Fast Track Underwriting - Customer Medical Questionnaire

Thyroid 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

Thyroid disorders

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

- ◯ Underactive thyroid (hypothyroidism, myxoedema).
- ◯ Overactive thyroid (hyperthyroidism, thyrotoxicosis).
- ◯ Thyroid swelling (goitre).
- ◯ Eye problems (Grave's disease).
- ◯ Thyroid lump or growth or nodule.

2 When was this condition diagnosed or when did you first experience symptoms? dd / mm / yyyy

3 About your symptoms:

- Are these ongoing ?
- How long do they last?
- How often do you get them?
- When did you last suffer symptoms? dd / mm / yyyy

4 Do you currently take medication or other treatments for this condition (for example, Eltroxin, Carbimazole and so on)?

Yes ◯ No ◯ If 'Yes', please give details including names and doses each day.

Names

Doses each day

5 Has your medication or dose been changed since you were diagnosed?

Yes ◯ No ◯ If 'Yes', please give dates, and details of changes made.

Date treatment changed	Reasons
dd / mm / yyyy	
dd / mm / yyyy	
dd / mm / yyyy	
dd / mm / yyyy	

6 Have you ever had any tests or investigations carried out in connection with this condition (Examples include blood tests, thyroid function tests, ultrasound or other scans, radioactive isotope scan, biopsy or others)?

Yes ◯ No ◯ If 'Yes', give dates, test details and results.

Dates dd / mm / yyyy Details of test

Results

7 Have you ever been treated in hospital for this condition? Yes ◯ No ◯ If 'Yes', was it:

inpatient (overnight or longer?) Yes ◯ No ◯ Dates dd / mm / yyyy Details and length of stay

outpatients? Yes ◯ No ◯ Dates dd / mm / yyyy Details

accident and emergency? Yes ◯ No ◯ Dates dd / mm / yyyy Details

8 Have you ever had a biopsy, needle biopsy or surgery for this condition? Yes ◯ No ◯ If 'Yes', give dates and details of results.

Date dd / mm / yyyy Details

Results

Thyroid disorders

9 If you have had a thyroid cyst or nodule, please say whether this has been removed, the date it was removed and if the results were totally benign (in other words, non-malignant or non-cancerous) or otherwise.

Not removed ◯ Date removed: dd / mm / yyyy Result:

10 Have you had any consultations, investigations or treatment for any associated medical conditions? (for example, palpitations, feeling very tired, diarrhoea or other) Yes ◯ No ◯ If 'Yes', please give details.

Dates	Details
dd / mm / yyyy	
dd / mm / yyyy	
dd / mm / yyyy	
dd / mm / yyyy	

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

Yes ◯ No ◯ If 'Yes', please give details and reasons.

12 What does your GP or specialist say about currently control your condition?

13 Have you ever taken time off work or been unable to carry out your day-to-day duties with this condition?

Yes ◯ No ◯ If 'Yes', give dates and the reason.

14 Please provide any extra information on 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

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Irish Life