

# Disability insurance or Life insurance with disability coverage

## Model health declaration

**Please provide correct and complete answers to all questions. This is very important and can help you prevent issues later on. State all your health problems, even if you think they aren't important. Or if you haven't been to see a doctor (yet). Read the explanatory notes first.**

### **Medical advisor evaluates health situation**

You need to fill in this form completely and correctly. This will ensure the medical advisor can properly assess your health situation and give accurate advice to the insurer. The insurance company then decides if you can take out the requested insurance.

### **Answer all questions correctly and truthfully**

You must answer all questions correctly and truthfully. Only then can the medical advisor properly assess the health situation and usually quickly give advice to the insurer. What if you fail to answer the questions fully or correctly?

Then you will risk the following:

- the application process runs into delays;
- the insurer stops the insurance in the future;
- the insurer refuses to pay in case of death;
- the insurer refuses to pay in case of disability;
- the insurer asks for repayment of received benefits;
- you are listed in the fraud registers of insurance companies.

### **State all your health problems, even if you think they aren't important. Or if you haven't been to see a doctor (yet).**

Have you responded to a question with 'yes'? Then more information is needed. You do this by completing the additional information form.

You fill in a separate form for every complaint, medical condition or disease. Do you need more space?

Then use a separate new sheet. Please indicate which question the page belongs to.

### What is a complaint?

A complaint is any physical or mental discomfort or pain. Complaints do not always clearly show the cause of the complaint. An example of a complaint is back pain.

### What is a medical condition?

A medical condition describes a deviation from the healthy physical or mental condition. An example of a medical condition is a broken leg.

### What is a disease?

A disease is also a medical condition. We often think of a disease as being a physical disability, but mental disorders are also called diseases. A disease can cause people to be or become restricted in their work. Or can even cause premature death. An example of a disease is diabetes.

## 1. General information

Last name and initials M F

Address

Postcode and city

Date of birth E-mail address

Name of GP

Address of medical practice

Postcode and city

### Profession

What is your profession?

How many hours a week do you work? hours

What percentage of the work consists of:

- physical work %
- administrative work %
- managing/supervising %
- other (please specify) %

How many kilometres a year do you drive for work? km

## 2. Personal information

**Are you not sure how to answer some of the questions or are you unable to remember all complaints?**

**Please mention that you have doubts and what those doubts concern at the end of the health declaration. Or anything you are unsure of.**

1. What is your height? (in centimetres)
2. What is your weight? (in kilograms)
3. Have you lost more than 5 kg in weight in the past year? No Yes  
If so, what is the reason?
4. Do you smoke? No Yes
5. What do you smoke?
6. From what age have you been smoking?
7. How much do you smoke a day?
8. If your answer to question 4 was 'no': did you used to smoke? No Yes
9. What did you smoke?
10. From what age did you smoke?

11. How much did you smoke a day?
12. Until what age did you smoke?
13. Do you drink alcohol? No Yes
14. What alcoholic beverage(s) do you drink?
15. From what age have you been drinking alcohol?
16. How many glasses of alcohol a week do you drink?

#### Further information

17. Has there been a period of longer than 3 months in which you drank more than 3 glasses of alcohol a day?  
No Yes  
If yes, period:
18. Do you use drugs? No Yes
19. What drugs do you use?
20. From what age have you been using drugs?
21. How many times a week do you use drugs?
22. Have you used drugs in the past? No Yes
23. Which drugs did you use?
24. From what age did you use drugs?
25. How many times a week, on average, did you use drugs?
26. Until what age did you use drugs?

### 3. Your health

In the sections A to M, you need to indicate whether you have or have had one or more of the complaints, diseases or medical conditions mentioned. You should mention everything since your birth.

**Note!** Also tick 'yes' if:

- you have visited a general practitioner, counsellor, alternative healthcare provider (explain) or medical specialist.

