

## 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  Permanent identity number Yes  No   
Date of birth  Passport expiry date   
Cellphone number  Alternative number   
Email address

### 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.