

## Additional questionnaire

as a supplement to the application resp. demand for an offer from: \_\_\_\_\_

(does not replace answering the health questions in the application resp. demand for an offer)

## Other diseases

**Incorrect or incomplete information may entitle us - depending on fault - to withdraw from the contract, to terminate it or to adjust it, which can lead to the insurer being released from performance - even for insured events that have already occurred. Please also note the “Information of the Consequences of the Violation of the Disclosure Obligation” in the application.**

**We ask you not to send us any results or data of genetic examinations or analysis!  
You only have to inform us of already existing complaints, pre-existing conditions, no matter by which examination methods you have acquired this information.**

What was the medical doctor's diagnosis for the disease?

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Is there an underlying disease or cause?

yes

no

If “yes”, which ones?

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What complaints have you had?

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How often did the complaints occur?

- one-time      from: \_\_\_\_\_ to: \_\_\_\_\_
- repeatedly      from: \_\_\_\_\_ to: \_\_\_\_\_ when/last: \_\_\_\_\_
- continuously      from: \_\_\_\_\_ to: \_\_\_\_\_

What examinations have been performed so far?

\_\_\_\_\_

Findings, examination results?

\_\_\_\_\_

**Please provide us with a copy of the treatment and findings reports!**

What treatment methods/therapies have been performed so far or are recommended?

- medication therapy (drug therapy),  
name? - dosage?      from - to? \_\_\_\_\_
- \_\_\_\_\_
- operation, surgery      when? \_\_\_\_\_
- others, which ones?      from - to? \_\_\_\_\_
- \_\_\_\_\_

Was inpatient treatment necessary?

yes,     no

from - to? \_\_\_\_\_

**Please leave us a copy of the discharge report!**

When was your last treatment?

\_\_\_\_\_

Are further diagnostic and/or  
therapeutic measures necessary,  
intended or recommended?

yes     no

If "yes", which ones?

\_\_\_\_\_

Are you free of treatments and complaints?

yes  no

If “yes”, since when?

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If “no”, which complaints do you have?

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Are there any health consequences or secondary diseases?

yes  no

If “yes”, which ones?

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Which doctor can provide information? (Please provide name and address.)

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Additional comments from the applicant or interested party:

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**Notice:** Please let us have the discharge, examination, treatment and findings reports available to you for a short time (if possible, a copy).

**Declaration**

The information provided on the questions has been answered correctly and completely to the best of our knowledge. I am solely responsible for the correctness of the information, even if I did not fill out the declaration myself. I have observed the information on the “Consequences of the Violation of the Disclosure Obligation” in the application.

Place/date

Signature of the applicant resp. interested party