Or if you been in contact with them;

- you have been admitted to a hospital, psychiatric facility or other institution;
- you have or will undergo surgery;
- you use or have used medication;
- you are under medical supervision or treatment.

It is essential that you answer these questions correctly and completely. Are you unsure or do you have any doubts?

Please indicate this.

**Have you responded with 'yes' to one or more questions? Then you need to fill in the additional information form for each complaint, disease or medical condition.**

Do you suffer or have you suffered from one the following complaints, diseases or medical conditions?

- A.** Headaches, dizziness, fits or seizures, epilepsy, muscle disease, optic neuritis, TIA, stroke, CVA. Or another medical condition, disease or complaint of the brain or nervous system. No Yes
- B.** Overworked, emotional exhaustion, occupational burn-out, insomnia, hyperventilation, anxiety disorder, ADHD, ADD, autism spectrum disorder (ASD), depression, psychosis, alcoholism, addiction, schizophrenia. Or a different psychological illness, medical condition or complaint. No Yes
- C.** High blood pressure, heart palpitations, irregular heartbeat, narrowing or inflammation of blood vessels, tightness or pain in the chest, embolism, thrombosis, heart attack. Or any other medical condition, disease or complaint relating to the cardiovascular system. No Yes

- D.** High cholesterol, gout, thyroid disorder, hormonal disorders, diabetes, metabolic or lysosomal storage diseases. No Yes
- E.** Prolonged coughing, bronchitis, shortness of breath, asthma, pleuritis, COPD, lung embolism. Or another medical condition, disease or complaint affecting the lungs or airways. No Yes
- F.** Abdominal pain, complaint, disease or medical condition to the oesophagus, stomach, intestines, liver, gallbladder, pancreas. No Yes
- G.** Complaint, disease or medical condition of the bladder, kidneys, prostate, urinary tract, uterus, ovaries, genitalia, STD (sexually transmitted disease). No Yes
- H.** Fatigue complaints, sleep apnoea syndrome, STD (sexually transmitted disease). HIV infection, other infectious diseases. No Yes
- I.** Anaemia, blood disease, benign or malignant swelling or tumour, malignant medical condition, cancer. No Yes
- J.** Back pain, back complaints, LBP (low back pain), hernia, sciatica, kyphosis, neck complaints, bone fracture, RSI, symphysis pubis dysfunction (SPD), fibromyalgia (FM), rheumatism (acute or chronic), (infantile) paralysis. Or another medical condition, disease or complaint relating to muscles, arms, legs or joints. No Yes
- K.** Varicose veins, eczema, psoriasis or any other skin condition, disease or complaint, venous ulcer, fistula, thrombosis. No Yes
- L.** Complaint, disease or medical condition of the nose, throat, paranasal sinuses, larynx or vocal cords, eyes or ears (e.g. hearing disorder) or tinnitus. No Yes
- M.** Complaints, diseases or medical conditions that are not mentioned above. No Yes

**Did you tick 'Yes' next to one or more of the above questions?**

Yes: please fill in a separate additional information form for each complaint, disease or medical condition. This is **important**.

No

**This means you have never had a complaint, disease or medical condition. Is this correct?**

Yes, this is correct, never.

**Are you not sure how to answer some of the questions or are you unable to remember all previous complaints, medical conditions or diseases? Please indicate here which answers you have doubts about and why. Or anything you aren't sure of.**

#### 4. Your glasses or contact lenses

Do you wear prescription glasses or contact lenses with a strength of -8 dioptries or stronger? Or have you worn them in the past? No Yes

Dioptrie left

Dioptrie right

#### 5. Additional health questions

Here, too, you need to mention everything since your birth. Have you received preventive treatment because of a hereditary disorder in your family? And do you not have that disorder? Then you do not have to mention it. You also don't have to mention blood tests or visits to your GP or specialist in relation to testing for a hereditary illness or disorder that you do not have (yet).

**A.** Do you take medication or have you taken medication in the past? No Yes

Both medicine on prescription picked up from the pharmacy or purchased elsewhere.

