

What this questionnaire is for and filling it in

This questionnaire should be used where we require evidence of insurability in order to consider providing or increasing life insurance benefits based on your life. If you are receiving advice from a Financial Adviser, remember that the adviser is acting on your behalf, not only by giving you advice, but also regarding the way in which this questionnaire is completed and sending us this completed questionnaire and cheque in payment of any premium.

Please read this questionnaire carefully (including the side notes) and complete it yourself.

This questionnaire is separated from the application form to allow the life to be covered to complete it in private. It can be returned direct to your Financial Adviser or to Standard Life's Chief Medical Officer. Standard Life has a Code of Practice on the confidentiality of sensitive information and access is restricted.

The answers you give to the questions on this questionnaire are used to assess the risk of and the terms we can offer for the insurance contract for which you are applying. The questions are designed to obtain material facts likely to be relevant - for example, information about your health. You must answer all questions honestly and in full. If you are in any doubt about whether or not to disclose any fact, you should nevertheless give the details on this questionnaire. (Material facts are facts that in our view would affect our assessment of the risk and any terms offered by us.)

Failure to disclose all material facts could mean that we refuse to pay a claim on your policy and you could lose the premiums that you have paid.

If there is any change to your circumstances between completing this questionnaire and the start date of the cover, you must advise us of this change. For example, if you become ill or attend a doctor, you must advise us.

By completing this questionnaire you are applying to enter into a contract with Standard Life Assurance Limited. This questionnaire will be the basis of the contract if accepted by us.

The terms and conditions relating to the contract and a copy of this completed questionnaire will be made available on request.

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Please use BLOCK CAPITALS. If you make a mistake, initial any changes. Do not use correction fluid.

Part 1 - Data Protection Notice

Personal data and information provided in connection with your application will be processed by Standard Life (and other companies within the Standard Life group) to set up and administer the policy. We will keep your personal data confidential, and will not disclose it to any third party unless it is lawful to do so or required by law to be disclosed.

If your application does not proceed, your personal data will be held on our records for six years and then it is deleted.

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If your application for insurance is declined or is subject to special terms, the information will be shared on a central register administered by the Irish Insurance Federation with other companies, as a protection against non-disclosure of material facts, for a period of 5 years.

If you have appointed a Financial Adviser, we will give them information about your policy and, where appropriate, send copies of correspondence to them to enable them to give you advice. You should be aware that your Financial Adviser may use your personal data in accordance with their data protection notice.

Any medical information, which is provided in connection with your application, will be used for underwriting this application. Medical information may be given to your doctor if, in our opinion, a condition is noted at a medical examination of which your doctor may not be aware.

A copy of this questionnaire, and any supporting information (including medical information and reports) may be given to a reinsurance company (in or outside the European Economic Area) if we need to share the insurance risk or consider a claim.

Your personal information is defined as “personal data” and your medical information may be considered as “sensitive personal data” under the Data Protection Act, 1988, as amended. We regret that if you do not explicitly consent to the use of your personal data in accordance with this notice we will be unable to process your application.

You have the right to request a copy of the information we hold about you and the right to rectify that personal data by writing to our Data Protection Co-ordinator. We may charge a fee for providing the information.

All parties named on this questionnaire have a right to know that Standard Life holds personal data about them and what purposes it will be used for. Please ensure they read this notice.

Part 2 - Your personal details (*Life to be covered*)

Name of Plan/Scheme (if appropriate)	
Plan/Scheme Number	
Title	Surname
First names (in full)	
Date of birth (DD/MM/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Address	
Daytime telephone number (including area code)	
Occupation (Please state your job title/position, describe the kind of work you do and give details of your duties, including any of a hazardous nature e.g. working at heights)	

Part 3 - Confidential Member Insurability Questionnaire

1. Do you have any current illness, physical disability or medical condition, or are you taking drugs or are you having or waiting or any form of medical treatment, investigation or follow-up? Yes No

If you answer 'YES', please give further details including dates.

2. Have you been ill or had any form of medical investigation, treatment or tests within the past five years (ignoring colds, flu and minor injuries)? Yes No

If you answer 'YES', please give further details including dates.

