

Prepare for the online health questionnaire



Term life insurance

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We need information about your health

U bent de verzekerde op een overlijdensrisicoverzekering.

- Een overlijdensrisicoverzekering keert uit als u overlijdt tijdens de looptijd van de verzekering.

Wij willen daarom graag meer weten over uw gezondheid en uw leefstijl.

- Hiervoor vult u online onze gezondheidsverklaring in.
- In dit document ziet u welke vragen wij stellen in de gezondheidsverklaring. Zodat u zich goed kunt voorbereiden als u de gezondheidsverklaring gaat invullen.

De Medische Dienst beoordeelt uw gezondheidsverklaring en medische gegevens.

- En adviseert Centraal Beheer of u verzekerd kunt worden.

The questionnaire is a list with questions about your health and lifestyle.

- The questions are often about symptoms, signs, disorders or diseases. That you currently have or have had in the past.
- We ask you to disclose if you drink or used to drink alcoholic beverages. Or if you smoke or used to smoke.
- We ask you to disclose if you have ever had surgery or have been submitted to a hospital.

You can only complete and submit the questionnaire online.

To start the health questionnaire, please go to centraalbeheer.nl/gezondheidsverklaring.

We will send you the login details to start your health questionnaire.

- We will send you 2 text messages.
- These contain the login details.

Download and print the health questionnaire after completing it.

You may need the completed questionnaire later. Always save the completed questionnaire on a well-protected computer.



Please note: never send us the health questionnaire via e-mail!

If you save the questionnaire, you are not supposed to send it by email. You can only send the questionnaire by using the send button after you have completed the questionnaire on our website.

Questions? Please call our Medical Service: (013) 462 12 86.

You can reach the Medical Department from Monday to Friday from 8.30am to 6pm. You talk directly to an employee of the Medical Departement. Alternatively, you can send an e-mail:

gezondheid@centraalbeheer.nl.

General details and questions

We ask for some personal details.

We ask you to verify your name, date of birth, and gender. We also ask you to provide the following information:

- Your birth gender
 - This information is important for our medical assessment. The progression of some illnesses depends on your birth gender. Your address
- Your address
- Your contact details
- Your profession and the number of hours you work per week.

1. Questions about your height and weight

1.1 What is your height in centimetres?

1.2 What is your weight in kilograms?

1.3 Have you lost more than 5 kilograms in the last year?

If so, when answering this question in the health questionnaire please disclose:

- The reason for this.

2. Questions about your smoking behaviour

By smoking we mean:

- Smoking or using products containing tobacco or nicotine. Such as:
 - Cigarettes, rolling tobacco, cigars, pipe, snus
 - Joints
 - Vaporisers, e-cigarettes, shisha pens
 - Water pipe, hookah, shishas
 - Nicotine patches, nicotine chewing gum, nicotine tablets
- Smoking or inhaling products that do not contain tobacco or nicotine. Such as:
 - Weed, cannabis, hash/hashish, marijuana
 - Vaporisers, e-cigarettes
 - Shishas, shisha pens

2.1 Are you a smoker? Or do you use the products mentioned above?

Also answer 'yes' if you smoke or use the mentioned products only every now and then.

- For example if you only smoke on special occasions.

2.2 Have you ever been a smoker? Or have you ever used the products mentioned above?

Also answer 'yes' if you smoked or used the mentioned products only every now and then.

- For example if you only smoked on special occasions.

Additional questions about your answers to questions 2.1 and 2.2

Did you answer 'yes' to question 2.1 or 2.2? Then you will be asked a number of additional questions.

- How old were you when you started smoking or using?
- If you have stopped smoking or using: when did you stop?
- Tick the boxes below to indicate what you smoke(d) or use(d):
 - Cigarettes, rolling tobacco
 - How many a day? If you smoke(d) or use(d) less than 1 a day, answer 1.
 - Cigars
 - How many a day? If you smoke(d) or use(d) less than 1 a day, answer 1.
 - Pipe
 - How many a day? If you smoke(d) or use(d) less than 1 a day, answer 1.
 - Joints
 - How many a day? If you smoke(d) or use(d) less than 1 a day, answer 1.
 - E-cigarette, vaporiser, shisha-pen
 - Weed, cannabis, hash/hashish, marijuana, water pipe, hookah, shisha
 - Other products containing nicotine. By this we mean, for example, snus, nicotine patches, nicotine chewing gum, nicotine tablets.
 - Other (you fill this in yourself)

3. Questions about alcohol consumption

3.1 Do you consume alcoholic beverages?

If so, when answering this question in the health questionnaire please indicate:

- The number of units per week.
 - If you consume less than 1 unit a week, answer 1.
- How old were you when you started consuming alcoholic beverages?

3.2 Has there been a period of more than 3 months in which you consumed more than 3 units of alcohol on average per day?

If so, when answering this question in the health questionnaire please disclose:

- The age this started.
- The age this stopped.
- Can you provide more information on this?

