

# Group Major Illness

## Medical Information Questionnaire – Treating Medical Specialist Heart Attack

To be completed by the claimant's treating medical specialist.

This questionnaire is designed to obtain information in relation to a claimant who has been diagnosed as having suffered a heart attack.

**If there is a cost associated with the completion of the form, it is the responsibility of the claimant.**

### 1 Claimant's details

a. Surname (Family Name) .....

b. Given name/s .....

c. Date of Birth            /            / .....

### 2 History

a. How long have you known the claimant?            years            months .....

b. Are you the claimant's usual treating specialist?            Yes     No

c. Has the claimant been diagnosed with this condition, or any contributing symptoms previously?    Yes     No

If 'Yes', when?            /            / .....

### 3 Details of the claimant's Major Illness

The following questions are designed to assist Zurich in the assessment of the claimant's insurance claim for Major Illness Benefits. It is important that you provide detailed answers to assist us in our assessment.

a. The claimant's diagnosis for this will be supported by any of the following criteria being consistent with a heart attack:

- i. New confirmatory electrocardiograph (ECG) changes; or
- ii. Diagnostic rise and fall (other than as a result of coronary or cardiac intervention) of cardiac enzymes, Troponins or other biochemical markers; or
- iii. New pathological Q waves.
- iv. Please state which and the outcome of the above diagnostic investigations.
- v. Please provide a copy of all relevant clinical reports in this regard.

.....  
.....  
.....

b. Please advise whether the claimant's diagnosis of having suffered a heart attack has been unequivocal and, if not, why not? What other investigations have been carried out to confirm the diagnosis? Please provide a copy of the relevant investigation reports.

.....  
.....  
.....

**4 Declaration**

I hereby declare that the above statements are true and correct.

Signature of Doctor / Specialist / Consultant	Date
X	/ /

Name .....

Address .....

Qualifications .....

Telephone number ..... Email .....

**Privacy**

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at [www.zurich.com.au](http://www.zurich.com.au) or contact the Zurich Privacy Officer on 132 687 or email us at [privacy.officer@zurich.com.au](mailto:privacy.officer@zurich.com.au)

**Please send your completed form to:**

**Zurich Australia Limited  
Group Risk Insurance  
Locked Bag 994  
North Sydney NSW 2059**