

Fast Track Underwriting - Customer Medical Questionnaire

Anxiety, stress or depression

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

Anxiety, stress or depression

1 Please outline the nature of your symptoms and the date when they first happened?

Date they first happened

2 Are your symptoms caused by any particular event (for example, bereavement, accident, work-related, family concerns or other cause, or do you not know the cause)?

3 Have you seen, or do you see, your own GP about this matter? Yes No

If 'Yes', please give approximate dates of each time you have seen your GP and the date you last saw them.

Date last saw GP:

4 Has a diagnosis been made? Yes No If 'Yes', please give date and details (for example, stress, anxiety, reactive depression, nervous breakdown, post-traumatic stress disorder, post-natal depression, manic depression, bipolar disorder, schizophrenia, one-off self-harm episode or other).

5 What treatment or medication was given at that time and how long for? Please give the name of any particular medication prescribed, the dose and how often you had to take it.

Treatment or medication	<input type="text"/>	How long for?	<input type="text"/>
Treatment or medication	<input type="text"/>	How long for?	<input type="text"/>
Current dose	<input type="text"/>	How long for?	<input type="text"/>

6 Were you referred to any specialist or psychiatrist for this condition? Yes No If 'Yes', please give the approximate dates of each time you have seen a specialist or psychiatrist and the date you last saw them.

Date you last saw them:

7 Are you currently on medication for this condition? Yes No If 'Yes', please give the name of the medication, the dose and how often you need to take it.

8 Were you ever treated overnight in hospital for this condition? Yes No If 'Yes', please give dates, how long you stayed and the reason for going in (for example, severe episode of depression, suicidal attempt, thoughts of self harm or other)?

Dates	<input type="text" value="to"/> <input type="text" value="to"/> <input type="text" value="to"/>	Reason for admission	<input type="text"/> ----- <input type="text"/>
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9 Have you been unable to carry out your everyday activities or off work sick as a result of this condition?

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

Dates	<input type="text" value="to"/> <input type="text" value="to"/> <input type="text" value="to"/>	Reason	<input type="text"/> ----- <input type="text"/>
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10 Are you now fully recovered from the condition? Yes No If 'No', please give details of any ongoing symptoms, doctors you see and medication taken.

Ongoing symptoms	<input type="text"/>	Doctors seen	<input type="text"/>
Medication taken	<input type="text"/>		

11 Were you given any specific health advice or suggested lifestyle changes by any health professional about this condition?

Yes No If 'Yes', please give details.

12 Please give details of any other factors or personal circumstances that you feel would help us assess this medical history.

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

