

# Critical Illness Protection

## Application form

### United Arab Emirates

#### Financial professional use only

Please read the Critical Illness Protection Policy Terms and Conditions and Key features document carefully before you complete this application form. Copies are available on our website [www.zurich.ae](http://www.zurich.ae).

**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.**

### Completing this form

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

### 1 Policy owner/Life insured details

#### Policy owner/Life insured 1

Title  Mr  Mrs  Ms

Any previous names or alias used, including maiden name *(if applicable)*

Date of birth

Gender

Male  Female

Do you hold nationality in another country?  Yes  No

If 'Yes', please confirm the country

#### Current residential address

#### Policy owner/Life insured 2

Title  Mr  Mrs  Ms

Any previous names or alias used, including maiden name *(if applicable)*

Date of birth

Gender

Male  Female

Do you hold nationality in another country?  Yes  No

If 'Yes', please confirm the country

#### Current residential address

Same as policy owner 1  Yes  No

if different, complete the below

## Policy owner/Life insured details (continued)

### Policy owner/Life insured 1

#### Correspondence address

<b>P.O. Box number</b>
<b>City</b>
<b>Country</b>

<b>Mobile number</b> (include international country code)		
Country code	Area code	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Email address</b>
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Are you a politically exposed person?  Yes  No

Politically exposed persons are individuals or international entities who are or have been entrusted with prominent public functions and their immediate family members and close associates. A full description can be found in the 'Customer's guide to AML'.

### Policy owner/Life insured 2

#### Correspondence address

Same as policy owner 1  Yes  No  
if different, complete the below

<b>P.O. Box number</b>
<b>City</b>
<b>Country</b>

<b>Mobile number</b> (include international country code)		
Country code	Area code	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Email address</b>
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Are you a politically exposed person?  Yes  No

## 2 Premium details

**Policy currency** (tick one only)  USD  GBP  EUR  AED

**Premium amount**  (in policy currency)

**Payment frequency**  Monthly  Yearly

**Policy term**  years

## 3 Protection benefits

Please select the type of cover and state the amount of cover required in the policy currency.

#### Type of cover

**Cancer cover**

**Comprehensive critical illness**

**Amount**

**Note:** In case of a joint life policy the type of cover and amount insured will be the same for both lives.

## 4 Payment details

#### Payor details (You may select up to one each)

<b>Primary payor</b>	<input type="checkbox"/> Policy owner 1	<input type="checkbox"/> Policy owner 2	<input type="checkbox"/> Third party
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<b>Additional payor</b> (if required)	<input type="checkbox"/> Policy owner 1	<input type="checkbox"/> Policy owner 2	<input type="checkbox"/> Third party
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#### Premiums for this policy will be paid from my salary/business income

Annual income	<input type="checkbox"/> Yes, USD <input type="text"/>	<input type="checkbox"/> No
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Annual income	<input type="checkbox"/> Yes, USD <input type="text"/>	<input type="checkbox"/> No
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If 'No', please complete a separate 'Origin of wealth' questionnaire.

## Payment details (continued)

### Payment method

- Credit card (complete page 4)
- Direct debit\*\* (please setup via your online banking or provide a completed direct debit form)
- Standing order (please setup the instruction via your online banking)
- Cheque\* Cheques must be made payable to: 'Zurich International Life Limited'

\* Cheques are accepted only in UAE Dirham(USD1=AED3.6775)

\*\* UAE direct debit can be setup for your credit card or bank account in the UAE. Please pay the initial premium via telegraphic transfer or cheque. Direct debit will be used to collect the subsequent payments only.

### Bank details for all payments.

Bank name
Bank branch and address
Account name

Account number

IBAN

### Third party payor details (please complete the section below if applicable)

Please refer the "Customer's guide to AML" for details on acceptable third party payors and requirements.

<b>If the payor is a person</b>	
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	
<b>First name</b>	<b>Last name</b>
Any previous names or alias used, including maiden name (if applicable)	
Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Nationality</b>	
Do you hold nationality in another country? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', please confirm the country

<b>If the payor is a company</b>
<b>Company name</b>

<b>Is the payor a politically exposed person?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Politically exposed persons are individuals or international entities who are or have been entrusted with prominent public functions and their immediate family members and close associates. A full description can be found in the 'Customer's guide to AML'.

