ASSUDIRE
COURTIER EN ASSURANCES

QUESTIONNAIRE · INDIVIDUAL LIFE AND DISABILITY COVER

Life and disability cover questionnaire

Information needed for your study — to be returned to info@assudire.fr

Answer what applies to you: only your contact details are required. No medical questions: if the insurer has any, it asks you itself, in confidence.

1. YOU

The policyholder.

Title : ☐ Mrs / Ms ☐ Mr **First name :** ..... **Last name :** .....

Date of birth : ..... **Marital status :** ☐ Single ☐ Married / civil partnership ☐ Living with partner ☐ Divorced ☐ Widowed

Place of birth : ..... **Nationality :** ..... **Country of residence :** .....

Address : ..... **Postcode :** ..... **Town :** .....

Phone : ..... **Email :** .....

Occupation : ..... **Status :** ☐ Employee ☐ Self-employed ☐ Retired ☐ Student ☐ Not working

2. YOUR SITUATION

What needs protecting if you can no longer work.

Net monthly income : ..... € **Dependants :** .....

Monthly loan repayments : ..... € / month **Cover through your employer :** ☐ Yes ☐ No ☐ I don't know

Main residence : ☐ Owner ☐ Tenant ☐ Housed free of charge

Home postcode : ..... **Home in France :** ☐ Yes ☐ No ☐ Moving in progress

3. YOUR POLICIES AND YOUR PROFILE

What already covers you, and the non-health pricing criteria.

Existing income protection policy : ☐ None ☐ Yes, to review ☐ Yes, recent **Current monthly premium :** ..... € / month

Smoker (last 12 months) : ☐ No ☐ Yes

Type of work : ☐ Office / desk-based ☐ Manual / building site ☐ Frequent travel ☐ Other

Sports : ☐ No high-risk sport ☐ Motor sports ☐ Diving ☐ Air sports ☐ Mountaineering / climbing ☐ Combat sports

4. YOUR NEEDS

Cover wanted : ☐ Essential ☐ Comfort ☐ Comprehensive ☐ Advise me

Cover wanted : ☐ Death benefit ☐ Sick leave ☐ Disability ☐ Education annuity ☐ Spouse's pension ☐ Total loss of independence

Death benefit wanted : ..... € **Target daily benefit :** ..... € / day

Options : ☐ Double benefit for accidents ☐ Hospital cover ☐ Premium waiver ☐ Reduced waiting period

Start date wanted : ☐ As soon as possible ☐ Within a month ☐ At my current renewal ☐ Later

Target budget : ..... € / month

Details, constraints or questions :

.....

5. DOCUMENTS TO ATTACH

Photos or scans are fine.

☐ Latest tax notice or payslip ☐ Employer scheme booklet ☐ Terms of the current policy ☐ Bank details (IBAN)

No medical information is requested here. The health questionnaire, if required, is sent to you directly by the insurer and stays confidential.

DECLARATION AND SIGNATURE

I certify that the information above is accurate; it forms the basis of the study and, where applicable, of the policy. Any concealment or misrepresentation is subject to the penalties of articles L.113-8 and L.113-9 of the French Insurance Code. ASSUDIRE processes the data collected to study my needs and manage the policy, under the conditions of the information document (section 8); I agree to be contacted.

Signed at: ..... **Date:** .....

The policyholder
Signature

For ASSUDIRE use
Received on · adviser · study reference