

# Reinstatement health and lifestyle questionnaire

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## Completing this form

To be completed by the policy owner(s) and the life insured(s). If there are two lives insured, you must give details for both lives.

We will not be able to process your application unless you answer every question. Please do not leave any questions blank or write a dash next to them.

Please note that if you do not disclose any relevant information, it may result in non payment of a claim. The answers you give in this questionnaire may require us to seek further information.

You should also note that no reinstatement can be made where the policy owner/s is/are resident in the United States including any United States federally controlled territory.

## Contact details

We may contact you for more information about your health and lifestyle.

We adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, we will regard the details you provide as your authorised contact details; it is therefore important that they are accurate and that you let us know if any of these details change.

Policy number(s)

## 1. Policy owner details

### Policy owner 1

(If assigned, this section should be completed by the assignee)

#### Personal details

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

Family name \_\_\_\_\_

Forename(s) \_\_\_\_\_

Please give details of any previous names or aliases used (including maiden name)

### Policy owner 2

(If assigned, this section should be completed by the assignee)

#### Personal details

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

Family name \_\_\_\_\_

Forename(s) \_\_\_\_\_

Please give details of any previous names or aliases used (including maiden name)

## Personal details (continued)

### Policy owner 1

Date of birth

D	D	M	M	Y	Y	Y	Y
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Contact details

Current residential address

Is this a permanent or temporary address?

- Permanent
- Temporary – please tell us why this address is temporary

Correspondence address – If different to residential address above

Please provide a reason why you are using a correspondence address that is different from your residential address. Depending on the answers given we may ask for further information.

Telephone number

Mobile number

Email address

Who are the life/lives insured? (tick one only):

- Policy owner 1    Policy owner 2    Both policy owners    Other – please complete section 2

## 2. Life insured details

### Life insured 1

Personal details

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

Family name

Forename(s)

Please give details of any previous names or aliases used (including maiden name)

### Life insured 2

Personal details

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

Family name

Forename(s)

Please give details of any previous names or aliases used (including maiden name)

### Policy owner 2

Date of birth

D	D	M	M	Y	Y	Y	Y
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Contact details

Current residential address

Is this a permanent or temporary address?

- Permanent
- Temporary – please tell us why this address is temporary

Correspondence address – If different to residential address above

Please provide a reason why you are using a correspondence address that is different from your residential address. Depending on the answers given we may ask for further information.

Telephone number

Mobile number

Email address

## Life insured details (continued)

### Occupation

(a) Please give precise details of your occupation, including your employer, and the % of time each week spent performing manual or physical duties (including driving, lifting, carrying, working with tools or machines, etc).

### Life insured 1

Occupation

\_\_\_\_\_  
 Manual work %  
 \_\_\_\_\_  
 Non-manual work %  
 \_\_\_\_\_

### Life insured 2

Occupation

\_\_\_\_\_  
 Manual work %  
 \_\_\_\_\_  
 Non-manual work %  
 \_\_\_\_\_

If you do not undertake paid work please provide details, e.g. housewife etc.

(b) Does your occupation include any activities that may be considered hazardous (e.g. working at heights, underground, or with explosives)?

Yes  No

Yes  No

If 'Yes' please give details

Please continue on a separate sheet if more space is required.

### Life insured 1

#### Country of residence

What is your country of residence?

\_\_\_\_\_  
 Have you been resident in your current country of residence for less than five years?

No

Yes – please list all countries where you have lived or worked during the past ten years and give dates when you lived or worked there

Country

\_\_\_\_\_  
 From To

Country

\_\_\_\_\_  
 From To

Please continue on a separate sheet if more space is required.

### Life insured 2

#### Country of residence

What is your country of residence?

\_\_\_\_\_  
 Have you been resident in your current country of residence for less than five years?

