PENSIONS
INVESTMENTS
LIFE INSURANCE

Irish Life

FAST TRACK UNDERWRITING

CUSTOMER MEDICAL QUESTIONNAIRE - DIABETES

000048

Application Number:

Name of customer applying for cover

Date of Birth (dd/mm/yyyy)

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 relevant information
3. Please complete the questionnaire, providing as much details as possible in response to the questions 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 relevant information

Please read the information below carefully - ask your financial adviser if you have any questions.

- When deciding whether to insure you and when setting the terms and premium, we will rely on the information you have given us. You must answer all questions that we ask honestly and with reasonable care. Where we ask you to answer a specific question, the subject matter of the question is material to the risk we are undertaking or the calculation of the premium or both.
- If your answers are not true and complete, we may be entitled to void the policy without return of premium, repudiate liability, treat the policy as if it had been entered on different terms, or limit the amount paid on foot of the contract of insurance. You must tell us all relevant information when answering all of the questions. This includes disclosing tobacco consumption or use of nicotine replacement products including e-cigarettes. If you are not sure whether something is relevant, you should tell us anyway. We may also contact you if we need to ask you for further information on your answers or as part of any subsequent claim.
- 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 and genetic test (that is, analysis of chromosomes, DNA or RNA to detect genetic abnormalities in individuals) which you may have had. However, you must, where required by our questions, 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 answers to any of the questions in this form (for example, in relation to personal medical circumstances or family history or dangerous pursuits you take part in) between the time you apply for cover and the date your application is accepted. Failure to do this may result in a claim being refused.

Diagnosis

Q1. Please give your age and date when you were diagnosed with diabetes?

Age ☐ Date of diagnosis ☐

Q2. Please confirm the type of diabetes you have.

Type I diabetes mellitus (also known as juvenile onset or insulin-dependent diabetes mellitus) ○

Type II diabetes mellitus (also known as maturity onset or non insulin-dependent diabetes mellitus) ○

Gestational diabetes (during pregnancy) ○

Q3. For gestational (pregnancy) diabetes only

Did your glucose return to normal following your pregnancy? Yes ○ No ○

Q4. Please give the date and result of your last three HbA1c, blood pressure and cholesterol readings, if you know them

Date	HbA1c	Blood Pressure	Cholesterol

Q5. Do you test your blood to monitor sugar levels? Yes ○ No ○

Blood ☐ Average fasting glucometer readings over last two to three months

Q6. Have you ever needed laser eye surgery due to your diabetes? Yes ○ No ○

Please confirm the date and results of your last eye test with the National Diabetic Retinal Screening Programme?

Q7. Do you have a copy of your diabetes clinic passport to provide with this questionnaire? Yes ○ No ○

If so please provide a copy of pages 16 – 21 showing the results from your regular check ups

Symptoms

Q8. How often do you have severe low blood sugars (hypoglycaemia)?

Q9. Have you ever been admitted to hospital because of diabetes? Yes ◯ No ◯

If yes please give dates and details

Q10. Have you ever been told that your urine contains albumin or protein or that you had other kidney abnormalities? Yes ◯ No ◯

If yes, please give full details including nature of the problem and dates.

Dates	Nature of problem

Q11. Have you ever had any problems with:

Your Heart? Yes ◯ No ◯ or have you ever had any cardiac investigations? Yes ◯ No ◯

The blood vessels in your legs? Yes ◯ No ◯

Raised cholesterol? Yes ◯ No ◯

Raised blood pressure? Yes ◯ No ◯

Numbness, tingling or any other neurological symptoms? Yes ◯ No ◯

Your skin? Yes ◯ No ◯

Your feet (for example, foot ulcers or sores, extended healing time for cuts, pains in your calves, heels or feet)? Yes ◯ No ◯

If you have answered 'Yes' to any of the questions above, please give full details here.

Treatment

Q12. Do you take insulin? Yes ◯ No ◯

If 'Yes', please give the following details.

Name: Total units per day:

Q13. If you are taking diabetic tablets, please tell us the type and dose each day.

Q14. Do you visit your doctor or clinic regularly about your diabetes? Yes ◯ No ◯

How often do you visit your GP? Date of last visit

How often do you visit the diabetic clinic? Date of last visit

Q15. If there is any other information in relation to this condition which you feel may help us assess your application for cover, you can provide it here.
Please, outline details of any regular exercise you undertake or lifestyle changes your doctor has recommended, or you yourself have implemented as a result of your condition (for example, weight reduction, low-salt diet or other).

Declaration

Please review the answers given in this questionnaire and then read, sign and date this declaration.

I understand and agree that the information I have provided in this questionnaire is material to the decision of Irish Life Assurance plc (Irish Life) to enter into the contract, on the terms and for the calculation of premium and that Irish Life has relied on this information in so doing. My contract with Irish Life comprises the plan schedule, the terms and conditions booklet and any extra rules which Irish Life head office staff may add in writing. I understand that this questionnaire will form part of my application for cover.

I have read and understood the important information about my obligation to answer all questions asked by Irish Life in this questionnaire and in connection with the application and I understand that if I do not answer these questions honestly and with reasonable care, Irish Life will be entitled (depending on the breach) to declare the plan void, refuse my claim, treat my insurance as if it was entered on different terms, or reduce my claim. If this happens, I understand and acknowledge there may be no cover under the plan, Irish Life may not refund my premiums and Irish Life may not pay a claim.

I have read over the answers to all the questions on this form and declare that all answers (including any answers written down for me) are true and complete. I declare that I have answered all of the questions in this form honestly and with reasonable care. I understand that a copy of this completed form is available to me, on request from Irish Life.

I understand that I must tell you in writing about any changes in my answers to any of the specific questions in this form (for example, in relation to personal medical circumstances, family history or taking part in dangerous pursuits) between the time I applied for cover and the date my application is accepted.

I understand that this plan will not start until Irish Life has accepted me for cover and I have paid the first payment.

Please sign and date

Your Signature ✗

Date

Please be aware for all signatures typed herein, you are electronically certifying this document, just as if you were physically signing on paper.

In the interest of customer service we will record and monitor calls.
Irish Life Assurance plc is registered in Ireland number 152576, VAT number 9F55923G.