4. Questions about drug use

4.1 Do you use drugs? Or have you ever used drugs?

If so, when answering this question in the health questionnaire please indicate:

- The type(s) of drugs.
 - Amphetamines (such as methamphetamines, ice, crystal meth, tina, speed, uppers, ketamine)
 - Designer drugs (such as GHB, XTC, MDMA, MDA)
 - Barbiturates
 - Cannabis (such as hash/hashish, marijuana, pot, weed) in the last 5 years
 - Cocaine (such as coke, crack, snow)
 - Hallucinogens (such as acid, LSD, PCP, angel dust, haze, magic mushrooms, microdots)
 - Opiates (such as codeine, heroin, methadone, morphine, opium)
 - Sedatives (such as diazepam, downers, nitrazepam, tranks)
 - Solvents (such as aerosols, glue)
 - Other (you fill this in yourself)

Additional questions about your answers to question 4.1

If you disclose you use or have used drugs, you will be asked the following questions for each type of drug:

- How often per month?
 - If you use(d) the drug less than once a month, answer 1.
- How old were you when you started using these drugs?
- Have you stopped using them?
- When did you stop?

5. Questions about symptoms, signs, disorders and diseases

What do we mean by 'symptoms and signs'?

A symptom or sign is a physical or mental discomfort. Or pain. And could be an indication of an injury or a disease.

- It is not always clear what the cause is.
- A diagnosis does not have to be made.
- An example is back pain.

What do we mean by a 'disorder'?

A disorder is an abnormality from a healthy physical or mental state.

- A diagnosis has often been made.
- An example is a broken leg.

What do we mean by a 'disease'?

A disease is also a disorder.

- When we think of a disease we often think of a physical abnormality. But a mental abnormality is also called a disease.
- A disease can limit someone to function. Or will cause an earlier death.
- An example is diabetes.

Information for ex-cancer patients.

You don't always need to disclose that you have had cancer.

- You will find more information in our document [Term life insurance: Information about the medical assessment](#). We explain when you should mention or report it and when you should not.
- You can also look at the website of the Dutch Association of Insurers: verzekeraars.nl/verzekeerennakanker (in Dutch only). This website has a checklist that helps you determine whether you have to report that you had cancer.

5.1 Cancer, tumours or blood disorders

In this question you disclose whether and what type of cancer, tumors or blood disorders you have or have had.

- Leukemia, bone marrow disease, bone marrow disorder
- Lymphoma, Hodgkin's disease
- Blood disease, blood cell disorder
- Breast cancer
- Brain cancer, benign tumour in the head
- Melanoma of the skin, malignant moles or other type of skin cancer
- Other type of cancer or malignant tumour

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- Other type of tumour or blood disorder:
 - Benign tumour (not in the head)
 - Anaemia in the last 5 years due to low levels of iron or vitamins or blood loss
 - Anaemia due to other causes
 - Moles, dysplastic naevus syndrome
 - Other (you fill this in yourself)

5.2 Heart or vascular

In this question you disclose whether you have or have had symptoms, signs, disorders or diseases considering the heart or blood vessels (vascular).

- Heart attack, myocardial infarction or cardiac arrest
- Coronary artery stenosis, bypass or angioplasty
- Heart muscle disease, cardiomyopathy
- Pacemaker, ICD or other device
- Stroke, CVA, TIA, brain haemorrhage
- Vascular disease in the brain, throat or legs
- Heart valve disorder or congenital heart disease
- High blood pressure, hypertension
- Chest pain or angina pectoris
- Heart palpitations, arrhythmia
- Other (you fill this in yourself)

5.3 Lungs, airways or ENT (ear, nose, throat)

In this question you disclose whether you have or have had symptoms, signs, disorders or diseases considering the lungs, airways or ENT (throat, nose, ears).

- Cystic fibrosis, mucoviscidosis, fibrocystic disease of the pancreas
- Emphysema, COPD, chronic pneumonia or chronic bronchitis
- Pulmonary embolism
- Sarcoidosis, Besnier-Boeck disease
- Sleep apnoea syndrome, OSAS in the last 5 years
- Silicosis, bird fancier's lung, alveolitis or other lung tissue disease
- Other lung, airway or ENT symptoms, signs, disorders or diseases:
 - Pleurisy, inflammation of the lung tissue or one-off pneumonia
 - Bronchiectasis
 - Allergy, hay fever, asthma, nose or ear issues in the last 5 years
 - Tuberculosis
 - Acute bronchitis in the last 5 years
- Other (you fill this in yourself)

5.4 Brain or nerves/nervous system

In this question you disclose whether you have or have had any symptoms, signs, disorders or diseases considering the brain or nerves (nervous system).

