M	M	Y	Y	Y	Y
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## 2 General information

2.1 Which branch of the services are you employed in?

2.2 What is your rank?

2.3 Are you involved in any of the below activities as part of your duties:

- Aviation
- Parachutist
- Diving
- Bomb disposal
- Mine clearance
- Special Forces
- Others (please specify)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you have answered 'Yes', please provide full details below (For Aviation complete section 3, Parachutist section 4, Diving section 5)

2.4 Are you currently under orders to serve overseas or is such an order expected?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If so, please provide complete details (i.e. location, duration etc.)

## Armed forces questionnaire (continued)

Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.

### 3 Aviation questions

3.1 Do you fly as a pilot, or travel as a navigator or flight deck crew?

Yes  No

3.2 Which licence(s) do you hold and when were they issued?

3.3 Please give details regarding the following:

a) What type of aircraft do you currently fly (fixed wing, rotary, etc.)?

b) Are you under orders to fly a different type of aircraft?

Yes  No

If 'Yes', please provide full details, including the number of hours you expect to fly in that aircraft.

3.4 Do you fly transport/cargo planes?

Yes  No

3.5 Please provide the below details:

a) Total number of hours flown

b) Hours flown within the last 12 months

c) Estimated flying hours for the next 12 months

3.6 If you are an instructor, what are your duties?

General flying duties

Transport/cargo

Testing prototype or modified aircrafts

Others, please specify

Please provide details to describe your duties

3.7 Do you fly in any other capacity than those listed in question 3.6 above?

Yes  No

If 'Yes', please provide full details, including type of aircraft, numbers of hours flown per annum, etc.

## Armed forces questionnaire (continued)

Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.

### 4 Parachuting questions

4.1 How long have you been parachuting and what qualifications/training do you have?

4.2 If you are a member of any parachuting clubs or association, please provide the names:

4.3 Please complete the following schedule:

• Type of jump (e.g. static line, free-fall)

• Objective (e.g. pleasure, competition)

• Number of jumps in the last 12 months

• Estimated number of jumps in the next 12 months

4.4 Do you have any intention to engage in a type of parachuting not mentioned above or undertake any record attempts?

Yes  No

If 'Yes', please provide full details.

4.5 Have you ever been seriously injured while parachuting?

Yes  No

If 'Yes', please provide full details.

### 5 Diving questions

5.1 How long have you been diving for and what diving qualifications/training do you have?

5.2 If you are a member of any diving clubs or professional diving organisations, please provide the names:

5.3 What type of diving do you engage in (scuba, saturation, etc.)?

5.4 Where and for what purpose do you usually dive (in shore, off shore, lakes, rivers, rocky areas; exploration, salvage, sport, etc.)?

## 5 Diving questions (continued)

Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.

5.5 Provide the below details of your dives

a) Normal depth of dive:

b) Maximum depth obtained:

c) Average duration of dive:

d) Maximum duration of dive:

5.6 If you dive in excess of 50 metres, will suitable decompression facilities be readily available?

Yes  No

5.7 Have you ever suffered any illness or injury as a result of your diving activities or a diving accident?

Yes  No

If 'Yes', please provide details.

5.8 Do you use explosives?

Yes  No

If 'Yes', please provide details.

## 6 Privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited (the Company) as Data Controller in line with the Data Protection Policy. Full details can be found online at <https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy>.

### Personal information we use

We use personal information such as name and contact details ("Personal Data") and sensitive personal information such as medical details ("Special Category Data").

### What we do with personal information

We use personal information to provide financial services, for example processing in connection with:

- setting up and managing a contract of insurance
- providing marketing information with consent
- complying with our legal obligations
- running our business where we have a legitimate interest to do so.

Without accurate and sufficient personal information where required, we cannot offer financial services.

### Sharing of personal information

We obtain personal information from, and share personal information with other organisations such as:

- Zurich Insurance Group Ltd. or any of its affiliated companies
- companies who supply services to us such as administration
- healthcare service providers
- financial advisors and employers where appropriate.

### How we transfer personal information to other countries

As a global business we ensure that personal information is equally protected in all locations by complying with data protection laws of the EU, Isle of Man and of each location in which we operate.

### How long we hold personal information for

We retain personal information for as long as is necessary to meet the purposes for which it was originally collected or to satisfy our legal obligations.

### Data subject rights

The person who is the subject of the personal information (the "Data Subject") has the following legal rights:

- access to personal information
- data rectification where it is inaccurate or incomplete
- erasure of personal information
- to restrict the processing of personal information
- data portability – to obtain personal information in a digital format
- to object to the processing of personal information
- to not be subject to automated individual decision making processes.
- to withdraw consent at any time where processing is based on consent.

If you have cause for complaint regarding our processing of personal information, you can contact the Isle of Man Information Commissioner.

### Data Protection contact

- Email our Data Protection Officer at [ZILLPrivacy@Zurich.com](mailto:ZILLPrivacy@Zurich.com).
- Write to our Data Protection Officer or call Zurich HelpPoint by using the details on the 'contact us' page of our website [zurich.com](https://www.zurich.com).

## 7 Declaration/consent

I declare that the answers given above, whether in my handwriting or not, are true and complete to the best of my knowledge. I agree that this form will constitute part of my proposal and that failure to disclose a material fact(s) known to me may constitute grounds for rejection of a claim or repudiation of the contract.

### Special category data consent

By signing this form, I consent to the Company processing my medical and health information and authorise the seeking and processing of information from any medical practitioner who has attended me or from any insurer to which an application has been made for insurance. I confirm such authorisation shall remain in force after my death.

### Withdrawal of consent

I understand that where I have provided consent I have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

I confirm that this signature below is mine or that of my appointed legal representative.

### Signature of life insured

Date

Full name

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