Fast Track Underwriting - Customer Medical Questionnaire

Gynaecological disorders and other conditions affecting women

000142

Name of customer applying for cover

Date of birth dd / mm / yyyy

Application number

Financial adviser

14432 Crystal Mark

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

Subsection A – Hysterectomy

1 Have you had a hysterectomy?

Yes ◯ No ◯

2 What was the reason for it (for example, fibroid, other benign growth, prolapse, menstrual irregularities, endometriosis, adhesions, pelvic inflammatory disease, cancer or other gynaecological reason)?

3 When did the surgery take place? dd/mm/yyyy

4 Were the results totally benign (in other words, non-cancerous)?

Yes ◯ No ◯ If 'No', give details.

5 Did you receive any further treatment after the surgery (for example radiation, chemotherapy, medication or other)?

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

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

6 What ongoing treatment or reviews are you having?

7 Please give dates and details of all immediate follow-up consultations including those with your GP or specialist and the reason for them.

Dates	Details of who with and the outcome
dd/mm/yyyy	
dd/mm/yyyy	
dd/mm/yyyy	

8 Please give details of any future follow-up consultations or investigations that are planned and the reasons why they are needed.

9 Have you been discharged from follow-up review?

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

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

Subsection B – abnormal smear

1 Have you ever had an abnormal smear?

Yes ◯ No ◯ If 'Yes', please give dates.

Dates

2 Please give the result of the abnormal smear, if known (for example, borderline changes, CIN 1, CIN 2, CIN 3 or other changes).

Do not know ◯

3 What did your doctor or nurse tell you about the result of the smear?

4 Did you have any treatment or further investigations (for example colposcopy, cone biopsy, laser treatment, loop excision, LLETZ, or other)?

Yes ◯ No ◯ If 'Yes', please give details including dates and procedure.

Dates	Procedures
dd/mm/yyyy	
dd/mm/yyyy	
dd/mm/yyyy	

5 Have you had a repeat smear since? Yes ◯ No ◯
If 'Yes', please give details including dates and results of all smear tests taken since the original abnormal smear test.

Dates	Details and results
dd/mm/yyyy	
dd/mm/yyyy	
dd/mm/yyyy	

6 Dates and details of all follow-up or review consultations done so far with your GP or specialist.

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

7 Please give dates and details of any future follow-up consultations or investigations planned.

8 Have you been discharged from follow-up review? Yes ◯ No ◯ If 'No', please give the reasons.

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

Subsection C – Breast cysts and lumps

1 When did you first discover the cyst, lump or abnormality? dd/mm/yyyy

2 Did you have any symptoms (for example, increase in size, bleeding, change in colour, pain or other symptoms)?

Yes ◯ No ◯ If 'Yes', what symptoms?

3 When did you first see a doctor about this and what did your doctor tell you about the lump or growth? dd/mm/yyyy

What were you told at the time?

4 What investigations were carried out and by whom (for example, ultrasound, mammogram ,needle aspiration, biopsy and so on)?
Give dates, details and results of each one carried out.

Dates	Details and results of investigations
dd/mm/yyyy	
dd/mm/yyyy	
dd/mm/yyyy	

5 If any lump or growths have been removed, please describe:

- when?
- how (for example, local anaesthetic, general anaesthetic or other)?
- by whom?

6 Do you know what it was called once removed (for example, simple cyst, benign (in other words, non-cancerous), fibroadenoma, borderline, pre-malignant, malignant tumour, cancer or other)?

Did it come back after treatment? Yes ◯ No ◯ If 'Yes', please give details of ongoing treatment.

7 Do you still have the lump or growth? Yes ◯ No ◯ If 'Yes', please give details of ongoing treatment.

8 Have you any other ongoing breast condition (for example, fibrocystic breast disease, mastalgia and so on)? Yes ◯ No ◯

If 'Yes', give details.

9 Please give the dates and details of all follow-up consultations done with your GP or specialist.

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

10 Have you ever been admitted overnight to hospital for this condition? Yes ◯ No ◯
If 'Yes', please give dates and details.

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

11 Have you been discharged from follow-up reviews? Yes ◯ No ◯ If 'No', please give reasons.

12 Were you given any specific health advice about this condition for the future by any health professional? Yes ◯ No ◯

If 'Yes', please give details.

13 Before the age of 60 have any of your immediate relatives (mother, sisters and aunts) died or suffered from breast or ovarian cancer?

Yes ◯ No ◯
If 'Yes', please list all those affected, their age at diagnosis, their age now or when they died (if this applies) and the site of cancer.

Relative

Site of cancer

Age when diagnosed

Age now Or age when they died

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

Subsection D - Ovarian cysts

1 When was the cyst first discovered? dd/mm/yyyy

2 Did you have any symptoms (for example, pain, change in your periods, other symptoms or no symptoms at all)?

3 When did you first see a doctor about this and what did your doctor tell you about the cyst or growth? dd/mm/yyyy

What were you told at the time?

4 What investigations were carried out (for example, ovarian ultrasound, laparoscopy, biopsy and so on)? Give dates, details and results of each one carried out.

Dates dd/mm/yyyy Details of investigations

Results

5 If any lump or growths have been removed, please describe:

- when?
- how (for example, local anaesthetic, general anaesthetic or other)?
- by whom?

6 Do you know what it was called once removed (for example, benign (in other words, non-cancerous), borderline, pre-malignant, malignant tumour, cancer or other)?

Unknown

7 Do you still have the cyst or growth? Yes ◯ No ◯ If 'Yes', give details of ongoing treatment.

Did it come back after treatment? Yes ◯ No ◯ If 'Yes', give details of ongoing treatment.

8 Do you have any other ovarian condition (for example, polycystic ovary syndrome, endometriosis, pelvic adhesions, infertility or other)?

Yes ◯ No ◯ If 'Yes', what is it?

9 Please give the dates and details of all follow-up consultations done to date with your GP or specialist.

Dates dd/mm/yyyy Details

dd/mm/yyyy

dd/mm/yyyy

10 Have you ever been admitted overnight to hospital for this condition? Yes ◯ No ◯ If 'Yes', please give dates and details.

Dates dd/mm/yyyy Details

dd/mm/yyyy

dd/mm/yyyy

11 Have you been discharged from follow-up reviews? Yes ◯ No ◯ If 'No' please outline reasons.

12 Were you given any specific health advice for the future by any health professional about this condition? Yes ◯ No ◯

If 'Yes', please give details.

13 Before the age of 60, have any of your immediate relatives (mother, sisters and aunts) died or suffered from breast or ovarian cancer?

Yes ◯ No ◯

If 'Yes', please list all those affected, their age at diagnosis, their age now or when they died (if this applies) and the site of cancer.

Relative Site of cancer Age when diagnosed

Age now Or age when they died

14 Please provide any other information on this subject 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