

Health and lifestyle questionnaire

Completing this form

Please write clearly in **BLOCK CAPITAL** letters and complete the form in English.

This is a supplementary form to the main application form and should be completed and returned along with the main application form.

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.

To be completed by the life to be insured.

1. Details

Policy number

Name of Policy owner(s)

Life insured details

Title Mr Mrs Miss Ms Dr Other (please give details)

Family name

Forename(s)

2. Health and lifestyle questionnaire

We may require special questionnaires to be completed which will be provided by your relevant financial professional.

1. Have you smoked or used any form of tobacco or nicotine product within the last 12 months (e.g. cigarettes, cigars, pipe or chewing tobacco, shisha or nicotine products such as patches, gum or ecigarettes)? Yes No

If you have smoked or used any form of tobacco or nicotine products in the last 12 months, please provide type, frequency and quantity (e.g. 20 cigarettes a day, one shisha a week, etc).

If you no longer use tobacco or nicotine products, when did you stop using them and what was your previous consumption (e.g. stopped January 2011 – used to smoke 20 cigarettes a day)?

2. Do you consume alcohol? Yes No

If 'Yes', please provide the number of units consumed each week.

1 unit = single measure of spirits or
125ml glass of wine or 250ml of beer.

3. Have you ever been advised to give up tobacco and/or alcohol for a specific reason? Yes No

If 'Yes' please provide details.

4. What is your height and weight? Height cms Weight kgs

Health and lifestyle 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.

5. (a) In which industry are you employed and what is your job title?

Industry _____ Job title _____

- (b) What percentage of your occupation involves manual work and what is the nature of these duties?

% _____ Duties _____

If your occupation includes activities that may be considered hazardous (for example – aviation, working at heights, or underground, or with explosives), please complete the relevant 'Oil and natural gas', 'Aviation' or 'General occupation' questionnaire, as appropriate.

- (c) Please state your earnings in the last 12 months from employment or business operations. Currency _____
Amount _____

- (d) Do you participate in any sport or activity that may be considered hazardous?
(For example, motor racing, diving, mountaineering, private flying, etc.) Yes No

If 'Yes', please complete the relevant questionnaire or, if a specific questionnaire does not exist, please provide us with full details of frequency of activity, level of participation, any qualifications, details of competitions in which you take part, etc. in the 'Additional information' section at the end of this form.

6. Family history

Please provide details of your family history below. Of particular importance is where your father, mother or any of your brothers or sisters has died of or suffered from heart disease, cancer, multiple sclerosis or diabetes before the age of 65 or from a familial/hereditary disorder.

Relation	Age now/Age at death	State of health/Cause of death	Age at onset of disease
Father			
Mother			
Brother(s)			
Sister(s)			

7. (a) Please confirm the purpose of this insurance application (ie. personal cover, family protection, mortgage cover, keyman insurance, partnership protection, etc).

- (b) Have you any existing life, disability or critical illness cover already in force with Zurich or any other insurance company? Yes No

If 'Yes', please complete the details below.

Insurer	Benefits	Sum insured	Policy term	Start date	Reason for cover

- (c) Are you intending to replace any of the above covers with this application? Yes No

If 'Yes', please advise which will be replaced.

- (d) Are you currently applying to Zurich or any other insurance company for further cover? Yes No

If 'Yes', please complete the details below.

Insurer	Benefits	Sum insured	Policy term	Start date	Reason for cover

Health and lifestyle 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.

- (e) Have you ever had an application for life, disability or critical illness insurance declined, postponed or accepted at other than normal terms? Yes No

If 'Yes', please state the company/ies, benefits and date of application.

Insurer	Benefits	Date of application	Decision

8. (a) Have you been resident in your current country of residence for less than 5 years? Yes No

If 'Yes', please provide details below.

City/Country	From	To

- (b) Other than for vacations of less than 15 days in any 12 month period, do you visit or have any intention of visiting, living or working outside of your current country of residence? Yes No

If 'Yes', please provide details below.

Travel to (Country)	Duration of stay	Purpose of stay

If you visit or intend to visit Iran, Iraq, Yemen, Afghanistan, Pakistan, Syria, any country of the former Soviet Union or any country in Africa, please complete our 'Travel and residency questionnaire'.

9a. Medical questions

If you answer 'Yes' to any of the questions in '9a. Medical questions', there are special questionnaires for each disorder that you will need to complete. These will be provided by your relevant financial professional. Please ensure the relevant form(s) is/are attached with your application.

Do you have or have you ever been diagnosed as having:

- (a) High blood pressure? Yes No
- (b) Diabetes or impaired fasting glucose? Yes No
- (c) Asthma, chronic bronchitis or obstructive airways disease? Yes No
- (d) Spinal (back or neck) disorders, muscular or joint disorders? Yes No
- (e) Digestive disorders eg. Crohn's Disease, ulcerative colitis, gastric reflux, ulcers, hernia? Yes No
- (f) Arthritis eg. osteoarthritis, rheumatoid arthritis or gout? Yes No
- (g) Growths, lumps, cysts, abnormal moles or skin lesions? Yes No
- (h) Mental health issues eg. depression, anxiety, schizophrenia, eating disorders, bipolar disorder? Yes No

9b. Medical questions

If you answer 'Yes' to any of the questions in '9b Medical questions' or in questions 10 or 11, please give details in the 'Additional information' section.

Do you have or have you ever been diagnosed as having:

- (i) Heart attack, murmur, palpitations, chest pain or high cholesterol? Yes No
- (j) Paralysis, stroke or transient ischaemic attack? Yes No
- (k) Thyroid or other glandular disorders? Yes No
- (l) Skin disorders eg. psoriasis or sexually transmitted diseases? Yes No
- (m) Epilepsy, fits, multiple sclerosis or other neurological complaints? Yes No
- (n) Impairment in speech, vision or hearing or other disorder of the ears or eyes? Yes No
- (o) Cancer or tumours (benign or malignant)? Yes No

3. 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> or contact us for a copy.

4. Declaration/Consent

I understand that this form will constitute part of my proposal and that failure to disclose any material fact 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 declare that I have reviewed the answers given in this application, whether in my handwriting or not, and that they are true and complete to the best of my knowledge and belief, and will form the basis of my contract of life insurance.

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

Please remember that this form is in addition to the main application form and by completing and signing this form you agree to the declaration in the main application form.

Signature of life to be insured

Date

D	D	M	M	Y	Y	Y	Y
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Print name

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