

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)

Rheumatic 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?

Do you suffer or have suffered from

a) articular (joint) rheumatism? yes no
(e.g. rheumatoid arthritis, chronic polyarthritis, Bechterew's disease)

b) muscular rheumatism? yes no
(e.g. fibromyalgia)

c) collagenoses and vasculitides? yes no
(e.g. scleroderma, lupus erythematosus, giant cell arthritis)

d) rheumatic fever? yes no

e) other rheumatic diseases? yes no

If e), which ones?

What complaints/symptoms have you had, or do you still have?
(e.g. stomach or intestinal disorders, movement disorder, joint swellings, eye lens opacity, muscular atrophy, heart complaints, liver or kidney disorders)

How often and at what times did these symptoms occur?

Are you taking medication for this? yes no

If “yes”, name? - dosage?

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

Additional comments from the applicant or interested party:

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