No

Yes – please list all countries where you have lived or worked during the past ten years and give dates when you lived or worked there

Country

\_\_\_\_\_  
 From To

Country

\_\_\_\_\_  
 From To

## Life insured details (continued)

### Health and lifestyle

If the answer to any of the following questions is 'Yes', please give full details in the additional information section.

Since the contract(s) were issued:

	<b>Life insured 1</b>	<b>Life insured 2</b>
(a) Have you had an application for life, disability or critical illness insurance declined, postponed or accepted at other than normal terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Have any of your parents, brothers or sisters suffered or died from heart disease, diabetes, stroke, kidney disease, cancer, multiple sclerosis or Huntington's disease before the age of 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Do you take any medications, drugs, stimulants, sedatives or tranquillisers or have you done so in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Do you have or have you ever been diagnosed as having high blood pressure, chest pain, or any heart complaint, stroke, paralysis, epilepsy, anxiety, depression, diabetes, asthma, liver, kidney or bowel disease, cancer, tumour, or any disease or injury to the neck, spine or joints?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Have you undergone any medical treatment or examination for any illness or injury not covered above in the last five years, or are you intending to seek medical treatment or undergo a medical examination in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Have you ever tested positive for HIV, or are you awaiting the results of a HIV test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g) Have you smoked tobacco in the last 12 months? If 'Yes', please provide the type and quantity each day.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(h) Do you consume alcohol? If 'Yes', please provide number of units consumed each week	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1 unit = single measure of spirits or 125ml glass of wine or 250ml beer	1 unit = single measure of spirits or 125ml glass of wine or 250ml beer
(i) Do you have any intention of visiting (other than for vacation of less than 30 days), living or working in countries outside your current country of residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(j) Does any sport or activity that you participate in include activities that may be considered hazardous? If 'Yes' please give full details, including frequency of sport/activity and dates. Please also complete the relevant sport/activity questionnaire.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(k) What is your height and weight?	Height <span style="float: right;">cms</span>	Height <span style="float: right;">cms</span>
	Weight <span style="float: right;">kgs</span>	Weight <span style="float: right;">kgs</span>

#### Note:

Examples of hazardous sports or activities include deep sea diving, hang-gliding, horse racing, motor-cycle racing, motor racing, mountaineering, parascending, pot-holing, rock climbing, skin diving, steeple-chasing, etc. This list is not exhaustive and if in any doubt whether a particular sport or activity is hazardous, please give details

## Life insured details (continued)

### Health and lifestyle (continued)

If you have answered 'Yes' to any of the questions in this section, please give full details in the box below.

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#### Details of doctor/clinic/hospital

Please give details of the doctor, clinic or hospital most familiar with your medical history (even if this is in a country other than your current country of residence).

##### Life insured 1

Name of doctor/clinic/hospital

Address of doctor/clinic/hospital

Telephone number

Email address

Date of last consultation

D	D	M	M	Y	Y	Y	Y
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Reason for consultation

##### Life insured 2

Name of doctor/clinic/hospital

Address of doctor/clinic/hospital

Telephone number

Email address

Date of last consultation

D	D	M	M	Y	Y	Y	Y
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Reason for consultation

### 3. Privacy notice

This Notice is a summary of our Privacy Policy which describes how we collect and use personal information as Data Controller. For the full version please visit online <https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy> or contact us for a copy.

#### **Personal information we use**

We use personal information such as name and contact details (“Personal Data”) and sensitive personal information such as medical details (“Special Category Data”).

#### **What we do with personal information**

We use personal information to provide financial services, for example processing in connection with:

- setting up and managing a contract of insurance
- providing marketing information with consent
- complying with our legal obligations
- running our business where we have a legitimate interest to do so.

Without accurate and sufficient personal information where required, we cannot offer financial services.

#### **Sharing of personal information**

We obtain personal information from, and share personal information with other organisations such as:

- Zurich Insurance Group Ltd. or any of its affiliated companies
- companies who supply services to us such as administration
- healthcare service providers
- financial advisors and employers where appropriate.

