

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:

	Symptoms		Resolved?	
Tiredness/lethargy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Palpitations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Weight loss	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Increased appetite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tremor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eye problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Altered mood	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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? ☐ Yes ☐ No

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

Test or investigation	Date	Result			
		Normal	Abnormal	Not known	Awaited
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Test or investigation	Date due
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

7. Have you required any treatment or medication? ☐ Yes ☐ No

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

Treatment	From	To
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 other health professional?

☐ Yes If 'yes', please tell us the date you were discharged:

M	M	Y	Y
---	---	---	---

☐ No If 'no', please tell us the date of your next appointment:

M	M	Y	Y
---	---	---	---

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				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

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

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, 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
---	---	---	---	---	---	---	---

Zurich Assurance Ltd, authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered in England and Wales under company number 02456671.

Registered Office: Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

Telephone: 01793 514514.

We may record or monitor calls to improve our service.

PDF1559001 (720801) (07/22) (LPP)