Have you already answered this question on appendix 3

because you ticked one of the medical conditions in question 3? No Yes

If yes, you do not have to answer the following questions.

-- For which medical condition did you take medication?

-- Which medication did you take?

-- From when until when did you take medication? (month/year)

**B.** Have you ever been treated by one of the following healthcare specialists:

- physiotherapist,
- manual therapist,
- chiropractor or practitioner of an alternative therapy, for example a homoeopath or acupuncturist

No Yes

Have you already answered this question on appendix 3

because you ticked one of the medical conditions in question 3? No Yes

If yes, you do not have to answer the following questions.

-- What kind of healthcare providers have you visited?

-- For which complaint, disease or medical condition did you see the healthcare provider?

-- From when until when did you see the healthcare provider?

**C.** Have you ever been treated by a primary counsellor for mental healthcare (POH-GGZ in the Netherlands), psychologist, psychiatrist or psychotherapist? No Yes

Have you already answered this question on appendix 3

because you ticked one of the medical conditions in question 3? No Yes

If yes, you do not have to answer the following questions.

-- What kind of practitioner did you visit?

-- For which complaint, disease or medical condition did you receive treatment?

-- From when until when did you receive treatment?

**D.** Have you ever been to a medical specialist? No Yes

Have you already answered this question on appendix 3

because you ticked one of the medical conditions in question 3? No Yes

If yes, you do not have to answer the following questions.

-- What kind of medical specialist did you visit?

-- For which complaint, disease or medical condition did you go to the specialist?

-- When did you visit the specialist? (month/year)

**E.** Have you ever been admitted to hospital or another institution? No Yes

Have you already answered this question on appendix 3

because you ticked one of the medical conditions in question 3? No Yes

If yes, you do not have to answer the following questions.

-- For what complaint, disease or medical condition were you admitted?

-- From when until when were you admitted? (month/year)

**F.** Have you ever had an operation? No Yes

Have you already answered this question on appendix 3 because you ticked one of the medical conditions in question 3? No Yes

If yes, you do not have to answer the following questions.

-- Which operation did you have?

-- When were you operated? (month/year)

**G.** Have you visited, called or in any other way had contact with a GP in the past 5 years? No Yes

-- For which complaint, disease or medical condition did you contact the general practitioner?

-- When did you contact the general practitioner? (month/year)

**H.** Have you had a medical examination in the past 5 years with equipment, for example a CT scan, MRI scan, ECG, X-ray, ultrasound? No Yes

-- Which examination did you have?

-- For which complaint, disease or medical condition did you have the medical examination?

-- When did you have the medical examination (month/year)?

**I.** Has your blood been tested in the last 5 years? No Yes

-- Why was your blood tested?

-- What was the blood test for?

-- When did the blood test take place? (month/year)

-- What was the outcome of the blood test?

## 6. Signature

I declare that:

- I have read and understood the Explanatory Notes to the health declaration. These Explanatory Notes are part of the form.
- I am certain that I have answered all questions correctly, completely and truthfully and have mentioned any doubts. The same applies to the contents of the additional information forms I have filled in. By doing so, I am ensuring that the rights from this agreement will not cease to apply.
- I am aware that the insurer, partly based on the advice of the medical advisor, evaluates whether my application is accepted. I accept this. This applies to the insurance policy I am currently applying for.

The insurer stores my health declaration for as long as this is legally prescribed. In the period that the insurer is still holding my declaration, the insurer is permitted to use my answers in the event that, in the future, I apply for a similar insurance policy that requires my health information.

Date

Place

Your signature

Number of attachments

## 7. Send form

Have you filled in the form completely?

Then please send the form to the medical advisor of your insurance company.

**Note!** If your health situation changes before the insurance commences, please inform the insurance company immediately.

### Have you:

- received a final confirmation of your insurance acceptance?
- received the insurance policy?
- received an acceptance sheet?

