

Occupational questionnaire

(to be completed by the life to be insured)

Instructions

Please complete this form in **CAPITAL** letters. All questions must be answered accurately with full disclosure of all relevant information. If there is insufficient space for any answer please continue on a separate piece of paper and attach to this questionnaire.

1 Personal details

Policy number (if known)

Full name of life to be insured

Title Mr Mrs Miss Ms Dr Other (please give details)

Family name

Forename(s)

Date of birth

D	D	M	M	Y	Y	Y	Y
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2 Supplementary questions

What is your job title?

What industry do you work in?

Please describe:

i. Your normal duties.

ii. Any occasional duties you undertake and advise the approximate percentage of time for each duty.

In what area do you work? (e.g. office, outdoors, factory, etc.).

Do your duties include any or all of the following:

i. Lifting or moving heavy goods?

Yes No

If 'Yes', please give details.

ii. Working underground?

Yes No

If 'Yes', please give details.

Supplementary questions (continued)

iii. Working at heights?

Yes No

If 'Yes', please advise the average heights which you work.

iv. Working at heights above 30 feet/10 meters?

Yes No

If 'Yes', please provide details of how much of your time is spent doing this.

v. Working with specialised equipment or handling dangerous materials such as explosives, chemicals, radioactive matter etc.

Yes No

If 'Yes', please give details.

vi. Working variable hours?

Yes No

If 'Yes', please give details.

vii. Subjection to adverse environmental conditions? (e.g. dust, chemicals, weather, etc.).

Yes No

If 'Yes', please give details.

viii. A specific licence (e.g. driving licence) or medical certificate?

Yes No

If 'Yes', please give details.

Has your health ever been affected by the work you do?

Yes No

If 'Yes', please give details.

Have you ever had an accident whilst performing the above duties?

Yes No

If 'Yes', please give details.

Thank you for completing this form. Please return it to us with your proposal, or if you prefer, in a sealed envelope.

3 Privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited (the Company) as Data Controller in line with the Data Protection Policy. Full details can be found online at <https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy> or contact us for a copy.

4 Declaration

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief. I agree that this form will constitute part of my proposal and that failure to disclose any material fact known to me may constitute grounds for rejection of a claim or repudiation of the contract.

Special category data consent

By signing this form, I consent to the Company processing my medical and health information and authorise the seeking and processing of information from any medical practitioner who has attended me or from any insurer to which an application has been made for insurance. I confirm such authorisation shall remain in force after my death.

Withdrawal of consent

I understand that where I have provided consent I have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

Signature of life to be insured

Date

D	D	M	M	Y	Y	Y	Y
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