

INSURABILITY INTERVIEW QUESTIONS

(To be completed by the Life Assured or Premium Payer when applicable)

Quote No

Life Assured Premium Payer

First Name(s) (in full)

Surname

ID No.

The questions listed below are of a personal nature, and will thus be treated confidentially. It is imperative to note that where examples are provided but exclude a particular condition or ailment that a person has had or currently experiences, that it is disclosed. If you are unsure that the disclosure is material, rather disclose it.

Please state your nominated full time occupation: _____

Do you consume Alcohol? YES NO if "YES" state type and amount in units per day/week:

Type of Alcohol Units per week

Type of Alcohol Units per week

Type of Alcohol Units per week

Smoker? YES NO If "YES" how many cigarettes do you smoke per day?

What is your height? cm What is your weight? kgs

Do you or have you ever experienced any of the following:

- 1) Respiratory or lung problems, apart from colds and flu. (e.g. asthma, recurrent bronchitis, persistent cough, tuberculosis (TB), shortness of breath)? YES NO
- 2) Any disorder of the heart, blood vessels or circulatory system (e.g. high blood pressure, chest pain, heart murmurs, palpitations, coronary thrombosis, tightness of chest, stroke, raised cholesterol or rheumatic fever)? YES NO
- 3) Disorder of the digestive system and/or liver (e.g. stomach ulcers, gall stones, hepatitis, bleeding from the bowel, gastric or duodenal ulcer, recurrent indigestion or jaundice)? YES NO
- 4) Any nervous or mental complaints (e.g. fits, depression concussion, unconsciousness, anxiety, stress related disorders, persistent headaches, epilepsy, blackouts, paralysis, loss of hearing or loss of vision)? YES NO
- 5) Disorder of the kidney or bladder (e.g. kidney-stones, infections, blood or albumin in urine, prostatitis, trouble to pass urine or venereal disease)? YES NO
- 6) Problems related to the breast or reproductive system? (e.g. if female: ovarian cysts, endometriosis, miscarriages, premature labour, abortions or breast lump. If male: breast lump, prostate or testicle problem)? YES NO
- 7) Any disorder or disease of spine, joints, muscles, bones, limbs (e.g. continuous backache, slipped vertebrae/disc prolapse, rheumatism, arthritis, gout or any other back or neck trouble)? YES NO
- 8) Sugar diabetes, thyroid or spleen problems? YES NO
- 9) Cancer, growths or tumours of any kind? YES NO
- 10) Ear, eye, nose or throat disorders e.g. defective vision, hearing loss, ear discharge, hoarseness? YES NO
- 11) Been tested for HIV or an HIV-related illness, for Hepatitis B or any other sexually transmitted disease? YES NO
- 12) Have you been admitted to hospital or seen a specialist in the last five (5) years? YES NO
- 13) Been tested/analysed for DNA, RNA genes or chromosomes for the purpose of determining inherited predisposition to a particular disease or group of diseases? YES NO

If you have answered "YES" to any of the above questions, please provide details below:

Question No.	Condition	Treatment	Date of Last Symptoms	Doctor/Specialist Consulted

Has any parent or sibling of the proposed life ever suffered from diabetes, cancer, heart complaint or disease, stroke or any hereditary disease before the age of 60.

YES NO if "YES" supply details as follows:

Family Member / Relationship	Age (if alive)	Brief description of present state of health	Age at Death	Cause of Death

Is there any information relevant to your health that you have not disclosed?

YES NO

if "YES" supply details as follows:

DECLARATION

It is agreed and declared that:

- The information supplied above, whether by my hand or not, are true and complete and are to form the basis of the contract with Resolution Life.
- **I understand that any misrepresentation or non disclosure of material information will render all Benefits granted by Resolution Life null and void. In addition, any claim paid under such misrepresentation or non disclosure will be recovered from the Policy Owner or Beneficiary(where applicable) by Resolution Life.**

Signatures

I/We, the undersigned, confirm that I/we have read this declaration and understand its implications.

Signed at (place) _____

Date

D	D	M	M	C	C	Y	Y
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Signature of Life Assured / Premium Payer _____