

Fast Track Underwriting - Customer Medical Questionnaire

General Medical Disclosure

Name of customer applying for cover

Date of birth

 / /

Application number

Financial adviser



Guide to filling in this questionnaire

1 Make sure you fill in the customer details above.



2 You should read the **important note** below about telling us about material facts.



3 Please complete the questionnaire, providing as much details as possible about your medical history.



4 Read through the answers you have given and the declaration and sign it, on the last page of this form.

Important note – Telling us about material facts

Please read the information below carefully – ask your financial adviser if you have any questions.

- You must tell us everything relevant when filling in this questionnaire. If you do not, or if any of the answers to these questions are not true and complete, we could treat the plan as void. If this happens there will be no cover under the plan and we will not refund the payments. In these circumstances we will not pay a claim. A relevant fact (material fact) includes anything that a reputable insurer would treat as likely to influence their decision to provide insurance. If you are not sure whether something is relevant, you should tell us anyway. If there is anything not covered by the questions on this form that you think we should know, please tell us in the "further medical information" section.
- We will rely on what you tell us and you must not assume that we will automatically confirm with your GP or any other doctor any information that you provide. If relevant, you can consult your GP about the questions on this form, but we cannot cover the cost of your doctors time. You can provide any highly confidential information direct to our Chief Medical Officer in a sealed envelope and give this to your financial adviser. In these circumstances you must refer to this information when answering your health questions.
- You do not need to tell us about any genetic test (that is, analysis of chromosomes, DNA or RNA to detect genetic abnormalities in individuals) which you may have had. However, you must tell us if you are having treatment for or experiencing symptoms of a genetic condition. We may also ask you to give us full information about your family history, including all genetic conditions.
- You must tell us in writing about any change in your personal medical circumstances or family history or dangerous pursuits you take part in between the time you apply for cover and the time cover begins.



Irish Life

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1 Please give the diagnosis or nature of the condition you are suffering from.

2 When did you first experience symptoms and why did you get medical advice at that time?

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- Please describe your symptoms at the time
- Are these ongoing and how long do they last?
- Are they getting worse, more severe, stable, or considerably improving?

4 How long did you have symptoms (for example, hours, days, weeks, months or longer)?

5 Have you ever had any tests or investigations carried out in connection with this condition? (Examples include blood tests, ultrasound or other scans, biopsies or other) Yes ☐ No ☐ If 'Yes', please give details of the tests done and results.

6 What did your doctor tell you was the diagnosis of your condition and how to manage it in the future? Please give details.

7 Do you currently take medication or other treatments for this condition? Yes ☐ No ☐ If 'Yes', please give details and dose each day.

8 Have you ever been treated in hospital for this condition? Was it:

inpatient (overnight or longer)?	Yes <input type="radio"/>	No <input type="radio"/>	Dates	<input type="text" value="dd / mm / yyyy"/>	Details and length of stay	<input type="text"/>
outpatients?	Yes <input type="radio"/>	No <input type="radio"/>	Dates	<input type="text" value="dd / mm / yyyy"/>	Details	<input type="text"/>
accident and emergency?	Yes <input type="radio"/>	No <input type="radio"/>	Dates	<input type="text" value="dd / mm / yyyy"/>	Details	<input type="text"/>

9 Have you been seen or referred to any specialist for this condition? Yes ☐ No ☐
If 'Yes', please give dates, name and address of specialist and outcome.

Dates	<input type="text" value="dd / mm / yyyy"/>	Name and address of specialist	<input type="text"/>
Details	<input type="text"/>		
	<input type="text"/>		

10 Have any future treatment or investigations been discussed with your doctor (for example changing your medication, to see a specialist doctor, surgery or other therapy)? Yes ☐ No ☐ If 'Yes', give details below.

Changing your medication	<input type="text"/>
To see a specialist doctor	<input type="text"/>
Surgery or investigation	<input type="text"/>
Other therapy	<input type="text"/>

11 How long were you unable to carry out your day-to-day activities or off work sick as a result of this problem? Please give dates and reasons.

Dates	Reasons
<input type="text" value="dd / mm / yyyy"/>	<input type="text"/>
<input type="text" value="dd / mm / yyyy"/>	<input type="text"/>
<input type="text" value="dd / mm / yyyy"/>	<input type="text"/>
<input type="text" value="dd / mm / yyyy"/>	<input type="text"/>

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Are you now fully recovered from the condition?

Yes ☐ No ☐ If 'No', please give details of any ongoing symptoms and treatment or treatment planned for the future.

Ongoing symptoms

Treatment

Planned for future

13

Were you given any specific health advice or suggested lifestyle changes by any medical professional about this condition?

Yes ☐ No ☐ If 'Yes', please give details.

14

Please provide any other information which you feel may help us assess your application for cover.

Doctors and specialists you have seen

Please fill in the name and address of doctors and specialists you have seen.

Names

1

2

3

Addresses

1

2

3

Further medical information

Please use this space if you need more space to fill in your answers.

Declaration

Please review the answers given in this questionnaire and then read, sign and date this declaration.

I agree that this questionnaire will form part of my application for cover to Irish Life Assurance plc.

I have read and understood the note on the first page of this form about telling Irish Life about material facts and I understand that if I do not reveal all these facts, Irish Life could treat the plan as void and in these circumstances Irish Life will not pay a claim or refund my payments.

I have read over the answers to all the questions on this form and declare that all statements (including any statements written down for me) are true and complete. I understand a copy of this form is available to me if I ask.

I understand that this cover will not start until you have accepted me for cover and I have paid the first premium.

I understand that I must tell you in writing about any changes in my personal medical circumstances, family history or taking part in dangerous pursuits before this cover starts.

Your signature

X

Date

dd / mm / yyyy

