

# Fast Track Underwriting - Customer Medical Questionnaire

## Chest Pain

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

## Chest Pain

- 1 What was the date of the first attack of chest pain?
- 2 Please give details of any GP, hospital, specialist or A and E department you went to with this condition.
- 3 Have you ever been treated in hospital for this condition? Yes ☐ No ☐ If 'Yes', was it:  
inpatient (overnight or longer)? Yes ☐ No ☐ Date  Details and how long you stayed   
outpatients? Yes ☐ No ☐ Date  Details   
accident and emergency? Yes ☐ No ☐ Date  Details
- 4 Have you had any attacks since the first episode? Yes ☐ No ☐ If 'Yes', please give full details including date.  
Date  Details
- 5 Where exactly was the pain (for example, left side, right side, central, elsewhere in the chest)?
- 6 What was the nature of the pain (for example, very severe, crushing, vice-like, stabbing, sharp, dull ache, vague discomfort)?
- 7 Did the pain move elsewhere (for example, to the shoulders, arms, jaw or abdomen)?  
Yes ☐ No ☐ If 'Yes', give details.
- 8 How did the pain develop (for example, was it sudden, gradual, only at rest, only after exertion, only in certain positions, worsened by deep breathing or other)?
- 9 (A) How long did the pain last?   
(B) Details of the time off work as a result
- 10 What treatment were you given? (If different on separate occasions, please give details)
- 11 Did you have any investigations or tests (for example, an ECG, exercise or treadmill stress test, echocardiogram, blood tests, angiogram, CT scans or others)? Yes ☐ No ☐ If 'Yes', give dates, tests done and results.  
Date  Details of tests done   
Results
- 12 Please give details of any doctors or specialists you have seen about this condition.
- 13 What did your doctor or specialist tell you was the formal diagnosis or cause of your chest pain?
- 14 Are you currently waiting for any future investigations or to be seen by any specialist about this condition?  
Yes ☐ No ☐ If 'Yes', please give details.
- 15 Have you had any consultations, investigations or treatment for any associated medical conditions (for example, raised blood pressure, raised cholesterol, heart problems, diabetes, family history of heart disease or stroke and so on)?  
Yes ☐ No ☐ If 'Yes', give dates and details.
- 16 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.
- 17 Please provide any other information about this condition that you feel may help us assess your application for cover (for example, smoking habits or any ongoing symptoms or treatment).

## 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

Date

