Ear disorder questionnaire

Your details

Name

Application number(s)

Why we are asking you for this information

You told us that you have had an ear 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. Have you had any of the following symptoms?

   Please answer all question by selecting either 'yes' or 'no'. If the answer is 'yes', please tell us the date of your symptoms and which ear was affected.

Symptoms			Date from	Date to	Which ear?		
Ear pain	☐ Yes	☐ No	M M Y Y	M M Y Y	☐ left	☐ right	☐ both
Ear discharge	☐ Yes	☐ No	M M Y Y	M M Y Y	☐ left	☐ right	☐ both
Ringing/buzzing	☐ Yes	☐ No	M M Y Y	M M Y Y	☐ left	☐ right	☐ both
Hearing loss	☐ Yes	☐ No	M M Y Y	M M Y Y	☐ left	☐ right	☐ both
Dizziness	☐ Yes	☐ No	M M Y Y	M M Y Y	☐ left	☐ right	☐ both
Other	☐ Yes	☐ No	M M Y Y	M M Y Y	☐ left	☐ right	☐ both

If 'other', please describe below:

2. Has a diagnosis been made? ☐ Yes ☐ No

If 'yes', was the diagnosis any of the following?

Diagnosis	Please tick		Date
Labyrinthitis	☐ Yes	☐ No	M M Y Y
Ménière's disease	☐ Yes	☐ No	M M Y Y
Ear infection	☐ Yes	☐ No	M M Y Y
Tinnitus	☐ Yes	☐ No	M M Y Y
Otosclerosis	☐ Yes	☐ No	M M Y Y
Partial or complete loss of hearing	☐ Yes	☐ No	M M Y Y
Other	☐ Yes	☐ No	M M Y Y

If 'other', please describe below:

_____

3. Have you had an operation to treat your ear disorder? ☐ Yes ☐ No

If 'yes', please tell us the type of operation (e.g. myringotomy, tympanoplasty, etc.) and the date:

Type of operation	Date
_____	M M Y Y

4. Are you waiting for an operation to treat your ear disorder? ☐ Yes ☐ No

If 'yes', please tell us the date your operation is due: Date due M M Y Y

5. Are you waiting for any tests or investigations? ☐ Yes ☐ No

If 'yes', please specify the tests or investigations planned and the proposed date for these:

Test/investigation	Date due
_____	M M Y Y
_____	M M Y Y
_____	M M Y Y
_____	M M Y Y

6. Do you have any permanent loss of hearing in either ear? ☐ Yes ☐ No

If 'yes', please confirm the degree of hearing loss by selecting either 'yes' or 'no' to all the questions below, and confirm the cause by selecting the correct answer:

Degree of hearing loss			Congenital (from birth)	Due to disease	Due to injury
Partial deafness in right ear	☐ Yes	☐ No	☐	☐	☐
Partial deafness in left ear	☐ Yes	☐ No	☐	☐	☐
Total deafness in right ear	☐ Yes	☐ No	☐	☐	☐
Total deafness in left ear	☐ Yes	☐ No	☐	☐	☐

7. In the last three years has your hearing loss:

Please tick ☐ Improved ☐ Stayed the same ☐ Got worse

8. Do you wear a hearing aid? ☐ Yes ☐ No

   If 'yes', in which ear(s) do you use a hearing aid? ☐ Left ☐ Right ☐ Both

9. In the last three years, have you required any time off work for your ear disorder? ☐ Yes ☐ No

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

From	To
M M Y Y	M M Y Y
M M Y Y	M M Y Y
M M Y Y	M M Y Y
M M Y Y	M M Y Y

10. Please provide any additional information on your condition which may help us to process your application:

11. 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, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

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 the Zurich data protection leaflet 'Your privacy is important to us' and I agree to the personal information I have provided in this form being used in the ways described.

Signature

Date D D M M Y Y Y Y

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