### Current residential or registered address of the payor

Same as policy owner 1  2   No, please fill in the details below

<b>Flat/Villa/Office number</b>	<b>City</b>
<b>Property/building name</b>	<b>PO Box</b>
<b>Area</b>	<b>Country</b>

<b>Relationship to policy owner</b>
<b>Reason why the third party is making the premium payment(s)</b>

## 5 Zurich bank account details

Please use the below bank account details to set-up a payment instruction with your bank, and remember to include your full name and policy/application reference in your payment instruction.

### Bank details for United Arab Emirates:

Euros	To: HSBC Bank Middle East Limited, Dubai, UAE. SWIFT code: BBMEAEAD Via correspondent bank: HSBC Bank plc, London. SWIFT code: MIDLGB22	In favour of: Zurich International Life Limited IBAN: AE580200000030123657213 Account number: 030123657213
Sterling	To: HSBC Bank Middle East Limited, Dubai, UAE. SWIFT code: BBMEAEAD Via correspondent bank: HSBC Bank plc, London. SWIFT code: MIDLGB22	In favour of: Zurich International Life Limited IBAN: AE580200000030123657212 Account number: 030123657212
UAE dirhams	To: HSBC Bank Middle East Limited, Dubai, UAE. SWIFT code: BBMEAEAD	In favour of: Zurich International Life Limited IBAN: AE210200000030123657200 Account number: 030123657200
US dollars	To: HSBC Bank Middle East Limited, Dubai, UAE. SWIFT code: BBMEAEAD Via correspondent bank: HSBC Bank USA NA, USA. SWIFT code: MRMDUS33	In favour of: Zurich International Life Limited IBAN: AE150200000030123657211 Account number: 030123657211

## 6 Proof of identity

The policy owner(s) and third party payor must provide a valid and certified copy of their ID.

- Passport copy – including signature page, or
- Government issued identity card (both sides)

Please refer to the “Customer’s guide to AML” for further information on proof of ID and certification of copy documents.

## 7 Payment Instruction – Credit Card

Please do not detach from the application form.

Any additional charge made by your credit card provider for collection of your premiums will be covered by the payor.

Credit cards can only be used for regular premiums. If you wish to pay a single premium, please use a different payment method.

### Authorisation

I authorise Zurich International Life Limited, until further notice in writing, to debit my credit card account, as detailed below, with unspecified amounts in respect of the premiums for my Zurich International Life Limited policy as and when they fall due.

Please note that Zurich International Life Limited is not liable for any losses arising as a result of action taken by the cardholder’s credit card company.

### Details

Credit card type  Visa  Mastercard

We do not accept prepaid or exchange credit cards.

Name of card issuer (Bank name)

Currency of card

Preferred date of collection\*

Credit card expiry date

Credit card number

Name on card

\*Your regular payments will be collected on this date or the nearest available date.

Future payments will be collected in line with the premium frequency you have selected.

### Cancellation and refund policy

We do not offer premium refunds after the 30 days free look period. For more information, please refer to the ‘Right to cancel’ section of your policy conditions.

Any changes to the credit card agreement will be communicated to you in advance.

I understand that this authority in favour of Zurich International Life will remain in force until such time as I cancel it in writing.

Signature of cardholder

Date

## 8 Beneficiary nomination

This beneficiary nomination is applicable for funeral cover. For a joint life policy, if no beneficiary is nominated or there is no surviving beneficiary, then the surviving policy owner will be deemed the beneficiary.

### Beneficiary details

Title  Mr  Mrs  Ms

**First name**

**Last name**

**Date of birth**

D	D	M	M	Y	Y	Y	Y
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**Relationship to life insured**

### Residential address

Flat/villa number

Building/property name

Area

City

Country

**Email address**

## 9 Health and lifestyle questionnaire

### To be completed by all lives to be insured

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.

1. (a) Please state your earned income in the last 12 months from employment or business operations.

Life insured 1

Life insured 2

Amount (in USD)	Amount (in USD)
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- (b) Do you have any existing critical illness cover already in force with any other insurance company?

	If 'Yes', please complete the section	Benefits and sum insured	Policy term	Start date	Reason for cover	Are you intending to replace it
Life insured 1	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Life insured 2	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

- (c) Have you ever had an application for life, disability or critical illness insurance declined, postponed, or accepted at other than normal terms?

	If 'Yes', please complete the section	Insurer	Benefits	Date of application	Decision
Life insured 1	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Life insured 2	<input type="checkbox"/> Yes <input type="checkbox"/> No				

- (d) Are you currently applying or applied in the last 180 days to any other insurance company for cover?