Then your insurance policy has been finally accepted by the insurer. You no longer need to inform the insurer of any changes in your health, even if the insurance policy takes effect on a later date.

Read more in the Explanatory Notes under the heading 'Has your health situation changed?'.

### Appendix with question 3

#### Medical condition 1

Letter in question 3 next to which you ticked 'yes'

What complaint, medical condition or disease do you have?

Or have you had?

As of when have you had it?

Or from when until when did you have it?

Are you still experiencing complaints? No Yes

Please specify:

#### General practitioner

Have you been in contact with your GP regarding this complaint, disease or medical condition? No Yes

If so, when?

Are you still under medical observation? No Yes

#### Physician or healthcare provider

Have you been to a doctor or healthcare provider for the complaint, disease or medical condition? No Yes

For example:

- medical specialist
- physiotherapist, manual therapist, chiropractor
- psychologist, psychotherapist, psychiatrist or addiction medicine physician
- homoeopath, acupuncturist or other alternative healthcare provider
- other physician or healthcare provider

If so, fill in the names of the doctors and healthcare providers you visited

What is their medical specialty?

When did you go to see them?

Are you still under medical observation? No Yes

#### Medication

Has one of your doctors prescribed medication for this complaint, disease or medical condition? No Yes

Which medication was prescribed?

Are you still taking this medication? Yes, in the following dosage

No, I have stopped. I stopped on



### **Hospital admission**

For this complaint, disease or medical condition, are you or have you been admitted to a hospital, mental facility or other institution? No Yes

When were you admitted?

In which hospital or institution?

What is the name of the doctor who treated you?

What is his or her medical specialty?

Did you have an operation? No Yes

When were you operated?

In which hospital or institution?

What is the name of the doctor that treated you?

What is his or her medical specialty?

### **Work**

Were you absent from work for two or more consecutive weeks as a result? Or did you only work part-days? No Yes

How long were you unable to work?

Which period were you unable to work?

### **Medical condition 2**

Letter in question 3 next to which you ticked 'yes'

What complaint, medical condition or disease do you have?

Or have you had?

As of when have you had it?

Or from when until when did you have it?

Are you still experiencing complaints? No Yes

Please specify:

### **General practitioner**

Have you been in contact with your GP regarding this complaint, disease or medical condition? No Yes

If so, when?

Are you still under medical observation? No Yes

### **Physician or healthcare provider**

Have you been to a doctor or healthcare provider for the complaint, disease or medical condition? No Yes

For example:

- medical specialist
- physiotherapist, manual therapist, chiropractor
- psychologist, psychotherapist, psychiatrist or addiction medicine physician
- homoeopath, acupuncturist or other alternative healthcare provider
- other physician or healthcare provider

If so, fill in the names of the doctors and healthcare providers you visited

What is their medical specialty?

When did you go to see them?

Are you still under medical observation? No Yes

### **Medication**

Has one of your doctors prescribed medication for this complaint, disease or medical condition? No Yes

Which medication was prescribed?

Are you still taking this medication? Yes, in the following dosage

No, I have stopped. I stopped on

### **Hospital admission**

For this complaint, disease or medical condition, are you or have you been admitted to a hospital, mental facility or other institution? No Yes

When were you admitted?

In which hospital or institution?

What is the name of the doctor who treated you?

What is his or her medical specialty?

Did you have an operation? No Yes

When were you operated?

In which hospital or institution?

What is the name of the doctor who treated you?

What is his or her medical specialty?

### **Work**

Were you absent from work for two or more consecutive weeks as a result? Or did you only work part-days? No Yes

How long were you unable to work?

Which period were you unable to work?

### **Medical condition 3**

Letter in question 3 next to which you ticked 'yes'

What complaint, medical condition or disease do you have?

Or have you had?

As of when have you had it?

Or from when until when did you have it?

