Personal Wellbeing Questionnaire

Application Reference Number

The questionnaire must be completed by the Life Insured.
Important: No compensation is payable if a Medical Examiner completes this questionnaire.

Particulars of Life Insured

First Name(s)

Last Name

Identity No./Passport No.

Date of birth

Address

Information regarding condition

1. Have you ever been diagnosed with, received treatment/medication or sought medical advice for any of the following?

- ☐ Stress/anxiety/panic disorder
- ☐ Obsessive compulsive disorder
- ☐ Post-traumatic stress disorder
- ☐ Eating disorder
- ☐ Bipolar disorder
- ☐ Work related stress
- ☐ Depression
- ☐ Schizophrenia
- ☐ Any other condition concerning your personal wellbeing

If you have answered 'Yes', we would be grateful if you could provide further details, including dates, of your experience.

2. Have you ever been diagnosed with, received treatment/medication or sought medical advice for any of the following?

3. Please describe the symptoms you noticed at this time:

a) Physical (such as loss of weight or appetite, fast or irregular pulse, digestive (stomach) trouble, tiredness.)

b) Emotional (for example, sleeplessness, anxiety/tension, worry, depression, lack of motivation, hearing voices, seeing images.)

4. Have you ever been absent from work as a result of your condition? ☐ Yes ☐ No

If you have answered 'Yes', please provide date and/or duration.

5. When did your symptoms last occur?

6. In your opinion, what do you think led to the development of your condition, and any further episodes you may have experienced?

7. Have you ever contemplated taking your own life? ☐ Yes ☐ No

If you have answered 'Yes', please try to give as full an account as you are able:

8. What treatment or medication have you received in the past? Please give full details, stating the name(s) of medication, dosage, period of treatment etc.

9. Are you currently taking any medication or receiving treatment? Again, please give full details such as name(s) of medication, dosage, nature of treatment etc.

10. State the duration of the period you have been taking medication or receiving treatment, with dates.

11. Have you ever been referred to a psychiatrist and/or psychologist? ☐ Yes ☐ No If 'Yes', please give full details.

12. Have you ever been hospitalised or admitted to a psychiatric institution? ☐ Yes ☐ No If 'Yes', please give full details.

13. Please provide the name and address of doctor(s) and other specialists who have treated you, and state the nature of their treatment.

14. Have you undergone any special examinations or tests? ☐ Yes ☐ No If 'Yes', please give full details.

15. What was the opinion or final diagnosis made by your attending doctor?

16. Has anyone in your family ever suffered from a nervous or psychiatric condition? ☐ Yes ☐ No If 'Yes', please give full details.

17. Has anyone in your family ever contemplated taking their own life? ☐ Yes ☐ No If 'Yes', please give full details.

18. Do you consider that you have made a full recovery? ☐ Yes ☐ No If 'Yes', please give full details.

Declaration by Life Insured

I declare that the above information is true, complete and precise, and I agree that, together with the Proposal of Insurance, it shall form the basis of the Contract of Insurance.

Signature

Date

If you require any further details, please ask your financial adviser.
Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address:
administration@unihealthandlife.com