

Genito-urinary disorder

Supplementary questionnaire (to be completed by the life to be insured)

Instructions

Please complete this form to supplement the answers you have given on your proposal. The information you give may assist us in the assessment of your proposal and help minimise the need for medical reports.

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

Full name of life to be insured

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

Family name

Forename(s)

Date of birth

Proposal number

2 Supplementary questions

Please state the precise diagnosis (e.g. cystitis, kidney stones, prostatitis, pyelonephritis, hydrocele, etc.).

When was your condition diagnosed?

What was the date of your last attack?

How frequently do you suffer attacks?

Daily Weekly Fortnightly Monthly Other – please provide details below

Have you had any investigations? (e.g. IVP, cystoscopy).

Yes No

If 'Yes', please give details including dates and results.

Please give details of treatment (tablets, operation, etc.).

Currently

In the past

Supplementary questions (continued)

If your symptoms have occurred more than once, please give dates and durations.

Are you having follow up checks?

Yes No

If such checks have been completed, please state last date

Are you having follow up checks?

Yes No

If 'Yes', please provide details of when and for how long this lasted.

From

Until

Have any of your family members suffered from kidney disease?

Yes No

Was this polycystic kidney disease?

Yes No

If 'Yes', please give age at onset and/or death.

Please provide the names and addresses of all the doctors you have consulted for your condition.

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

3 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.

I understand and accept that my medical/health information is classed as highly confidential by Zurich International Life Limited (the Company) and will be used by the Company and relevant third party service providers (e.g. reinsurers, health professionals) as outlined in the data protection declaration in the main proposal/questionnaire.

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the agent but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

Signature of life to be insured

Date

Zurich International Life Limited is registered in Bahrain under Commercial Registration No. 17444 and is licensed as an Overseas Insurance Firm – Life Insurance by the Central Bank of Bahrain.

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

Zurich International Life Limited is registered (Registration No. 63) under UAE Federal Law Number 6 of 2007, and its activities in the UAE are governed by such law.

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

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