

COVID-19 risk questionnaire

Policy number

Member number*

Group number* (*Fill in for FundsAtWork)

1: Personal details

Name of insured life

Permanent identity/passport number

Date of birth

Cellphone number

Email address

Permanent identity number Yes No

Passport expiry date

Alternative number

2: SARS-CoV-2/COVID-19 risk related questions

1. Have you ever tested positive for SARS-CoV-2/COVID-19? Yes No

If "yes", complete the following questions. If "no", go to question 6.

2. On which date did you test positive for SARS-CoV-2/COVID-19?

3. If you were booked off work for a period of time, when did you return to work?

4. Were you ever admitted to hospital due to SARS-CoV-2/COVID-19? Yes No

4.1 If "yes", were you on a ventilator? Yes No

4.2 If "yes", how long were you ventilated? 1 – 5 days 6 – 10 days 11 – 15 days > 15 days

5. Have you seen or are you planning to see a doctor relating to complications or symptoms from SARS-CoV-2/COVID-19? Yes No

If "yes", what is/was the reason?

6. Have you been fully or partially vaccinated? Yes No

6.1 If yes, on what date did you receive your last vaccination?

3: Declaration by insured life

I declare that all the statements that I have made and details that I have supplied in this form (whether in my own handwriting or not), are complete and true. I also understand and agree that the information that I have supplied, together with the application for life insurance and any other relevant documents, will form the basis of any insurance contract that may come into existence as a result of such application.

Signed at

Signature of insured life

Date

No payment required for the completion of this form.