

Fast Track Underwriting - Customer Medical Questionnaire

Cholesterol (high)

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

Cholesterol (high)

- 1 When was your raised cholesterol (hypercholesterolaemia) diagnosed, or when did you first experience symptoms?
- 2 Why was your cholesterol measured at that time and by what doctor (for example, routine examination, due to symptoms, executive health screen, pregnancy, check due to family history, life assurance medical or other)?
- 3 Do you know the cholesterol reading at that time? Yes No If 'Yes', please give the cholesterol reading.
Details
- 4 Have you had any symptoms in relation to your cholesterol (for example, dizziness, headache, chest pain or other)? Yes No
If 'Yes', please give full details including dates.
Date Details of any symptoms
- 5 Do you currently take medications or other treatment for this condition Yes No
(for example, Lipitor, Atorvastatin, Crestor, aspirin or other)? Please give names and dose each day.
Medication Dose 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 changes made and reasons why.
- | Dates | Changes made | Reason for change |
|---|----------------------|----------------------|
| <input type="text" value="dd / mm / yyyy"/> | <input type="text"/> | <input type="text"/> |
| <input type="text" value="dd / mm / yyyy"/> | <input type="text"/> | <input type="text"/> |
| <input type="text" value="dd / mm / yyyy"/> | <input type="text"/> | <input type="text"/> |
- 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 monitoring, urine test, exercise or treadmill stress test, coronary angiogram and so on.)
Dates Details of test and investigation
Results
- 8 Have you ever been treated in hospital for this condition? Yes No If 'Yes', was it:
inpatient (overnight or longer)? Yes No Date Details and how long you stayed
outpatients? Yes No Date Details
accident and emergency? Yes No Date Details
- 9 Have any future treatment or investigations been discussed such as changing your medication, surgery or other therapy?
Yes No If 'Yes', please give details.

Cholesterol (high)

10 About monitoring your condition

• Who do you see to review your condition?

• How often do you go for reviews?

• What has your doctor or specialist (if you have one) told you about your current cholesterol level?

• When was your last consultation?

• Please provide details of your cholesterol levels at that time, if you know.
(If you were told that they were completely normal, please say this)

Don't know

11 Do you have any related medical condition (for example, raised blood pressure, raised blood-sugar level, diabetes, kidney problems, circulation problems, problems with your eyes and so on)?

Yes No If 'Yes', please give details.

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.

13 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 now stopped
(number of cigarettes, cigars or ounces of tobacco)?

14 Do any of your immediate family (in other words, mother, father, brothers, sisters) suffer from or had any of the following before age 60 – raised cholesterol, raised blood pressure, angina, heart disease, heart attack, bypass surgery, angioplasty, stroke, or diabetes?

Yes No If 'Yes', please list all immediate relatives affected, their age at diagnosis, their age now or at death (if this applies) and condition suffered.

Relative

Condition

Age when diagnosed

Age now

Or age when they died

15 Please provide any other information on this subject which you feel may help us assess your application. You can also outline details of any regular exercise you carry out or lifestyle changes your doctor has recommended or which you have decided to follow as a result of your condition (for example, losing weight, low-salt diet and so on).

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