3. Have you ever had or are you currently suffering from:

- (a) High blood pressure, palpitations, chest pain or any heart circulation problems? Yes No

If you answer 'YES', please give further details including dates.

- (b) Asthma, bronchitis, or any disorder of the lungs? Yes No

If you answer 'YES', please give further details including dates.

- (c) Recurrent indigestion, ulcer, colitis, disease of the liver or pancreas, or other bowel problem? Yes No

If you answer 'YES', please give further details including dates.

- (d) Rheumatism, arthritis, or other joint or muscle problem? Yes No

If you answer 'YES', please give further details including dates.

- (e) Fits, blackouts, migraine, or any disease of the nervous system? Yes No

If you answer 'YES', please give further details including dates.

- (f) Stress, depression/anxiety, mental breakdown, panic attack or any psychiatric disorder? Yes No

If you answer 'YES', please give further details including dates.

- (g) Any disorder of the kidneys or bladder, urinary problem or diabetes? Yes No

If you answer 'YES', please give further details including dates.

- (h) Any defect or disease of the eyes or ears? Yes No

If you answer 'YES', please give further details including dates.

- (i) Psoriasis, eczema, dermatitis, or any other skin condition? Yes No

If you answer 'YES', please give further details including dates.

- (j) Back pain, neck pain, slipped disc or other special spinal problem? Yes No

If you answer 'YES', please give further details including dates.

- (k) Any other illness, injury, condition, or surgical operation? Yes No

If you answer 'YES', please give further details including dates.

Part 3 - Confidential Member Insurability Questionnaire (continued)

4. Have you ever had hospital in-patient or out-patient treatment, investigation, surgery or advice for any physical or psychiatric condition? Yes No

If you answer 'YES', please give further details including dates.

5. (a) Have you ever been tested positive for HIV (AIDS), Hepatitis B or C or any sexually transmitted disease or are you awaiting the results of such a test? Yes No

(b) Have you had any personal counselling or medical advice in connection with HIV (AIDS) or any sexually transmitted disease? Yes No

If YES to either question, please give details with dates. For blood tests, please also give the results and reason for the test (such as routine screening for donating blood or anti-natal etc.) or other reason.

6. Have any of your parents, brothers or sisters ever had heart disease, high blood pressure, stroke, diabetes, kidney disease, cancer or any hereditary disorder? Yes No

If you answer 'YES', please give further details including dates.

7. Have you smoked cigarettes, pipes or cigars in the past 12 months? Yes No

If 'YES', please say how much each day.

8. Are you pregnant? Yes No

If 'YES', please state expected delivery date.(DD/MM/YYYY)

9. (a) What is your height without shoes? ft ins or m

(b) What is your weight in indoor clothes? st lbs or kg

10.

Name of current doctor

Address

Daytime telephone number

Name of previous doctor if you have changed doctors in the last 6 months

Address

Daytime telephone number

11. (a) What is your average weekly alcohol intake? units
(1 pint = 2 units, 1 short or 1 glass of wine = 1 unit)

(b) Have you ever been given medical advice to cease or reduce your alcohol consumption? Yes No

If you answer 'YES', please give further details including dates.

Part 3 - Confidential Member Insurability Questionnaire (continued)

12. Have you ever applied for life assurance or disability benefit and had your application turned down, postponed or accepted only on special terms? Yes No

If you answer 'YES', please give further details including dates.

13. Are you applying for life assurance or disability benefit to any other company, or have you done so in the last 12 months? Yes No

If you answer 'YES', please give further details including dates.

14. Have you been absent from work through illness or injury for a month or more during the last five years? Yes No

If you answer 'YES', please give further details including dates.

15. Do you have any intention of:

(a) Flying other than as a fare paying passenger on a licensed airline? Yes No

If you answer 'YES', please give further details including dates.

(b) Residing or travelling abroad other than for holidays or brief business trips? Yes No

If 'YES', state the countries to which you expect to travel and the duration of time you expect to spend in that country.

