

Substance use questionnaire

(to be completed by the life to be insured)

Instructions

Please complete this form to supplement the answers you have given on your application. The information you give will assist us in the assessment of your application.

Please complete this form in **BLOCK CAPITAL** letters.

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.

1 Personal details

Policy number (if known)

Full name of life to be insured

Title Mr Mrs Ms Other (please give details)

Forename(s)

Family name

Date of birth

2 Supplementary questions

1. Please indicate which of the following substances you have used in the last 5 years:

- | | | |
|---|------------------------------|-----------------------------|
| i) Alcohol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii) Amphetamines (speed, uppers, dexies, crystal meth, ice etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii) Anabolic steroids (roids, gear, juice etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv) Barbiturates (amytal, Phenobarbital etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v) Cannabis (marijuana, dope, hooch, grass, pot, hashish, THC etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vi) Cocaine (coke, blow, snow, crack etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vii) Ecstasy (meth amphetamine, MDMA, ecky, E's etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| viii) Opiates (codeine, heroin, methadone, morphine, pethidine, smack etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ix) Psychedelics (magic mushrooms, LSD, acid etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| x) Solvents (glue, aerosol, thinners, nitrous oxide, petrol etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| xi) Others | <input type="text"/> | |

Supplementary questions (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.

If you answered yes to any of the above questions, please provide details regarding your usage pattern:

Name of substance	Date first used	Date ceased	Frequency of use

2. Have you ever injected or used drugs intravenously?

Yes No

If yes, please provide details including dates:

3. Have you ever sought medical advice or been referred for drug counselling?

Yes No

If yes, please provide details:

Name of doctor, hospital or clinic	Address	Date of last consult

4. Have you ever been hospitalized or treated for a drug overdose?

Yes No

If yes, please provide details:

Name of doctor, hospital or clinic	Address	Date

5. Have you ever suffered any medical condition or impairment related to your drug use, e.g. hepatitis, mental health disorder etc.?

Yes No

If yes, please provide details including dates and results:

6. Have you ever been a member of Alcoholics Anonymous, Narcotics Anonymous or a similar association?

Yes No

If yes, please answer the following questions:

When?

How often do you attend meetings?

How many meetings did you attend in the last six months?

Are you presently active?

Yes No

Have you had any lapses?

Yes No

If yes, please state relevant dates:

Supplementary questions (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.

7. Have you ever been arrested or convicted for any alcohol or drug related offence or been required to attend an alcohol or drug awareness program ordered by the court? Yes No

If yes, please provide details including dates for each occurrence:

-
8. Have you ever taken time off work because of your alcohol or drug use? Yes No

If yes, please provide details including dates and durations:

-
9. Have your working duties ever been affected or restricted in any way? Yes No

If yes, please provide details including dates and durations:

-
10. Please provide any additional information that you feel is important:

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/Consent

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.

I declare that I have reviewed the answers given in this application, whether in my handwriting or not, and that they are true and complete to the best of my knowledge and belief, and will form the basis of my contract of life insurance. I understand 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 confirm that this signature is mine or that of my appointed legal representative.

Signature of life to be insured

Date

Thank you for completing this form. Please submit this to us along with your application, or if you prefer in a sealed envelope.

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.

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