#### **How we transfer personal information to other countries**

As a global business we ensure that personal information is equally protected in all locations by complying with data protection laws of the EU, Isle of Man and of each location in which we operate.

#### **How long we hold personal information for**

We retain personal information for as long as is necessary to meet the purposes for which it was originally collected or to satisfy our legal obligations.

#### **Data subject rights**

The person who is the subject of the personal information (the “Data Subject”) has the following legal rights:

- access to personal information
- data rectification where it is inaccurate or incomplete
- erasure of personal information
- to restrict the processing of personal information
- data portability – to obtain personal information in a digital format
- to object to the processing of personal information
- to not be subject to automated individual decision making processes.
- to withdraw consent at any time where processing is based on consent.

If you have cause for complaint regarding our processing of personal information, you can contact the Isle of Man Information Commissioner.

#### **Data Protection contact**

- Email our Data Protection Officer at [ZILLPrivacy@Zurich.com](mailto:ZILLPrivacy@Zurich.com)
- Write to our Data Protection Officer at Zurich International Life Limited, Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles.

## 4. Declaration/consent

### Declaration

I/We apply for a Vista policy as detailed in this application form and in accordance with Zurich International Life Limited (the "Company") standard terms and conditions.

I/We declare that I/we have reviewed the answers given in this application, whether in my/our handwriting or not, and that they are true and complete to the best of my/our knowledge and belief, and will form the basis of my/our contract of life insurance.

I/We will tell the Company, in writing, if anything happens between completing this application and the commencement date of the policy that alters any of the answers I/we have given in this application form.

I/We understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits.

I/We confirm that I/we understand that a change in my/our country of residence, or that of any life insured, could mean that the Company may no longer be able to provide all the benefits under this policy.

I/We declare that I/we have selected an investment strategy based on my/our knowledge, or external advice, and that I/we am/are satisfied with the level of risk based on my/our knowledge and/or advice.

I/We understand that there is no guaranteed investment return offered by this policy and that there may be possible losses incurred by me/us and/or the need for additional premium payments, due to the investment risk.

I/We declare that any premiums that I/we pay to the policy will not contravene any applicable exchange controls regulations or trade or economic sanctions and that any premium paid to the Company is not of criminal origin or directly or indirectly related to criminal activities or any actual or attempted money laundering or tax evasion.

### Contact details

I/We understand that for security purposes, the Company will regard the contact details provided as my/our authorised contact details and that it is important that I/we let the Company know if any of these details change.

### Marketing consent

The Company, or the Zurich group companies, may wish to contact you by mail, email, telephone or other appropriate means about carefully selected products, services or offers that may be of interest to you.

I/We consent to being contacted in this way for this purpose by ticking here

### Special category data consent

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

### Withdrawal of consent

I/We understand that where I/we have provided consent I/we 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.

I/We confirm that this/these signature(s) below is/are mine/ours or that/those of my/our appointed legal representative(s).

Signature of life insured 1
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Date 

D	D	M	M	Y	Y	Y	Y
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Signature of life insured 2
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Date 

D	D	M	M	Y	Y	Y	Y
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### Signature of policy owner(s) (if different from lives insured)

Signature of policy owner(s) (if different from lives insured). Where the policy is assigned this section should be signed by the assignee and stamped with the official company stamp.

Signature of policy owner 1
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Date 

D	D	M	M	Y	Y	Y	Y
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Signature of policy owner 2
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Date 

D	D	M	M	Y	Y	Y	Y
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## 5. Relevant financial professional's details and declaration

**To be completed by your applicant's relevant financial professional.**

Family name

Forename(s)

Job title

Brokerage name

Suitable certifier number (if applicable)

### Declaration

I declare that, to the best of my knowledge and belief, the information given is true and shall form the basis of the proposed contract with Zurich International Life Limited.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Zurich International Life Limited is authorised by the Qatar Financial Centre Regulatory Authority.

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Calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

Zurich International Life Limited provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 20126C.

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