

# Tobacco 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. 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

### 2 Supplementary questions

2.1 When did you start using tobacco or nicotine products?\*

2.2 Please state your average tobacco or nicotine consumption in the last 12 months:

| Type                        | Numbers per day/week/month |
|-----------------------------|----------------------------|
| Cigarettes                  | <input type="text"/>       |
| Cigar                       | <input type="text"/>       |
| Shisha                      | <input type="text"/>       |
| Chewing Tobacco             | <input type="text"/>       |
| Grams of tobacco (for pipe) | <input type="text"/>       |

2.3 When did you last use tobacco or nicotine products and in what form (e.g. cigarettes, shisha, pipe, etc.)?

\*Use of tobacco or nicotine includes the following: cigarettes/bidi (hand-rolled unfiltered cigarette-variants), cigars, pipes, dokha (midwakh), smokeless (chewing or snuffing), water pipe (narghile, shisha, hookah) and tobacco-free nicotine delivery (nicotine gums, e-cigarettes) among others.

## Supplementary questions (continued)

2.4 Have you ever suffered from any condition or ailment, which may have been associated with or aggravated by your use of tobacco or nicotine products? (e.g. High blood pressure, asthma, chronic bronchitis, obstructive airways disease, emphysema, heart attack, palpitation, chest pain, stroke, transient ischaemic attack or cancer).

Yes

No

If 'Yes', please give full details.

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2.5 Please provide any additional information which you feel will be helpful in processing your application.

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**Thank you for completing this form. Please return it to us with your application, 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/Consent

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.

### 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 confirm that this signature is mine or that of my appointed legal representative.

Signature of life to be insured

Date

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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.

Registered in the Isle of Man number 20126C.

Registered office: Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ British Isles.  
Telephone +44 1624 662266 Telefax +44 1624 662038

Hong Kong office: 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong.  
Telephone +852 3405 7150 Telefax +852 3405 7268

[www.zurichinternational.com](http://www.zurichinternational.com)