Are you still experiencing complaints? No Yes

Please specify:

### **General practitioner**

Have you been in contact with your GP regarding this complaint, disease or medical condition? No Yes

If so, when?

Are you still under medical observation? No Yes

### **Physician or healthcare provider**

Have you been to a doctor or healthcare provider for the complaint, disease or medical condition? No Yes

For example:

- medical specialist
- physiotherapist, manual therapist, chiropractor
- psychologist, psychotherapist, psychiatrist or addiction medicine physician
- homoeopath, acupuncturist or other alternative healthcare provider
- other physician or healthcare provider

If so, fill in the names of the doctors and healthcare providers you visited

What is their medical specialty?

When did you go to see them?

Are you still under medical observation? No Yes

### **Medication**

Has one of your doctors prescribed medication for this complaint, disease or medical condition? No Yes

Which medication was prescribed?

Are you still taking this medication? Yes, in the following dosage

No, I have stopped. I stopped on

### **Hospital admission**

For this complaint, disease or medical condition, are you or have you been admitted to a hospital, mental facility or other institution? No Yes

When were you admitted?

In which hospital or institution?

What is the name of the doctor who treated you?

What is his or her medical specialty?

Did you have an operation? No Yes

When were you operated?

In which hospital or institution?

What is the name of the doctor who treated you?

What is his or her medical specialty?

### **Work**

Were you absent from work for two or more consecutive weeks as a result? Or did you only work part-days? No Yes

How long were you unable to work?

Which period were you unable to work?

**If you wish to take out life insurance or disability insurance, the insurer requires information about your health. This can be obtained by means of a medical examination and/or a health declaration. This information concerns the health declaration.**

### **Why is a health declaration necessary?**

The insurer asks you to provide information about your health. You<sup>1</sup> fill in your personal and medical details on the health declaration. Once completed, you send it directly to the medical service. The medical advisor or a medical service staff member then evaluates your medical information. The medical advisor's next step is to pass on his or her recommendation to the insurer.

This recommendation looks at the risks of the insurer if you take out insurance. Do you have a higher than average risk of dying compared to other insured people? Or do you have a higher than average risk of becoming incapacitated for work? Then this increases the risk for the insurer. There is a chance that you have to pay a higher premium. Or you may not get the insurance.

### **The advice of the medical advisor can be:**

- You do not have a higher risk. You will receive the insurance without special conditions or a higher premium.
- Your risk is higher than average. The insurer determines whether you need to pay a higher premium. Or whether certain restrictive conditions apply.
- Your risk is too high. In such cases, the medical advisor recommends not to insure you.

The insurer has the final decision on your application.

### **What if you don't submit the health declaration?**

Then you cannot take out insurance and the application is stopped.

## **Filling in the health declaration**

Fill in the health declaration yourself. Do not let your intermediary, insurance advisor or anyone else do this on your behalf! It is important that you answer all questions correctly and completely. You are required to do so by law.

This is called an 'obligation to notify'. By doing this, you prevent that:

- the application process runs into delays;
- the insurer stops the insurance;
- the insurer refuses to pay in case of death;
- the insurer refuses to pay in case of disability;
- the insurer asks for repayment of received benefits;
- you are listed in the fraud registers of insurance companies.

<sup>1</sup> Where we write 'you' we mean the insuree: the person whose life and/or health is insured.

## **Health declaration**

### **Explanatory notes**

### **What must you mention?**

Do you have or have you had a complaint, disease or medical condition? You must always mention this. Even if it was a long time ago.

It could be important for your application. Not every complaint, disease or medical condition you have experienced means you won't get insurance or you will need to pay a higher premium.

### **What is a complaint?**

A complaint is any physical or mental discomfort or pain. Complaints do not always clearly show the cause of the complaint. An example of a complaint is back pain.

### **What is a medical condition?**

A medical condition describes a deviation from the healthy physical or mental condition. An example of a medical condition is a broken leg.

