Colitis and Crohn’s disease questionnaire

Your details
Name
Application number(s)

Why we are asking you for this information
You told us that you have a bowel condition. We’d like some more information on this so that we can assess whether to offer you cover and the terms of that cover.

What you need to know before completing the questionnaire
You must take reasonable care to answer the questions fully, honestly, and accurately, to the best of your knowledge.
If you don’t answer the questions correctly your policy may be cancelled, or its terms may be changed, or your claim may be rejected or not fully paid.

Please answer the following questions

1. What type of bowel condition do you have?
   - [ ] Ulcerative Colitis
   - [ ] Ulcerative Proctitis
   - [ ] Proctitis
   - [ ] Crohn’s Disease

2. When was your condition diagnosed? Please give month and year:
   - [ ] M
   - [ ] M
   - [ ] Y
   - [ ] Y

3. How often do you experience a relapse of symptoms?
   - [ ] 0-1 times per year
   - [ ] 2-4 times per year
   - [ ] More than 4 times per year
   - [ ] Continuous symptoms

4. When were your last symptoms of bowel disease requiring you to attend your doctor?
   - [ ] M
   - [ ] M
   - [ ] Y
   - [ ] Y

5. How often are you treated with steroids?
   - [ ] More than twice a year
   - [ ] Twice a year
   - [ ] Once or less than once a year
   - [ ] Never

   If you have needed treatment with steroids, when did you last need steroid treatment?
   - [ ] M
   - [ ] M
   - [ ] Y
   - [ ] Y

6. Have your symptoms required admission to hospital?
   - [ ] Yes
   - [ ] No

   If ‘yes’, please give the dates:
   - [ ] M
   - [ ] M
   - [ ] Y
   - [ ] Y
   - [ ] M
   - [ ] M
   - [ ] Y
   - [ ] Y
   - [ ] M
   - [ ] M
   - [ ] Y
   - [ ] Y
7 Have you taken or are you taking any medication for your bowel condition?
   If 'yes', please tell us the name of the medication prescribed and the period(s) of use below:

   Name of medication
   From M M Y Y To M M Y Y
   __________________________
   __________________________
   __________________________

8 Have you had an operation to treat your bowel condition?
   If 'yes', please tell us the name and date of the operation(s):

   Name of operation
   Date M M Y Y
   __________________________
   __________________________

9 Do you currently have an ileostomy (external bag for waste)?
   If 'yes', please tell us if this is going to be reversed in the future, and the date if known:

   Yes  No  Planned date of reversal M M Y Y

10 Are you waiting for an operation to treat your bowel condition?
   If your answer is 'Yes', please tell us the date your operation is due:

   Yes  No  M M Y Y

11 Do you know the extent of your disease?

   Rectum (proctitis)  Small intestine only  Small intestine and/or upper colon
   Left (descending) colon  Whole colon, including total colitis or pancolitis
   Symptoms outside the digestive tract/in other parts of the body  Unknown

12 In the last 3 years, how many days have you had off work in total due to your bowel condition?
   Please give the number of days: ______ days

13 Have you had any complications of your bowel condition, such as anaemia, or problems with your liver, skin, eye or joints?
   If 'yes', please give details below:

14 How often do you have colonoscopy reviews for your bowel condition?

15 Please tell us the year and result of your latest colonoscopy:

   Year Y Y Y Y Result

16 If you need more space to answer the questions in this questionnaire, please provide any additional information here:
Do you have any reports or letters from the specialist about your condition?  

Yes  No

If ‘yes’, please email us a scanned copy to underwriting.team@uk.zurich.com including the application number(s) in the title of your email, or send them to us at Medical underwriting department, Tricentre One, New Bridge Square, Swindon SN1 1HN.

Declaration

I declare that:

- I have completed the information on this form fully, honestly, and accurately, to the best of my knowledge.
- I am aware that if I haven’t answered the questions correctly my policy may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided.
- I have read and understood the declaration in the application, and I consent to my personal data being used in the way described in the Data Protection declaration and the leaflet ‘Your privacy is important to us’.

Signature

Date D M Y

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