DENTAL QUESTIONNAIRE

Please complete this form in BLOCK CAPITALS.

First name

Surname

Date of birth D D / M M / Y Y Y Y

1. Are dental measures (bridges, crowns, inlays, onlays, implants, etc.) currently being performed or recommended? Yes ☐ No ☐

   If Yes, please provide details

   Expected cost (incl. currency)

   Please attach a treatment/cost plan.

2. Do you suffer from periodontitis (extensive disorder of the gum and the tooth-supporting structures)? Yes ☐ No ☐

   If Yes, please provide details

   Details of ongoing treatment

   Details of planned treatment

   Expected cost (incl. currency)

   Please attach a treatment/cost plan.

Please fill in the dental chart below using the abbreviations provided. For your information, the first front tooth on your upper left jaw is referred to as number 21; number 22 is the tooth located to the left of this.

Abbreviations

Currently existing:

m	=	missing tooth	b	=	bridge
g	=	gap closure	i	=	implant
c	=	crown	in	=	inlay
f	=	filling	on	=	onlay

Planned treatment/procedure:

I	=	Implant	B	=	Bridge
C	=	Crown	S	=	Support element
T	=	Telescope crown	IN	=	Inlay
ON	=	Onlay	M	=	Metal-ceramic crown

Dental chart																	
	Right								Left								
Treatment date (MM/YY)																	Treatment date (MM/YY)
Planned treatment																	Planned treatment
Existing																	Existing
Upper jaw	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	Upper jaw
Lower jaw	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	Lower jaw
Existing																	Existing
Planned treatment																	Planned treatment
Treatment date (MM/YY)																	Treatment date (MM/YY)

Example

If you already have an existing crown, the letter "c" must be entered into the "**Existing**" row (located above or below the number) and in the box that relates to this tooth. Similarly, if an implant is planned, an "I" must be entered into the relevant box on the "**Planned treatment**" row.

Allianz Care

WE CARE ABOUT YOUR PERSONAL DATA PROTECTION

Our Data Protection Notice explains how we protect your privacy. This is an important notice which outlines how we will process your personal data and should be read by you before the submission of any personal data to us. To read our Data Protection Notice visit: **www.allianzworldwidecare.com/en/privacy**

Alternatively, you can contact us on **+ 353 1 630 1301** to request a paper copy of our full Data Protection Notice. If you have any queries about how we use your personal data, you can always contact us by email at: **AWC.DataPrivacyOfficer@allianz.com**

DECLARATION

Please read the following declarations carefully and only sign below if you understand and accept them.

(a) I declare that all information supplied above is true and complete, including those answers that are not in my own handwriting. I also declare that I have not suppressed, misrepresented or misstated any material fact. I understand that this application shall be the basis of the contract between Allianz Partners and myself, and that any false, incorrect or misleading statement or non disclosure of material medical information may render the contract null and void.

(b) I undertake to inform Allianz Partners immediately in writing of any changes in my or my dependants' state of health occurring between completing the Dental Questionnaire and the start date of the contract.

(c) I agree to waive any rights that I may have to medical secrecy/confidentiality in respect of my medical information and I consent to the fact that Allianz Partners, if it considers it appropriate, will check statements concerning my health condition and will check with other healthcare providers, all statements concerning previous, or existing contracts applied for. I authorise all such practitioners, physicians, dentists, members of medical professions, employees of hospitals and health authorities as well as medical facilities to provide relevant medical information relating to me, if requested by Allianz Partners, its medical advisers, its appointed representatives, or to any third party expert(s) in case of disputes, subject to any legal restrictions which may apply.

This declaration and form must be signed and dated by the applicant presenting the dental condition(s). If the applicant is a minor, a parent or guardian should sign this section.

Signature _____ Date D D / M M / Y Y Y Y

Printed name

PLEASE RETURN YOUR FULLY COMPLETED QUESTIONNAIRE BY:

Scan and email to: underwriting@allianzworldwidecare.com
Fax to: + 353 1 629 7117 or

Post to:
Underwriting Team
Allianz Partners
15 Joyce Way
Park West Business Campus
Nangor Road
Dublin 12
Ireland

If you have any questions regarding this Dental Questionnaire, please contact our Helpline on: + 353 1 630 1301 or email: underwriting@allianzworldwidecare.com

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