Mole, lump, or growth questionnaire

Your details

Name

Application number(s)

Why we are asking you for this information

You told us that you have a mole, lump or growth. 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

For the purposes of this questionnaire, the word "growth" includes moles, cysts, lumps etc. If you have had more than one growth, (mole, cyst or lump), please give details for each one.

1. Please confirm where the growth is on your body (e.g. right leg), and the date you first noticed it:

Location of growth(s)	**Date**
	M M Y Y
	M M Y Y
	M M Y Y

2. Are you currently waiting for the growth(s) to be removed? ☐ Yes ☐ No

   If 'yes', please tell us the date this is due to be done: M M Y Y

3. Have you already had the growth(s) removed? ☐ Yes ☐ No

   If 'no', please move to question 6. If 'yes', please tell us the date of removal: M M Y Y

4. Why was the growth(s) removed?

Cosmetic reasons	☐ Yes	☐ No
GP/Consultant advised the removal	☐ Yes	☐ No
Change in appearance, for example change in size or colour of growth	☐ Yes	☐ No
Growth was causing pain, discomfort or bleeding	☐ Yes	☐ No
Other	☐ Yes	☐ No

If 'other', please describe below:

---

5. Did you need any further treatment after the removal of the growth(s)? ☐ Yes ☐ No

If 'yes', please tell us what treatment you had:

Treatment			From	Date
Radiotherapy	☐ Yes	☐ No	M M Y Y	M M Y Y
Chemotherapy	☐ Yes	☐ No	M M Y Y	M M Y Y
Further surgery	☐ Yes	☐ No	M M Y Y	M M Y Y
Other	☐ Yes	☐ No	M M Y Y	M M Y Y

If 'other', please describe below:

---

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

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

Diagnosis		
Fibroadenosis/Fibroadenoma	☐ Yes	☐ No
Mammary dysplasia	☐ Yes	☐ No
Benign lump or growth	☐ Yes	☐ No
Benign mole or birthmark	☐ Yes	☐ No
Simple/sebaceous cyst only	☐ Yes	☐ No
Lipoma/fatty tissue	☐ Yes	☐ No
Hydrocele	☐ Yes	☐ No
Varicocele	☐ Yes	☐ No
Epididymitis	☐ Yes	☐ No
Malignant lump or growth	☐ Yes	☐ No
Cancer/tumour	☐ Yes	☐ No
Other	☐ Yes	☐ No

If 'other', please describe below:

---

7. Since the diagnosis, has the growth(s) disappeared? ☐ Yes ☐ No

8. Have you ever had any of the following tests or investigations for the growth?
If 'yes', please tell us the date and select the correct result:

Test or investigation			Date	Result: Normal	Abnormal	Awaited
Mammogram	☐ Yes	☐ No	M M Y Y	☐	☐	☐
Needle aspiration	☐ Yes	☐ No	M M Y Y	☐	☐	☐
Biopsy	☐ Yes	☐ No	M M Y Y	☐	☐	☐
Ultrasound scan	☐ Yes	☐ No	M M Y Y	☐	☐	☐
Chest X-ray	☐ Yes	☐ No	M M Y Y	☐	☐	☐
MRI scan	☐ Yes	☐ No	M M Y Y	☐	☐	☐
CT scan	☐ Yes	☐ No	M M Y Y	☐	☐	☐
Other	☐ Yes	☐ No	M M Y Y	☐	☐	☐

If 'other', please describe below:

_____

9. Are any further tests or investigations planned? If 'yes', please give details below: ☐ Yes ☐ No

Name of test or investigation

_____ M M Y Y

_____ M M Y Y

10. If you had a breast lump, were you referred to a specialist breast clinic? ☐ Yes ☐ No

11. Have you had a recurrence of the lump/growth since treatment was completed? ☐ Yes ☐ No

12. Have you been discharged from any further review or follow-up with your GP or other health professional? ☐ Yes ☐ No

If 'yes', please tell us the date you were discharged: M M Y Y

If 'no', please tell us the date of your next appointment: M M Y Y

13. If you need more space to answer the questions in this questionnaire, please provide any additional information here:

_____

14. 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

PDF1558001 (720796) (07/22) (LPP)

ZURICH