

Declaration of Health

This Medical Questionnaire need be completed only if life assurance or widow(er)'s pension benefits are to be provided on death in service before Normal Retiring Date.

All questions should be answered and a distinct answer given when required. If you are in doubt as to whether something is material, you should disclose it.

STEP 1 – YOUR DETAILS

Title (Please tick)	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Other (in full)	
(in full)					
Surname	<input type="text"/>			Forename(s) (in full) <input type="text"/>	
Present Address	<input type="text"/>				
Occupation(s) <i>What is the exact nature of your occupation? (If more than one give details of all).</i>	<input type="text"/>				
Marital Status	<input type="text"/>				
Date and Place of Birth (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Place <input type="text"/>

STEP 2 – YOUR MEDICAL INFORMATION

1. What is the name and address of your usual doctor? <i>(if you have changed your doctor in the last 12 months please also give the name and address of your previous doctor)</i>	Yes / No <i>(If yes, please give details)</i>
2. Have you in the last 12 months applied to another life office for insurance on your life or are you currently intending to do so?	Yes / No <i>(If yes, please give details)</i>
3. Has any proposal on your life made to this or any other life office been accepted on special terms, declined or deferred?	Yes / No <i>(If yes, please give details)</i>
4. Residence and pursuits (a) Have you any prospect or intention of going abroad? <i>(other than for short holidays)</i>	Yes / No <i>(If yes, please give details)</i>
(b) Do you or do you intend to engage in any hazardous activities in the course of your leisure pursuits? <i>(e.g. private aviation, motor racing)</i>	Yes / No <i>(If yes, please give details)</i>
5. Personal history (a) In relation to your physical and mental health, have you in the last 5 years consulted any doctor or attended a hospital, or had any treatment or tests, or been advised to do so?	Yes / No <i>(If yes, please give details)</i>

STEP 2 – MEDICAL INFORMATION (continued)

5 (b) Are you at present receiving medical treatment or taking any medicine or drugs or are you aware of any impending medical or surgical treatment?

Yes / No (If yes, please give details)

5 (c) Have you ever had treatment or a blood test in connection with AIDS, hepatitis B or any sexually transmitted disease, or been advised to do so?

Yes / No (If yes, please give details)

6. Habits - (a) Tobacco - Have you smoked any tobacco product in the last 12 months?

Yes

No

If yes, please state average current consumption

daily / weekly

If no, is it your resolve not to do so in the future?

Yes

No

(b) Alcohol - State average quantity consumed (social/occasional not acceptable)

daily / weekly

7. Height and weight - Please give details of your current height and weight: Height (without shoes)

Height

ft.

ins.

cms.

Weight (in indoor clothes)

Weight

st.

lbs.

kgs.

8. Family history - Has either parent, or any brother or any sister suffered from high blood pressure, heart disease, stroke, diabetes or cancer?

Yes / No
Relationship

(If yes, please give details)
Conditions and age when suffered

If your proposal for insurance is declined or if you are offered insurance on special terms then this fact will be noted on a central registry, administered by the Irish Insurance Federation, and may be shared with other insurance companies as a protection against non-disclosure of material facts.

STEP 3 – DECLARATION

Declaration

I consent to Phoenix Ireland seeking medical information at any time from any doctor who has attended me concerning anything which affects my physical or mental health or seeking information from any insurance office to which a proposal has been made for insurance on my life and I authorize the giving of such information. I confirm that I have read over any answers not filled in by me in my own handwriting and that all the answers and statements are true and complete.

I agree that this application will form the basis of the contract with Phoenix Ireland and that non-disclosure or misrepresentation in the application or in other information furnished in connection with the application including any answers given to a medical examiner acting for Phoenix Ireland may constitute grounds for rejection of a claim.

Signed

X

Date

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