

Fast Track Underwriting - Customer Medical Questionnaire

Anaemia, blood conditions or haemochromatosis



000129

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

Anaemia, blood conditions or haemochromatosis

1 What was the precise diagnosis or exact nature of the condition you were suffering from (for example, was it iron-deficiency anaemia, pernicious anaemia, haemochromatosis, B12 deficiency, coeliac disease, haemophilia or some other blood condition)?

2 What were you told about the possible cause?

3 How was it discovered or why did you have blood tests at that particular time (for example, routine examination, due to symptoms, pregnancy, executive health screen, family history or other)?

4 Please describe your symptoms at diagnosis, if any.

5 What treatment was given or prescribed (for example, medication, iron replacement, B12 injections, draining of blood or other)?

Treatment

Frequency

6 Did you have investigations for this condition Yes No If 'Yes', give details

(for example, blood tests, colonoscopy, gastroscopy, biopsy)?

Investigation

Date and results

7 About monitoring your condition

• Who do you see to review your condition?

• How often do you go for reviews?

• Are you currently on medication? (Give details.)

• What has your doctor told you about controlling your condition (for example, controlled, needs further control, are you a carrier only (haemochromatosis))?

• When was your last consultation with your doctor?

8 Please provide details of your last blood tests, if you know and what you were told about the result.

Dates

Nature of tests done

Results

9 Have you been discharged from any future follow-up reviews or investigations?

Yes No If 'No', give details

Ongoing symptoms

Future treatment or investigations planned

10 Please provide any other information on the condition which you may feel will 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

Date

