Irish Life

Fast Track Underwriting - Customer Medical Questionnaire

Arthritis and other joint disorders

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.
If any item is blank or illegible, this will cause a delay in processing your application.

Name of customer applying for cover

Date of Birth d d / m m / y y y y

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 your application is accepted.

Diagnosis

Q1. What is the condition or symptoms that you suffer from?

osteoarthritis ◯ rheumatoid arthritis ◯ psoriatic arthritis ◯

gout ◯ ankylosing spondylitis ◯ joint replacement ◯

Other (please name)

Q2. When was the condition diagnosed? d d / m m / y y y y

And please describe your symptoms at the time of diagnosis

Symptoms

Q3. What joints are affected?

ankles ◯ knees ◯ hips ◯ spine ◯

Other (please name)

Q4. Do you have any current symptoms? Yes ◯ No ◯

If Yes, please describe your symptoms and how frequently they occur?

Q5. When did you last experience major symptoms? d d / m m / y y y y

i.e. required steroids, A&E referral, inpatient treatment or an increase in medication.

Please confirm the dates, symptoms and treatment required for any major episodes in the last 5 years

Q6. What has your G.P. or specialist told you about the current control of your condition?

Q7. Is your mobility impaired in any way? Yes ◯ No ◯

If Yes, please describe how. e.g use of a walking stick or walking frame

Q8. Have you experienced any associated complications or symptoms affecting the bowel, skin, eye, lungs or heart?

Yes ◯ No ◯

Q9. Have your symptoms meant you can't carry out daily duties or work? Yes ◯ No ◯

Please provide dates that you have been absent from work within the past five years

Treatment

Q10. Do you currently take any medication or other treatments for this condition? Yes ◯ No ◯

If Yes, please provide full details including name and dosage. e.g. Methotrexate, Humira etc.

Q11. Please confirm the date and results of your latest investigations or review carried out regarding your condition?

e.g bloods, scans, consultant reviews etc d d / m m / y y y y

Q12. Have any treatment changes been discussed or are you currently awaiting any further investigations, specialist review or surgery? Yes ◯ No ◯

If Yes, please give details

Q13. Is there any other information that you would like to include to assist our assessment?

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 application is accepted.

Please sign and date

Signature ✗

Date d d / m m / y y y y

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