

# Fast Track Underwriting - Customer Medical Questionnaire

## Eye disorders

Name of customer applying for cover

Date of birth

dd / mm / yyyy

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

## Eye disorders

- 1 Please give the diagnosis or nature of the condition you are suffering from (for example, blindness, partial blindness, cataract, corneal ulcer, glaucoma, choroiditis, uveitis, optic neuritis, retinal detachment, retinitis, blurred vision or other)?
- 2 When was the condition diagnosed or when did you first experience symptoms?  /  /
- 3 Do you know if there was a specific cause for your condition?  
Yes ☐ No ☐ If 'Yes', give details.
- 4 Which eye is affected? Left ☐ Right ☐ Both ☐
- 5 Please describe your symptoms and degree of visual impairment (if relevant) and whether this has been corrected?
- 6 Is your problem, or are your symptoms, getting worse or more severe, stable or considerably improving?
- 7 Do you currently take medication or other treatments for this condition?  
Yes ☐ No ☐  
If 'Yes', please give details including names and doses.
- 8 Have you ever had tests or investigations for this condition (for example, a CT scan, MRI scans or other)?  
Yes ☐ No ☐  
If 'Yes', please give dates, tests done and results.  
Dates  /  /  Tests and results
- 9 Have you ever been admitted to hospital or had outpatient or specialist follow-up treatment for this condition?  
Yes ☐ No ☐ If 'Yes', please give dates and details.  
Dates  /  /  Who did you see   
Dates  /  /  and details?
- 10 Does this condition affect your ability to carry out any part of your job, family tasks, drive a motor vehicle or have you had to take time off work sick because of it?  
Yes ☐ No ☐ If 'Yes', please give details, including the time off work.
- 11 What has your doctor or specialist told you about your condition and how to manage it in the future?
- 12 Have any future specific treatment options or investigations been discussed?  
Yes ☐ No ☐ If 'Yes', give details.
- 13 Are you currently waiting for or considering any future investigations or to see a specialist about this condition?  
Yes ☐ No ☐  
If 'Yes', what are you waiting for?   
Reasons for investigation or referral
- 14 Please provide any other information about this condition 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

