PKDW
Pensionskasse für die Deutsche Wirtschaft

Please send directly to PKDW!

Health Questionnaire for insurance policies under Tariff A (Section 5 of the GTCI)

I. General information

Surname, first name	
Date of birth	
employed by	

II. Information about your body and health

1. Physical measurements	Height (in cm) _____	Weight (in kg) _____

2. Physical health impairments

Do you currently have, or have you had within the last **five years**, any illnesses or complaints affecting any of the following areas of the body, and are you currently undergoing or have you undergone medical or therapeutic examination, consultation or treatment as a result (if **»yes«** please provide further details in **section 5**):

a)	Respiratory organs	☐ yes	☐ no
b)	Heart, circulatory organs and vessels	☐ yes	☐ no
c)	Kidneys/urinary tract/bladder/reproductive organs, including breasts and prostate	☐ yes	☐ no
d)	Digestive organs (oesophagus, stomach, intestines, pancreas and gallbladder)	☐ yes	☐ no
e)	Eyes	☐ yes	☐ no
f)	Ears	☐ yes	☐ no
g)	Back/neck/spine	☐ yes	☐ no
h)	Skin	☐ yes	☐ no
i)	Glands	☐ yes	☐ no
j)	Brain	☐ yes	☐ no
k)	Blood	☐ yes	☐ no
l)	Bones	☐ yes	☐ no

3. Specific complaints and illnesses

Have you suffered or are you currently suffering from any of the following conditions or illnesses within the last **five years** (if **»yes«** please provide further details in **section 5**):

a)	Infectious diseases (lasting longer than three weeks or occurring more than three times a year) or tropical diseases	☐ yes	☐ no
b)	Tumours	☐ yes	☐ no

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c)	Mental illness	☐ yes	☐ no
d)	Dizziness	☐ yes	☐ no
e)	Autoimmune diseases	☐ yes	☐ no
f)	Injuries caused by external influences/poisoning	☐ yes	☐ no
g)	Allergies	☐ yes	☐ no
h)	Metabolic disorders	☐ yes	☐ no

4. Further questions (if **»yes«** please provide further details under **point 5**):

a)	Do you have a congenital disease, disability, physical or mental impairment?	☐ yes	☐ no
b)	Are you infected with HIV (»Human Immunodeficiency Virus«)?	☐ yes	☐ no
c)	Do you take medication regularly and/or permanently, or have you taken medication for more than three weeks within the past **twelve months**? If so, which ones?	☐ yes	☐ no
d)	Have you been permanently unable to work for more than six weeks within the past **three years** due to illness or injury?	☐ yes	☐ no
e)	Do you receive pension benefits due to an accident or illness, or have you applied for such a pension within the past **five years**?	☐ yes	☐ no
f)	Have you been diagnosed with a degree of disability or a degree of impairment, or have you been diagnosed with an occupational disease, or have you applied for a degree of disability or a degree of impairment within the past **five years**, or have you applied for a diagnosis of an occupational disease?	☐ yes	☐ no
g)	Have you used drugs or nicotine-containing products within the last **five years**?	☐ yes	☐ no
h)	Do you regularly consume, or have you regularly consumed, alcohol within the last **five years** (i.e. daily for more than a month or on more than half of the days in a year)?	☐ yes	☐ no
i)	Have you been examined, counselled or treated by doctors, psychologists, physiotherapists or alternative practitioners within the last **five years** beyond the information provided in this questionnaire?	☐ yes	☐ no
j)	Have you been diagnosed with cancer within the past **ten years**?	☐ yes	☐ no
k)	Have you attempted suicide within the past **ten years**?	☐ yes	☐ no
l)	Have you been examined or treated as an inpatient within the last **ten years** (including rehabilitation, withdrawal treatment, surgery, radiotherapy or chemotherapy), or is such an examination or treatment planned or recommended for the next two years?	☐ yes	☐ no

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5. Further details on health questions

If you answered **»yes«** to one or more of the above health questions, please provide further details here.

Question	Affected organs / body parts	Diagnosis and date	Consequences / further comments

Personal data relating to the insurance contract will be processed in accordance with the requirements of the EU General Data Protection Regulation (GDPR) and the new version of the German Federal Data Protection Act (BDSG) within the meaning of Article 4 (2) GDPR.

I have taken note of the separate information on the consequences of a breach of the duty of disclosure* and the authorisation to release the duty of confidentiality*, confirm receipt thereof and, by signing this contract, accept the relevant information and declarations as part of the contract (*see page 4).

I have answered the questions above fully and truthfully

Place, date

Signature of the applicant

For minors to be insured: additional signature of the person with parental responsibility

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1. Separate information on the consequences of a breach of the duty of disclosure

In accordance with the statutory provisions, the scope of duty of disclosure is limited to circumstances about which PKDW has asked you in writing prior to the conclusion of the contract. Within this framework, you are obliged to disclose any risk circumstances known to you that are relevant to the contractual declarations (e.g. declaration of acceptance). If PKDW asks you further questions in writing in the period between your contractual declaration and the acceptance of the contract, you are also obliged to answer these questions truthfully. Based on your answers, PKDW is entitled to exclude individual illnesses/injuries from the insurance and to limit the insurance cover in this respect (see Section 5 (3) of the General Terms and Conditions of Insurance (GTCI)).

If you violate your duty of disclosure, PKDW may reject your application for an occupational invalidity pension and refuse to pay benefits. This only applies if the application is made on the basis of an illness/injury that already existed at the start of the insurance relationship or when the health questionnaire was returned, or is directly attributable to this, and you have not provided any information on this, even though you were obliged to do so.

If PKDW was aware of the circumstances entitling it to exclude or restrict the insurance at the latest at the start of the insurance relationship, it cannot invoke the untruthfulness of your information.

2. Release from confidentiality in the event of a claim

If you apply for an occupational disability pension, we require you to release the following persons from duty of confidentiality: attending physicians, members of other healthcare professions, nursing staff, employees of hospitals, other medical institutions, nursing homes, personal insurers, statutory health insurance funds, professional associations, authorities and the statutory pension insurance fund from their duty of confidentiality, as well as your consent to obtain all information and documents necessary for deciding on the insurance claim. We are obliged to check the conditions for occupational invalidity within the meaning of PKDW's GTCI.

Instead of submitting a declaration of release from confidentiality, you are entitled to provide the documents required by PKDW yourself at your own expense. If the information and documents you provide are insufficient to conclusively assess the obligation to pay benefits, or if this information and these documents do not justify the obligation to pay benefits, either in whole or in part, this may lead to a reduction in benefits or even to exemption from the obligation to pay benefits.