

# Reinstatement health and lifestyle questionnaire

## 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.

**Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.**

## 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.

## 1. Life insured details

### Life insured 1

#### Personal details

**Title**  Mr  Mrs  Ms  Other (please give details)



### Life insured 2

#### Personal details

**Title**  Mr  Mrs  Ms  Other (please give details)



	Life insured 1	Life insured 2								
(a) In which industry are you employed?  For UAE Armed Forces employees, question (b) and (c) are not applicable.	Industry <input type="text"/>	Industry <input type="text"/>								
(b) 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).	Occupation <input type="text"/>	Occupation <input type="text"/>								
	<table border="1"> <tr> <td>Manual work</td> <td style="text-align: right;">%</td> </tr> <tr> <td>Non-manual work</td> <td style="text-align: right;">%</td> </tr> </table>	Manual work	%	Non-manual work	%	<table border="1"> <tr> <td>Manual work</td> <td style="text-align: right;">%</td> </tr> <tr> <td>Non-manual work</td> <td style="text-align: right;">%</td> </tr> </table>	Manual work	%	Non-manual work	%
Manual work	%									
Non-manual work	%									
Manual work	%									
Non-manual work	%									

## Life insured details (continued)

Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.

### Life insured 1

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

Yes  No

If 'Yes' please give details

### Life insured 2

Yes  No

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 <span style="float: right;">To</span>

Country
From <span style="float: right;">To</span>

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 <span style="float: right;">To</span>

Country
From <span style="float: right;">To</span>

## Health and lifestyle

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

- |  | Life insured 1   | Life insured 2   |
|--|--|--|
| (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 5 years, been advised to self-isolate or are you intending to seek medical treatment or undergo medical examination in the next 6 months for any symptoms (including persistent cough, fever and/or raised temperature)? | <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 |

## Life insured details (continued)

Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.

### Health and lifestyle (continued)

(g) Have you smoked tobacco in the last 12 months?

If 'Yes', please provide the type and quantity each day.

Yes  No

Yes  No

(h) Do you consume alcohol?

If 'Yes', please provide number of units consumed each week

Yes  No

Yes  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?

Yes  No

Yes  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.

Yes  No

Yes  No

(k) What is your height and weight?

Height	cms
Weight	kgs

Height	cms
Weight	kgs

#### 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

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

## Life insured details (continued)

Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.

### 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

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#### 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

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## 2. 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/im/legal/privacy> or contact us for a copy.

## 3. Declaration/consent

### Declaration

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 recommencement 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.

### 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 to 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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Signature of policy owner 2
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Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date

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

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

Family name
Forename(s)
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
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Date

D	D	M	M	Y	Y	Y	Y
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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 (a company incorporated in the Isle of Man with limited liability) which provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

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