

Fast Track Underwriting - Customer Medical Questionnaire



000137

Ear disorder

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

Ear disorders

- 1 Please give the diagnosis of the condition you are suffering from (for example, complete deafness, partial deafness, labyrinthitis, Meniere's disease, otitis media, otosclerosis, tinnitus and so on)?

Diagnosis

- 2 When was the condition diagnosed or when did you first experience symptoms?

dd / mm / yyyy

- 3 Do you know if there was a specific cause for your condition? Yes No If 'Yes', give details.

- 4 Which ear is affected ?

Left Right Both

- 5 Please describe your symptoms and degree of deafness (if relevant).

Symptoms

Degree of deafness

- 6 Is your condition or are your symptoms, getting worse or more severe, stable, or considerably improving?

- 7 Do you currently take medications or other treatments or need a hearing aid?

Yes No If 'Yes', please give details, including the name and dose (if it applies).

- 8 Have you ever had tests or investigations about this condition (for example, CT scan, MRI scan, others)?

Yes No If 'Yes', please give dates, tests done and results.

Dates

dd / mm / yyyy

Tests done

Results

- 9 Have you ever been admitted to hospital or had outpatient or specialist follow-up treatment in relation to this condition?

Yes No If 'Yes', please give dates and details.

Dates

dd / mm / yyyy

Who did you see and details?

dd / mm / yyyy

dd / mm / yyyy

dd / mm / yyyy

dd / mm / yyyy

10. Does this condition affect your ability to carry out any part of your work, family tasks or have you needed time off work as a result?

Yes No If 'Yes', give details, including time off work sick.

- 11 What has your doctor or specialist told you about your condition and managing it in the future?

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

Yes No If 'Yes', give details and reason.

Details of what you are waiting for

Reasons for investigations or specialist visit

- 13 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

Date

