

# HEALTH QUESTIONNAIRE

# Wealth Insuring

powered by



**INSURED PERSON**

First name

Last name

Agent Name

Birth date

Name SFA

Please fill in the correct, true and complete answers to all of the questions below. Otherwise, in the future it may cause the reduction or a rejection of the insurance benefit or the revocation of the insurance policy.

**HEALTH QUESTIONS**

Current occupation

Do you have any children?

☐ Yes ☐ No

Height and Weight

cm

kg

Do you smoke?

☐ Yes number of cigarettes/cigars per day:

☐ No (I have not smoked in the last 12 months)

I do the following sports

Leisure sport

Semi professional sport

Professional sport

1. Do you have any contract for life, accident or health insurance in other insurance company? If yes, please specify the type and scope of the contract as well as the name of the company.
2. Have any insurance company declined, postponed or accepted with a risk loading your application for life, accident or health insurance in the last five years? Did you have any exclusion of some part of the insurance? If yes, please specify the type, scope of the contract as well as the name of the company and reason.
3. Are you exposed at work or in your spare time to any special risks? (e.g. dangerous and flammable substances, hazardous sports such as parachuting, paragliding, private motor airplane or glider flying, diving, mountain sports, martial arts, moto-sports, etc.). Do you practise other sport disciplines regularly? Are you planning a longer stay in countries out of Europe for more than 6 months? If yes, please specify (if necessary, additional questionnaire will be provided).
4. Did you have any surgeries, were you hospitalized or treated during the last 5 years? Are any surgeries, hospitalisation or treatment planned or recommended? If yes, please specify when and for what reason.
5. Are you suffering of chronic illness or physical / mental disability, birth defects, results of surgery, infections or injury? If yes, please specify from when, treatment and complications.
6. Did you take medication regularly or for a longer period during the last five years because of health problems, pain, illness or injury? In this content „longer „means a period of more than two weeks. If yes, provide the name, dosage and the length of taking the medication.
7. Have you been suggested a treatment or were you treated due to alcohol, drugs or other addiction (e. g. gambling and others)? If yes, please specify when, how long, the reason and type of addiction.
8. Do you or did you receive annuity due to disability or invalidity or did you apply for such annuity? If yes, please specify the reason and the length.
9. Have you been unable to work for more than 21 days in the last 5 years or are you actually unable to work? If yes, please specify when, for how long and the reason.
10. Illnesses and diseases listed in parentheses are not final and serve as examples of possible diseases of specific organs. Are you or have you ever been treated or hospitalized in the last 5 years for the following diseases, health disorders or do you have symptoms of these diseases?
  - a) Heart, vascular system and blood circulation (e.g. high or fluctuating blood pressure, heart rhythm disorders, palpitation, heart murmur, coronary heart disease, chest pain, myocardial infarction, angina pectoris, varicose veins, thrombosis etc.)
  - b) Nervous system and mental disorders (e.g. common headache, migraine, vertigo, seizure disorders, epilepsy, multiple sclerosis, paralysis, Parkinson's, Alzheimer's, psychiatric disorders, anxiety, depression, psychosis, eating disorders, etc.)
  - c) Blood, lymphatic system and spleen (e.g. anaemia, blood coagulation disorders, haemophilia, leukaemia, changes in the blood, spleen disease, etc.)

