

# Fast Track Underwriting - Customer Medical Questionnaire

## Kidney and urinary abnormalities

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

## Kidney and urinary abnormalities

- 1 Please give the diagnosis, or the nature of the condition you are suffering from (for example kidney stones, haematuria, blood in the urine, protein in the urine, nephritis, kidney infection, urinary tract infection, nephrotic syndrome or other).  
Diagnosis
- 2 When did you first experience symptoms or see a doctor about this condition?
- 3 When was this condition diagnosed?
- 4 Please describe your symptoms when you were diagnosed. For example, how severe they were, how long they lasted and how often you got them?
- 5 About any current symptoms
  - What are they
  - Are these ongoing?
  - Are they  getting worse ☐ more severe ☐ stable ☐ or considerably improving ☐
  - When did you last experience symptoms?
  - If ongoing, how often do you have symptoms and how long do they last?
  - If your condition is kidney stones (renal calculi), please confirm:  
Have one or both kidneys been affected (now or in the past)? One ☐ Both ☐ Details and dates
  - As far as you know, do you still have stones present now? Yes ☐ No ☐ Details
- 6 Do you currently take medication or other treatments for this condition? Yes ☐ No ☐  
If 'Yes', please give details including names, doses and how often.  
Details
- 7 Have you taken medication or other treatments in the past for this condition?  
Yes ☐ No ☐ If 'Yes', please give details including names, dose and how often.  
Details
- 8 Have you ever had any tests or investigations carried out for this condition? (Examples include blood tests, IVP, cystoscopy, ultrasound scan, CT scan or MRI scan, biopsy or other).  
Yes ☐ No ☐ If 'Yes', please give details.  
Dates  Details of investigations   
Results
- 9 Have you ever had surgery for this condition or has the possibility of surgery been discussed with you?  
Yes ☐ No ☐ If 'Yes' give details.  
Details
- 10 Have you ever been treated in hospital for this condition? Yes ☐ No ☐ If 'Yes', was it:
 

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

Kidney and urinary abnormalities

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Are you currently going for follow-up reviews for your condition?

Yes

No

If 'Yes', please give full details, including names of doctors seen and dates including the most recent visit.

Dates

Details

dd / mm / yyyy

dd / mm / yyyy

dd / mm / yyyy

dd / mm / yyyy

12

Are you currently waiting for or considering any investigations or to see a specialist about this condition?

Yes

No

If 'Yes', please give details.

13

Has your condition meant you couldn't carry out everyday activities or were off work sick?

Yes

No

If 'Yes', please give details of absences from work or incapacity and the reason.

14

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

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## 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

