Thyroid questionnaire

Your details
Name
Application number(s)

Why we are asking you for this information
You told us that you have a thyroid disorder. 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. Has a definite diagnosis been made in relation to your thyroid disorder?  □ Yes □ No
   If ‘yes’, was the diagnosis any of the following?
      Hypothyroidism (underactive thyroid)  □ Yes □ No
      Myxoedema  □ Yes □ No
      Hyperthyroidism (overactive thyroid)  □ Yes □ No
      Thyrotoxicosis  □ Yes □ No
      Thyroiditis  □ Yes □ No
      Graves’ disease  □ Yes □ No
      Goitre  □ Yes □ No
      Hashimoto’s disease  □ Yes □ No
      Cancer/tumour  □ Yes □ No
      Other  □ Yes □ No
   If other, please describe below:


2. Please tell us what your first symptoms were and whether or not they have now resolved, below:

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Resolved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tiredness/lethargy</td>
<td></td>
</tr>
<tr>
<td>Palpitations</td>
<td></td>
</tr>
<tr>
<td>Weight loss</td>
<td></td>
</tr>
<tr>
<td>Increased appetite</td>
<td></td>
</tr>
<tr>
<td>Tremor</td>
<td></td>
</tr>
<tr>
<td>Eye problems</td>
<td></td>
</tr>
<tr>
<td>Altered mood</td>
<td></td>
</tr>
</tbody>
</table>

3. When were your first symptoms?

4. When were your last symptoms?

5. Have you ever had any tests or investigations for your thyroid disorder?

   If 'yes', please tell us the test or investigations performed, the date, and result:

<table>
<thead>
<tr>
<th>Test or investigation</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MM YY MM</td>
<td>normal abnormal not known awaited</td>
</tr>
<tr>
<td></td>
<td>MM YY MM</td>
<td>normal abnormal not known awaited</td>
</tr>
<tr>
<td></td>
<td>MM YY MM</td>
<td>normal abnormal not known awaited</td>
</tr>
</tbody>
</table>

6. Are you waiting for any tests or investigations?

   If 'yes', please tell us the tests or investigations planned and the proposed date.

<table>
<thead>
<tr>
<th>Test or investigation</th>
<th>Date due</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MM YY MM</td>
</tr>
<tr>
<td></td>
<td>MM YY MM</td>
</tr>
<tr>
<td></td>
<td>MM YY MM</td>
</tr>
</tbody>
</table>

7. Have you required any treatment or medication?

   If 'yes', please give details of the treatment and the date(s) or period(s) of use.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MM YY MM</td>
<td>MM YY MM</td>
</tr>
<tr>
<td></td>
<td>MM YY MM</td>
<td>MM YY MM</td>
</tr>
<tr>
<td></td>
<td>MM YY MM</td>
<td>MM YY MM</td>
</tr>
</tbody>
</table>

8. Since your thyroid disorder was diagnosed have your thyroid function blood tests:

   [ ] Returned to normal  [ ] Stayed the same  [ ] Not been checked since  [ ] Other

   If other, please describe below:
9 Have you been discharged from any further review or follow up with your GP or any other health professional?

☐ Yes  If 'yes', please tell us the date you were discharged:  
☐ No  If 'no', please tell us the date of your next appointment:  

10 In the last three years, have you required any time off work for your thyroid disorder?  

☐ Yes  ☐ No

If 'yes', please give details of the period(s) of absence:

From  
☐ Yes  ☐ No

To  

11 Please provide any additional information on your condition which may help us to assess your application below:

12 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  

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