	If 'Yes', please complete the section	Benefits and sum insured	Date of application	Reason for cover
Life insured 1	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Life insured 2	<input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Have you smoked cigarettes or used\* any other tobacco or nicotine-based products, or smoking cessation aids within the last 12 months?

\* Use of tobacco or nicotine includes the following: cigarettes including hand-rolled unfiltered cigarette- variants, cigars, pipes, dokha (midwakh), smokeless (chewing or snuff), shisha and tobacco-free nicotine delivery (nicotine gums, vape, e-cigarettes) among others.

	If 'Yes', please complete the section	Product	Frequency	Amount
Life insured 1	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Life insured 2	<input type="checkbox"/> Yes <input type="checkbox"/> No			

3. (a) Do you consume more than 30 units of alcohol per week?

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the below. 1 unit = single measure of spirits or 125ml glass of wine or 250ml of beer.

Average weekly consumption	Unit(s)	Average weekly consumption	Unit(s)
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- (b) Have you been advised to reduce or stop your alcohol consumption by a medical professional?

	If 'Yes', please complete the section	Details
Life insured 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Life insured 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 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.**

4. In the last 5 years have you used marijuana, hashish, cocaine, LSD, ecstasy, heroin or other psychoactive drugs or narcotics or prescription medication that was not prescribed to you?

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the substance use questionnaire

5. Please provide your weight and height.

Life insured 1

Weight	kgs	Height	cms
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Life insured 2

Weight	kgs	Height	cms
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### 6. Medical questions

- 6.1 Do you have or have you ever been diagnosed as having any of the following medical conditions?

If 'Yes' please complete the relevant special questionnaires and provide the same with this application.

- |   | Life insured 1               |                             | Life insured 2               |                             |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a) Diabetes, raised blood sugar, raised blood pressure, raised cholesterol.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Cancer or malignancy, cancer-in-situ, Leukemia, Melanoma, Hodgkin's disease or any other tumor or growth whether considered malignant or benign. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Any kidney or liver disorders (such as kidney failure, nephritis, fatty liver, hepatitis, organ transplant etc.)                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 6.2 In the last five years have you:

If 'Yes' please provide more information in the 'Additional information' section.

- |   |                              |                             |                              |                             |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a) been prescribed any medication or received any form of treatment for more than 4 weeks.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) had or been advised to have a surgery, admitted to a hospital or been absent from work for more than two weeks due to illness.                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) been advised to attend or referred to a specialist doctor or advised to have tests, scans, investigations or counselling.                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) had any blood tests, urine tests or scans which were not considered to be normal, including any breast screening and pap smear tests requiring follow up | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 6.3 Do you have any other symptoms for which you are yet to seek medical advice or planning to undergo medical investigations or awaiting results of any investigations done?

Yes  No  Yes  No

### 7. Medical attendant details

Please give details of the medical or health care advisor or clinic most familiar with your medical history (even if this is in a country other than your current country of residence).

	Life insured 1	Life insured 2
Name and address of medical or health care advisor or clinic		
Date of last consultation		
Reason for last consultation		

## 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.

### 8. Family history

Have any of your natural parents, brothers or sisters had any of the following medical conditions **before the age of 60**: heart disease, stroke, cancer, diabetes, multiple sclerosis, polycystic kidney disease, ALS, Huntington's chorea, Alzheimer's disease, Parkinson's disease, any other hereditary disorder?

	If 'Yes', please complete the section	Family member relationship	Description of medical condition (including type of cancer - if applicable)	Age at diagnosis
Life insured 1	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Life insured 2	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Complete questions 9 and 10 if you are applying for comprehensive critical illness cover

### 9. Medical questions

Do you have or have you ever been diagnosed as having any of the following medical conditions.

If 'Yes' please complete the relevant special questionnaires and provide the same with this application.

- |  | Life insured 1               |                             | Life insured 2               |                             |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a) Heart or vascular condition such as chest pain, irregular heart rhythm, or any other heart related problem; or stroke, transient ischemic attack or damage or surgery to your brain.      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Any Neurological condition, any disease of the senses or musculoskeletal problem? (Such as Parkinson's, multiple sclerosis, muscular dystrophy, spine problems, blindness, deafness etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### 10. a. In which industry are you employed and what is your occupation?

Life insured 1

Industry
Occupation

Life insured 2

Industry
Occupation

### b. What percentage of your occupation involves manual work and what is the nature of these duties?

Life insured 1

%	Duties
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Life insured 2

%	Duties
---	--------

If your occupation includes activities that may be considered hazardous (for example – working at heights or underground), please complete the relevant questionnaire as appropriate.

