

# Fast Track Underwriting - Customer Medical Questionnaire

## Crohn's disease, ulcerative colitis and inflammatory bowel disease

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

# Crohn's disease, ulcerative colitis and inflammatory bowel disease

1 What is the exact condition you suffer from (for example, Crohn's disease, ulcerative colitis, colitis, Crohn's colitis, ileitis, ulcerative proctitis, inflammatory bowel disease or other)?

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

3 Please describe your symptoms at the time of your diagnosis.

  
  

4 About your current symptoms

• What are they?

• Are these ongoing?

Yes  No

If 'Yes', please give details, including how often.

• Are they getting worse or more severe, stable or considerably improving?

• When did you last have symptoms?

• What is the typical length of time between attacks?

5 Have you ever had any tests or investigations carried out in connection with this condition? Yes  No   
(Examples include blood tests, colonoscopy, gastroscopy, sigmoidoscopy, ultrasound, barium meal or enema, biopsy or other.)  
If 'Yes', please give details including dates, procedures and results.

Dates

Tests or procedures done

Results

6 Do you currently take medication or other treatments for this condition (for example, Salazopyrin, Immodium, Pentasa, Predfoam, Prednisolone, Asacol, Remicade, injections or other)? Yes  No  If 'Yes', please give details including names, dose and how often you take them

Treatment or medication

Dose

How often?

7 Have you taken any other medication or treatments in the past for this condition (including cortisone or oral steroids (in tablets))?

Yes  No  If 'Yes', please give details including names, dose and how often.

Names

Dates

Dose and how often taken

8 Have you ever had surgery for this condition (for example, resection of affected bowel, proctocolectomy and ileostomy, colectomy, partial colectomy, colectomy and ileorectal anastomosis or other)? Yes  No  If 'Yes', give date and details.

Date

Details

9 Do you know which part of your bowel is affected by this condition (For Crohn's disease for example, limited to small bowel, large bowel involved, involvement outside the intestines. For ulcerative colitis for example, limited to rectum only, left-sided disease, total involvement of colon)?

Yes  No  If 'Yes', please give details.

# Crohn's disease, ulcerative colitis and inflammatory bowel disease

- 10 Have you ever been treated in hospital for this condition? Yes  No  If 'Yes', please confirm if it was:  
inpatient (overnight or longer)? Yes  No  Date  Details and how long you stayed   
  
outpatient? Yes  No  Date  Details and reason   
  
accident and emergency? Yes  No  Date  Details and reason
- 11 Have any possible future treatment changes been discussed, such as a change in medication, surgery or other therapy?  
Yes  No   
If 'Yes', please give details.
- 12 What does your GP or specialist tell you about the current control of your condition? Give details.
- 13 Have the attacks meant you can't carry out everyday activities or been unable to go to work?  
Yes  No   
If 'Yes', please give dates and details.
- 14 Have you any associated symptoms or other medical conditions (for example, arthritis, liver problems, skin problems, mouth ulcers, eye problems or other)?  
Yes  No   
If 'Yes', please give details.
- 15 Are you currently waiting for or considering future investigations or to see a specialist about this condition?  
Yes  No   
If 'Yes', please give details.
- 16 Were you ever given any specific health advice or suggested lifestyle changes by any health professional about this condition.  
Yes  No   
If 'Yes', please give details.
- 17 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