Yes No

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

	Yes	No
d) Respiratory system (e.g. dyspnoea, embolism, asthma, tuberculosis, hay fever, chronic bronchitis etc.)	<input type="radio"/>	<input type="radio"/>
e) Eye and ear (e.g. blurred vision, vision impairment, cataracts, blindness, tinnitus, hearing loss, deafness etc.). If you wear glasses or contact lenses, please provide the dioptr of lenses for each eye separately.	<input type="radio"/>	<input type="radio"/>
f) Musculoskeletal system (e.g. spinal disorders, spinal discs, joints, muscles, tendons and ligaments, arthrosis, shortening of the leg, the absence of the limbs. Orthopaedic defects limiting normal movements and requiring continuous use of orthopaedic appliances (e.g. wheelchair, crutches, orthosis, spinal fixator etc.).	<input type="radio"/>	<input type="radio"/>
g) Gastrointestinal tract: oesophagus – e.g. reflux disease, varicose veins and other, stomach - e.g. peptic ulcer disease, gastritis and other, bowel disease – e.g. Crohn's disease, ulcerative colitis, ulcer disease and other.	<input type="radio"/>	<input type="radio"/>
h) Kidney, genitourinary system and prostate (e.g. inflammation, stones, cysts, prostate disease etc.)	<input type="radio"/>	<input type="radio"/>
i) Gynaecological disorders or breast disease (eg. cysts, fibroids, adenomas, polyps, dysplasia, menstrual disorders, infertility treatment, caesarean section, risk pregnancy, ectopic pregnancy, etc.)	<input type="radio"/>	<input type="radio"/>
j) Skin (e.g. eczema, itching, redness, allergy etc.)	<input type="radio"/>	<input type="radio"/>
k) Liver, glands or metabolism (e.g. diabetes, higher values of cholesterol, higher values of liver enzymes, gout, thyroid gland or other diseases of endocrine glands) or rheumatoid illnesses	<input type="radio"/>	<input type="radio"/>
l) Immune system, chronic infectious or viral diseases (e.g. inherited immunity disorder, hepatitis, tropical diseases, fever of unknown cause, etc.)	<input type="radio"/>	<input type="radio"/>
11. Do you have or did you have oncological diseases or other cancer diseases (e.g. benign and malignant, cysts, myomas, etc.)	<input type="radio"/>	<input type="radio"/>
12. Have you been or are you undergoing a HIV / AIDS screening? If yes, please explain, since when, the results or treatment.	<input type="radio"/>	<input type="radio"/>
13. Have you undergone radiotherapy, chemotherapy, or you were found abnormal results of specialized tests (e.g. CT, MRI, X-ray, ultrasound, EKG, EEG, measuring blood pressure, laboratory values etc.)? If yes, please provide details the following illnesses before the age of 60: diabetes, malignant tumors in the large intestine, rectum, chest or ovaries, cardiovascular diseases, polycystic kidney illnesses, multiple sclerosis, Alzheimer's, Parkinson's, Huntington's disease, hypertrophic cardiomyopathy)?	<input type="radio"/>	<input type="radio"/>

### For detailed information on health questions answered with YES:

Num. of question, type of disease, symptoms	When? How long?	Name and address of the physician / hospital
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I confirm with my signature that all the data in this health questionnaire to the proposal to conclude an insurance contract with the above number is true and complete.

Place, Date

Signature of the insured person

Place, Date

Signature of the policyholder

# Instructions for filling out the form

Dear Client,

Before you begin to fill this form, please read the following Q&A, as they are very commonly asked by our clients. When you start with the form, you will be asked for details, and when we say details, we really need you to specify in great detail. We ask of you these questions so that we could provide you with correct cover and avoid uncertainty in case of claims management. It is very important that you answer all the questions, as we cannot process an application that has questions with missing answers.

## **When we ask about your job – what do we mean?**

Occupation specification is important to us, as some jobs are dangerous or carry potential risks. Some highly risky jobs are these: Drivers – we need to know what kind of vehicle you drive, what kind of load does it carry, how big it is – is it heavy duty vehicles? If the load is hazardous/flammable matter or is it non-hazardous transport. Miners or scaffold workers – we need to know if you work deep down under, or way up high. Certain depths/heights have higher risk of accident, so we would like for you to specify what height is your usual job (under 6 meters, or over). Construction workers – please provide us with the description of your job and the machine tools if you use them.

## **When we ask about sports activities – what do we want to know?**

### **What kind of sport is it, and how often you do it?**

We offer you 3 different categories of sport activities, and you can self-asses which category you fall under. Leisure sports: is simple sport activity that you do for fun or hobby to help you feel better, healthier and relaxed. Semi-professional: you are registrated in a sport club, you participate in competitions and receiving financial reward, but it is not your full time occupation.

Professional: you are registrated in a sport club, you participate in competitions and receiving financial reward, and it is your full time occupation.

Hazard sports: in the medical part there is a question on hazardous sports, and here we need information if these following sports are a part of your regular physical activity, or hobby: parachuting, paragliding, private motor-airplane, or glider flying, diving, mountain sports, martial arts, motorsports, rafting, cave diving, surfing, ice climbing, glacier hiking...

## **Health questions**

Question 10 has many sub-questions, and we need you to answer all of them. If you answer positive to any subquestion of this question, we need you to provide us with information of disease type, how long you had it, and details of your doctor.

Question 10-i states gynaecological issues but also issues with breast tissue. As you might not be aware of it, men can also fall victim to breast cancer, so please answer this question in regard to your health. Cancer is also covered in Question 11.

## **I am pregnant, what should I mention?**

We only need to know details of your pregnancy if it is or was diagnosed as risk pregnancy or ectopic pregnancy. If you are a otherwise healthy mom, we do not need details.