(c) Engaging in hazardous activities or sports, such as diving, climbing, motorsports? Yes No

If you answer 'YES', please give further details including dates.

Only complete questions 16 to 19 below if you are applying for/increasing disability or premium protection cover.

16. How many hours do you normally work each week? hours

17. Is your work 100% administrative? Yes No

If 'YES', please ignore questions (a) to (e).

If 'NO', please answer questions (a) to (e) and indicate the approximate percentage of time you spend, on average each week, doing any of the following:

(a) Driving Yes No %

(b) Using machinery or tools Yes No %

(c) Manual or physical work Yes No %

(d) Working at heights over 30 feet (8 metres) Yes No %

(e) Engaging in any other hazardous work Yes No %

18. Are there any features of your occupation or working environment of which we should be aware (e.g. working offshore or in extremes of temperature)? Yes No

If you answer 'YES', please give further details including dates.

19. Would you receive an income from your employer in the event of being unable to work because of sickness or injury? Yes No

If 'YES', please give details and indicate for how long the income would be paid.

Part 4 - Warning and Declaration (to be read and signed by the life to be covered)

Please read carefully before signing

WARNING: If you propose to increase your existing policy or take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or insurance intermediary.

1. I have read and understand the section headed 'What this questionnaire is for and filling it in'.
2. I have read and understand the Data Protection Notice (Part 1). I agree that my personal information (including sensitive personal data) may be used for the purposes described.
3. I agree that a copy of this questionnaire can be treated as the original for all purposes.
4. I agree that Standard Life may ask for medical information from any doctor who at any time has attended me about anything that affects my physical or mental health or ask for information, including medical reports, from any insurance office to which an application has been made on my life and I authorise the giving of such information. I also agree that this consent allows Standard Life to obtain a medical report at any time during the lifetime of the policy and after my death to support any claim on the policy.
5. I declare that, to the best of my knowledge and belief, the answers given, whether in my handwriting or not, are true and complete.
6. I understand that if I have failed to give correct answers to any questions in this questionnaire, then the policy may be cancelled or a claim may be refused.
7. I understand that a claim will not be paid until age is proven.
8. I understand that I must notify Standard Life immediately of any changes in my occupation, and that a change may result in an increase in my level of benefit or charge, or it may, in certain circumstances result in a withdrawal of benefit under the policy.
9. I understand that if my application for insurance is declined or is subject to special terms, the information will be shared on a central register administered by the Irish Insurance Federation with other companies, as a protection against non-disclosure of material facts.
10. If there is any change in my health or other circumstances before this cover starts, I will provide Standard Life with details.

(Tick, if appropriate) I understand that the death benefits form part of the policy which provides the retirement benefits, and that any disability benefits will be provided by my employer under a separate policy to be granted by Standard Life.

Signature of life to be covered

Date of birth
(DD/MM/YYYY)

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What happens next?

PLEASE SEND THE FOLLOWING DOCUMENTS TO YOUR FINANCIAL ADVISER OR TO STANDARD LIFE'S CHIEF MEDICAL OFFICER AT 90 ST STEPHEN'S GREEN, DUBLIN 2:

1. This completed questionnaire.
2. A written application/instruction from the policyowner (for pension schemes, this is the Trustees; for disability plans, it is the employer) detailing the increased or additional benefits required.

If this application is accepted on normal terms, we will not wait for further instructions from you. We will commence cover based on the date the completed application is received and your policy documents will be issued.

If this application is accepted subject to special terms, agreement will be obtained before commencing cover.

Locall 1890 252 222 Email underwriters@standardlife.ie

Standard Life Assurance Limited is registered in Ireland (905495) at 90 St Stephen's Green, Dublin 2 and Scotland (SC286833) at Standard Life House, 30 Lothian Road, Edinburgh EH1 2DH. Standard Life Assurance Limited adheres to the codes of conduct issued by the Central Bank of Ireland and is authorised and regulated by the Financial Services Authority in the UK.
Calls may be monitored and/or recorded to protect both you and us and help with our training.
Call charges will vary. www.standardlife.ie