

Fast Track Underwriting - Customer Medical Questionnaire

High blood pressure (hypertension)

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

High blood pressure (hypertension)

dd/mm/yyyy

- 1 When was your high blood pressure (hypertension) diagnosed or when did you first experience symptoms?
- 2 Why was your blood pressure measured at that time (for example, routine examination, due to symptoms, pregnancy, executive health screen, check due to family history, life assurance medical or other)?

- 3 Do you know the blood pressure reading at that time? Yes No If 'Yes', please give details and the recorded reading if you know it.

Details and readings

- 4 Have you had any symptoms (for example dizziness, headache, chest pain, other)? Yes No If 'Yes', please give full details.

Details of any symptoms

- 5 Do you currently take medication or other treatment for this condition (for example, Atenolol, Adalat, Capoten, Emlor, Centyl K, Innovace, Zestril or other)? Yes No If 'Yes', please give names and doses each day.

Names

Doses each day

Have you ever stopped taking this treatment? Yes No If 'Yes', why?

When was the last time you had your prescription renewed at a pharmacy or chemist?

- 6 Has the type of medication or dose been changed since you began treatment? Yes No

If 'Yes' give dates and details of the changes.

Date	Changes made	Reason for change
dd/mm/yyyy		
dd/mm/yyyy		
dd/mm/yyyy		

- 7 Have you ever had any tests or investigations carried out in connection with this condition? Yes No (Examples include blood tests, ECG, echocardiogram, 24-hour blood-pressure monitor, urine tests, exercise or treadmill stress test, coronary angiogram and so on)? Yes No If 'Yes' give details.

Dates Details of tests and investigations

Results

- 8 Have you ever been treated in hospital for this condition? Yes No If 'Yes', was it:

inpatient? Yes No Dates Details and how long you stayed

outpatients? Yes No Dates Details and why

accident and emergency? Yes No Dates Details and why

- 9 Have any future treatments or investigations been discussed, such as changing your medication, referral to a specialist doctor, surgery or other therapy? Yes No If 'Yes', please give details.

- 10 About monitoring your condition

• Who do you see to review your condition?

• How often do you go for a review?

- What has your doctor (and specialist, if you have one), told you about your current blood-pressure control?

- When was your last consultation?
- Please provide details of your last three blood-pressure readings if you know. Do not know (tick if appropriate)

<input type="text" value="Date and reading"/>	<input type="text" value="Date and reading"/>	<input type="text" value="Date and reading"/>
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If you were told that your blood pressure was completely normal at that time, please say this.

- 11 Do you have any related medical conditions (for example, raised cholesterol, raised blood-sugar levels, diabetes, kidney problems, chest pain, problems with your eyes and so on)? Yes No If 'Yes', please give details.

- 12 Have you ever been told that there were abnormalities found in your urine (for example, blood or protein)? Yes No If 'Yes', please give full details including the approximate dates.

Dates Details

Results

- 13 Are you currently waiting for or considering any future investigations or to see a specialist about this condition? Yes No

If 'Yes', give details.

- 14 Do you smoke tobacco or have you ever smoked? Yes No If 'Yes', please give full details including the year you started smoking, the year you stopped (if this applies) and how much tobacco you smoke each day .

Year you started smoking Year you stopped smoking (if this applies)

How much tobacco do you currently smoke or used to smoke if you have now stopped per day
(number of cigarettes, cigars or ounces of tobacco)?

- 15 Do any of your immediate family (mother, father, brothers, sisters) suffer from or had any of the following before age 60 – raised blood pressure, raised cholesterol, angina, heart attack, heart disease, bypass surgery, angioplasty, stroke or diabetes? Yes No If 'yes', please list all those affected, their age at diagnosis, their age now or at death (if this applies) and condition suffered.

Relative	<input type="text"/>
Condition	<input type="text"/>
Age when diagnosed	<input type="text"/>
Age now	<input type="text"/> Or age when they died <input type="text"/>

- 16 Please provide any other information on this subject which you feel may be beneficial in assessing your application. Please, outline details of any regular exercise you undertake or lifestyle changes your doctor has recommended, or you yourself have implemented as a result of your condition (for example, weight reduction, low-salt diet or other).

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