### **What is a disease?**

A disease is also a medical condition. We often think of a disease as being a physical disability, but mental disorders are also called diseases. A disease can cause people to be or become restricted in their functioning. Or can even cause premature death. An example of a disease is diabetes.

## **What happens with your medical information?**

The insurer's medical advisor makes an assessment of your medical information and stores it in a medical file. The medical advisor does not have access to your other medical files, for instance information with your healthcare insurer.

### **Who has access to your medical information?**

Information concerning your health is confidential. Only the medical advisor and the staff members of the medical service are authorised to see your information. And the medical advisor of a reinsurance company.<sup>2</sup> You can read what is and is not allowed with regard to the processing of your medical information in:

- the Code of Conduct for the Processing of Personal Data by Financial Institutions;
- the Protocol for Insurance Examinations.

These publications are available on the website of the Dutch Association of Insurers: [verzekeraars.nl/overhetverbond/zelfregulering](http://verzekeraars.nl/overhetverbond/zelfregulering) under the headings 'Schemes and codes' and 'Other self-regulation'.

### **Does the medical advisor require additional medical information?**

Sometimes the medical advisor requires additional medical information concerning your health. For example from your physician. Your physician is only allowed to provide this information to the medical advisor with your consent. You give your consent by means of written authorisation. The medical advisor may also ask you to undergo a medical examination. The insurer pays for this medical examination. If you do not want this examination, you will not be able to take out the insurance.

<sup>2</sup> An insurer can also decide to insure a portion of the risk it is taking elsewhere. It does this through a reinsurance company.

## The advice of the medical advisor

### What does the advice consist of?

The insurer's medical advisor estimates your health situation. Based on that estimate, he or she gives a medical recommendation to the insurer. In most cases, the medical advisor recommends accepting the applicant without restrictive conditions.

However, your health condition may present an increased risk for the insurer. If so, the medical advisor will inform you of this in writing. The letter provides an explanation of the medical advice, so that you know the reasoning behind the medical advice.

The advice that the medical advisor gives to the acceptance officer for the insurer can be:

- do not offer insurance;
- offer an insurance with restrictive conditions. Or a higher premium;
- offer an insurance with standard conditions.

### Do you disagree with the advice of the medical advisor?

Then you can ask the medical advisor to re-evaluate his or her medical advice. You must do this in writing. State in your letter your reasons for your request. Do you think the medical advisor has based the decision on incorrect information? For example because new information is available regarding your health? Or because you think that errors have been made in the medical examination? In these cases, too, you can ask the medical advisor to change the medical advice.

The medical advisor may also ask you for your authorisation, so that he or she can request additional information from your general practitioner or medical specialist.

## Your rights and duties

### Your personal data

Are you applying for an insurance? Then the medical advisor will keep your medical information on file. You have the right to access this medical file. This is called the right to inspect. You can also request a copy. This is called the right to obtain a copy. Would you like to have your medical file amended because it contains errors? You can ask the insurer to do this. This is called the right to rectify. You also have a right to remove your information. This means you can ask the insurer to destroy your medical file. This last right only applies if you have not (yet) concluded the insurance. There are certain conditions that apply for the right to rectify and the right to remove.

### Do you want to know the advice of the medical advisor first?

You are entitled to be the first to know the medical recommendation of the medical advisor. This is called the 'right to first information'. Do you want to make use of this option? Please indicate this in advance. Send a letter or e-mail to the medical service of your insurer to arrange this. Do you only want to know first if you cannot take out the requested insurance? Or if the insurance is only accepted under restrictive conditions? Then you need to state this in your e-mail or letter. This will ensure you don't have to wait any longer than necessary for your insurance.

### Do you want to determine yourself if the insurer is given the advice by the medical advisor?

Do you want to receive the advice of the medical advisor first? Then you will probably have to wait a little longer for your insurance policy. But you can also prohibit the medical advisor from passing on the medical advice to the insurer. This is called a 'blocking right'. If you make use of this right, the insurer will stop your application. The reason is that without medical advice, you cannot take out insurance with this insurer.



