

Business to Business

Health declaration form

(to be completed by the policyholder and employee)

Company details (for completion by the policyholder)

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

Policyholder name
Policy number
Contact person
Email address
Telephone number

Employee details (for completion by the employee)

Please complete this form in English using CAPITAL letters. All questions must be answered accurately with full disclosure of all relevant information. Please forward to the above contact person.

If there is insufficient space for any answer, please continue on a separate sheet of paper and attach it to this form. Please tick if a separate sheet is attached ☐

Private and confidential

Personal details of employee

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

Forename(s)

Family name

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

Date of birth

Start date of employment

Employer (if not the Company above)

Occupation

Health declaration

1. Your height cms Your weight kgs

2. Please Note: In answering a), b) and c) below, please make sure to check the Minor Medical Conditions list annexed to the end of this form before marking 'Yes'. If the question is true of you, but it is true due to a condition that is on the Minor Medical Conditions list, then you may mark 'No'.

In the last 5 years have you:

a) been hospitalised for a period of 5 days or longer? ☐ Yes ☐ No

b) had a medical condition that required 2 or more consultations with a medical specialist (such as Specialist Surgeon, Cardiologist, Psychiatrist, Counsellor, Neurologist, etc)? ☐ Yes ☐ No

c) taken or been advised to take any prescribed medication, any form of drug treatment, chemotherapy, radiotherapy or other types of therapy including counselling/psychotherapy, that lasted more than 4 weeks? ☐ Yes ☐ No

3. In the last 12 months have you had any injury, illness, medical or mental health condition, growth, lump or lesion that has persisted for more than 1 month or had any symptoms such as unexplained bleeding or weight loss for which you are still under investigation or have not sought medical advice yet? ☐ Yes ☐ No

4. In the last 12 months have you been unable to work in either full-time or part-time employment due to sickness or disability for more than 3 consecutive weeks? ☐ Yes ☐ No

Additional questions to be answered if Disability cover is included:

5. In the last 3 years have you been unable to work in either full or part time employment for a combined total of 3 weeks or more as a result of a muscular, joint or spine disorder (e.g. back or neck pain, hip, knee or ankle disorder or pain in the upper limb)? ☐ Yes ☐ No

6. Are you experiencing a persistent cough, fever, or raised temperature that has lasted for more than 3 weeks? ☐ Yes ☐ No

7. In the last 24 months have you been unable to work in either full-time or part-time employment for more than 2 consecutive weeks or are currently receiving treatment due to a mental health or psychiatric condition (e.g. depression, anxiety, stress, PTSD, psychosis, compulsive disorders, schizophrenia)? ☐ Yes ☐ No

If you have answered yes to any of these questions please provide details including medical condition, date of diagnosis, duration, dates and details of treatment and time off work – if you require more space please include details on a separate piece of paper that is signed and dated.

Privacy Notice

The personal information requested in this form is collected and used by Zurich as Data Controller under applicable data protection laws. Full details of our privacy notice can be found at www.zurichinternational.com/im/legal/privacy.

Declaration

- I declare that the information and statements made in this form, to the best of my knowledge, are true and complete.
- I understand that my life and/or disability benefits are subject to the policyholder’s commitment to provide such benefits. The insurance cover provided to the policyholder is subject to the terms and conditions agreed between Zurich and the policyholder. It does not constitute any legal basis for a direct claim by me against Zurich.

Consent

- I consent to Zurich processing my medical and health information provided in this form to underwrite the insurance cover requested by the policyholder.
- I understand I have the right to withdraw this consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.
- If I do not give my consent then I understand that Zurich will be unable to provide the proposed level of cover requested by the policyholder and may result in the loss of benefits.

Signature

Date

D

D

M

M

Y

Y

Y

Y

Annex – minor medical conditions

Treatment for raised blood pressure (hypertension) or raised cholesterol	Treatment for raised blood pressure and/or high cholesterol and you have been advised by your physician that your results over the last 12 months are in the normal results range and you have been totally compliant with the medication as instructed by the doctor.
Digestive	Appendicitis, dyspepsia, food poisoning, gall bladder stones, hernia, indigestion.
Ear, Nose, Throat	Ear ache, grommets, laryngitis, pharyngitis, rhinitis, sinusitis, throat infection, tonsillitis.
Eye	Conjunctivitis, stye.
Kidney/Bladder	Single urine, bladder or kidney infection, single episode or kidney or bladder stones that have been fully resolved.
Lungs/Respiratory	Hay fever, single attack of bronchitis, asthma requiring treatment with inhalers only (no steroid treatment).
Minor Injuries	Cuts, broken bones, one episode of dislocation, resolved muscle injury, sprains and strains.
Muscles and Joints	Bunion, bursitis, cartilage, resolved ligament, muscle or tendon injury, tennis elbow.
Pregnancy	Miscarriage, eclampsia, fertility treatment, any complications of pregnancy from which you have fully recovered.
Skin	Acne, athlete's foot, dermatitis, eczema, fungal infection, verruca, vitiligo.
Other	Abnormal cervical smear not requiring any treatment, common cold, cosmetic surgery, ganglion, glandular fever, influenza (flu), migraine, piles (haemorrhoids), sebaceous cyst, shingles, thrush, varicose veins without complications.

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