### c. Do you participate in any sport or activity that may be considered hazardous? For example, motor racing, diving, mountaineering, private flying etc.

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the relevant questionnaire.

### d. Have you in the previous 12 months travelled or in the following 12 months intend to travel to any of the following countries:

- Iraq    • Iran    • Syria    • Yemen    • Pakistan    • Afghanistan    • any country in Africa

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the 'Travel and residency questionnaire'.



## 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.

### 11. Additional information

Life insured	Question	Details of disease or disorder, treatment given, date of diagnosis, details of doctor consulted, ongoing symptoms, date of next consultation, etc. If you are in possession of copies of reports in relation to these matters, please submit copies with this application for our consideration

### 10 Relevant financial professional's details and declaration

To be completed by your relevant financial professional

First name	Last name
Email address	
Contact number	

#### Declaration

I declare that, to the best of my knowledge and belief, the information given is true and shall form the basis of the proposed contract with Zurich International Life Limited.

I confirm that I have met the customer whether in person or virtually, and that no third parties have been involved in providing the advice or the collection/certification of the customer due diligence documentation (where applicable) at any stage of the policy application process.

Signature
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Date 

D	D	M	M	Y	Y	Y	Y
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## 11 Privacy notice

This Notice is a summary of our (Zurich International Life Limited “the Company”) Privacy Policy which describes how we collect and use personal information as Data Controller. For the full version please visit online <https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy> or contact us for a copy.

### 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 [www.zurich.ae](http://www.zurich.ae)

## 12 Declaration/Consent

### Declaration

I/We apply for a Critical Illness Protection policy as detailed in this application form and in accordance with Zurich International Life Limited (the Company) standard terms and conditions.

I/We declare that I/we have met the financial professional in person or virtually and that no third parties have been involved in providing the advice or the collection/certification of my/our due diligence documentation (where applicable) at any stage of the policy application process.

I/We declare that I/We have reviewed the answers given in this application, whether in my/our handwriting or not, and are true and complete to the best of my/our knowledge and belief, and will form the basis of my/our contract of life insurance.

I/We will tell the Company, in writing, if anything happens between completing this application and the commencement date of the policy that alters any of the answers I/we have given in this application form. Specifically, I/we will advise on any changes to the details provided by me/us in the health and lifestyle questionnaire sections contained within the application or any other circumstances which happen before the policy commencement, if that change makes any of my/our answers wrong or incomplete.

I/We understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits.

**Note: a material fact is one which may influence the assessment or acceptance of your application for insurance. If you are in any doubt as to the relevance of any information, please give details.**

I/We confirm that I/we understand that a change in my/our country of residence, or that of any life insured, could mean that the Company may no longer be able to provide all the benefits under this policy.

I/We declare that any premiums that I/we pay to the policy will not contravene any applicable exchange controls regulations or trade or economic sanctions and that any premium paid to the Company is not of criminal origin or directly or indirectly related to criminal activities or any actual or attempted money laundering or tax evasion.

### Contact details

I/We understand that for security purposes, the Company will regard the contact details provided as my/our authorised contact details and that it is important that I/We let the company know if any of these details change.

## Declaration/Consent (continued)

### Marketing consent

The Company, or the Zurich group companies, may wish to contact you by mail, email, telephone or other appropriate means about carefully selected products, services or offers that may be of interest to you.

I/We consent to being contacted in this way for this purpose by ticking here

### Special category data consent

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

### Withdrawal of consent

I/We understand that where I/we have provided consent I/we 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/We confirm that this/these signature(s) below is/are mine/ours or that/those of my/our appointed legal representative(s).

If your signature is different from the signature in your passport/ID, or does not exist on the passport/ID, you will need to complete a 'Certifying signature form'.

Country where this application is signed

### Signature of policy owner 1

Print name

Date

### Signature of policy owner 2

Print name

Date

We will let you know when cover on the benefits you have selected starts. This will be subject to:

- i) The final underwriting decision;
- ii) Receipt of the initial premium payment;
- iii) Receipt of satisfactory proof of identity and any other documentation we require.

Zurich International Life Limited is registered (Registration No. 63) under UAE Federal Law Number 6 of 2007, and its activities in the UAE are governed by such law.

Zurich International Life is a business name of Zurich International Life Limited which provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 20126C.

Registered office: Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles.

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