### You have rights...

- You may always have access to your medical file. The medical advisor explains the advice.
- You are entitled to be the first to know what the medical advisor intends to recommend to the insurer. You can request this by letter or e-mail in advance.
- You can ask the medical advisor not to provide medical advice to the insurer. The insurer will then stop your application.
- you are entitled to have your application reassessed. For example if the insurer has rejected your application.

### ... and duties

- You must fill in the health declaration yourself. You do this correctly and completely.
- You must communicate any changes in your health immediately. You do this until your insurance policy is finalised.
- If you are applying for an insurance amount above the question limit, you are obliged to answer questions about hereditary testing. You only do this when asked by the insurer.

You can read more on this topic in 'questions about heredity'.

## Changes and cancellation

### Has your health situation changed?

In that case, you fill in the health declaration. The medical advisor assesses the information and advises the insurer. It can be weeks between your application and the receipt of your policy. Your health may improve or deteriorate during that period. If so, make sure to inform the medical advisor immediately. This is your obligation to notify. If you don't inform of the change, this may have consequences. You can read more on this under the heading 'What must you tell?'

**Note!** Have you received the insurance policy from the insurer? Or a proof of acceptance or final confirmation? Then your insurance policy has been definitely accepted. The insurer sometimes accepts you provisionally. In other words, your policy is not yet final. You need to pass on any changes in your health until the insurance policy is final.

## Questions about your GP

Here you are asked who your general practitioner is. You may have to undergo an additional medical examination for the insurance. Your GP is not allowed to perform this examination. The insurer would like to be absolutely sure this does not happen. That is why the insurer already asks you for your GP's information.

**Note!** If the medical advisor requests information from your GP, your GP may only disclose information with your consent. The GP can only do this if you have given your permission by means of an authorisation.

## Question about your past alcohol use

One of the questions asks you if you there has been a longer period (3 months or more) in which you were drinking a lot of alcohol. By 'an average of more than 3 glasses a day' we mean to ask if you were drinking more than 22 glasses of alcohol on a weekly basis. This can mean that you drank more on one day than the next but that, on average, you drank around 22 glasses or more a week.

## Questions on heredity

Insurers are not allowed to examine or assess people without reason. The law states that restrictions apply. The restrictions only apply for insurance policies below a specific amount: the question limit. The current amounts of the question limit are available on: [vanatotzekerheid.nl/begrippen/medische-keuring](https://vanatotzekerheid.nl/begrippen/medische-keuring).

### **Are you insured for an amount below the question limit?**

This means that certain questions and tests are not allowed, such as questions about hereditary diseases in your family. Or the HIV test. The insurer may only ask for an HIV test in specific circumstances. You can read more about this in the HIV code of conduct, which is part of the Protocol for Insurance Examinations. This protocol is available on [vanatotzekerheid.nl/begrippen/medische-keuring/](https://vanatotzekerheid.nl/begrippen/medische-keuring/). A hereditary test looks at whether you have a predisposition for a hereditary disease. Have you already had a hereditary examination? And is the insured amount below the question limit? Then you are not obliged to report the results of this test. You also don't have to mention that you have undergone this examination or that you have had preventive treatment or surgery.

### **Are you insured for an amount above the question limit?**

If you want to take out an insurance above the question limit, insurers are allowed to ask questions about you or your family's hereditary diseases. They may also ask you to provide the results of earlier hereditary tests and preventive measures you have taken (such as preventive surgery).

### **What must you always mention, also below the question limit?**

Are you experiencing complaints or symptoms relating to a hereditary disease? Then you must tell this to the medical advisor.

## Questions about your glasses or contact lenses

Do you wear prescription glasses or contact lenses? And is your eyesight strength -8 dioptries or stronger? Then you may not be able to work later in life due to poor vision. This is why the medical advisor asks you to provide the strength of your prescription glasses or lenses.