- Stroke, CVA, TIA or brain haemorrhage
- MS, multiple sclerosis
- Dementia

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- Mental disorder
 - Myasthenia gravis or other muscle disease
 - Chronic pain
 - Inflammation of the optic nerve
 - Other symptoms, signs, disorders or diseases considering the brain or nerves:
 - CFS (chronic fatigue syndrome) in the last 5 years
 - Trapped nerve, such as RSI and carpal tunnel syndrome in the last 5 years
 - Seizures or epilepsy in the last 5 years
 - Dizzy spells, headaches or migraines in the last 5 years
 - Other (you fill this in yourself)

5.5 Muscles or joints

In this question you disclose whether you have or have had symptoms, signs, disorders or diseases considering muscles or joints.

- SLE, lupus erythematoses (LED), MCTD
- Acute rheumatism, rheumatoid arthritis
- Other chronic diseases of the joints
- Dermatomyositis, polymyositis, scleroderma
- Chronic muscle disease or disorder
- Inflammation of the muscles, sprained muscles, RSI, tennis elbow, fibromyalgia in the last year
- Other symptoms, signs, disorders or diseases considering the joints:
 - Polio, poliomyelitis
 - Hernia, HNP, fracture, lumbago, scoliosis, back issues in the last 5 years
 - Bone fracture, sprain, bruising, meniscus, knee issues in the last year
 - Pelvic instability, hip issues, sciatica in the last 5 years
- Other (you fill this in yourself)

5.6 Kidneys, urinary tract, genitals or reproductive organs

In this question you disclose whether you have or have had symptoms, signs, disorders or diseases considering the kidneys, urinary tract, genitals or reproductive organs.

- Kidney transplant
- Kidney infection, kidney disorder, polycystic kidney disease
- Inflammation of the prostate, testicles or epididymis in the last 5 years
- Cervix: cryosurgery, conisation etc.
- Inflammation of the vagina, vaginal cyst in the last 5 years
- Other symptoms, signs, disorders or diseases considering the kidneys, urinary tract, genitals or reproductive organs:
 - Inflammation of the ovaries or fallopian tubes in the last 5 years
 - Renal pelvic inflammation, bladder infection, urinary tract infection, kidney stones in the last 5 years
 - Endometriosis, benign ovarian cysts
- Other (you fill this in yourself)

5.7 Metabolism, enzymes or hormones

In this question you disclose whether you have or have had any symptoms, signs, disorders or diseases considering your metabolism, enzymes or hormones.

- Diabetes or glucose intolerance
- High cholesterol, hyperlipidaemia
- Gout
- Inborn errors of metabolism
- Other symptoms, signs, disorders or diseases considering metabolism, enzymes or hormones:
 - Abnormal levels of parathyroid gland, adrenal gland or reproductive hormones
 - Enzyme deficiencies
 - Overactive or underactive thyroid
 - Homocystinuria, hyperhomocysteinemia
- Other (you fill this in yourself)

5.8 Digestive system (stomach, bowel, liver or intestines)

In this question you disclose whether you have or have had any symptoms, signs, disorders or diseases considering your digestive system.

- Scarring of the liver, liver fibrosis, cirrhosis of the liver
- Biliary cirrhosis, sclerosing cholangitis
- Inflammation of the pancreas, pancreatitis
- Liver transplant
- Inflammation of the oesophagus, oesophagus stricture
- Jaundice, fatty liver, hepatitis
- Other symptoms, signs, disorders or diseases considering your digestive system (stomach, bowel, liver or intestines):
 - Gastric ulcer, pyloric sphincter problems in the last 5 years
 - Inflammation of the bowels, Crohn's disease, ulcerative colitis, coeliac disease in the last 5 years
 - Gallstones, gallbladder infection in the last 5 years
 - Appendix, appendicitis, spastic bowel (IBS) in the last 5 years
 - Ileus, intussusception
- Other (you fill this in yourself)

5.9 Infectious diseases

In this question you disclose whether you have or have had infectious diseases.

- HIV infection
- STD (sexually transmitted disease) excluding HIV
- COVID-19 (new coronavirus), SARS, MERS, bird flu
- Tropical infectious diseases, such as malaria
- Other chronic infectious diseases (you fill this in yourself)

5.10 Psychological issues, disorders and diseases

In this question you disclose whether you have or have had any psychological issues, disorders or diseases.

- Addiction, alcoholism, regular excessive alcohol consumption
- Mental illness, schizophrenia, psychosis
- Depression or depressive symptoms or signs

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- Chronic pain, fibromyalgia
 - Autism spectrum disorder or developmental disorder
 - Suicidal thoughts, attempt to take your own life
 - Other psychological issues, disorders or diseases:
 - Eating disorder, such as anorexia or bulimia
 - PTSD, adjustment disorder or anxiety disorder
 - Personality disorder, such as borderline or narcissistic
 - Overworked, stress, burn out, insomnia in the last 5 years
 - CFS (chronic fatigue syndrome) in the last 5 years
 - Migraines or chronic headaches in the last 5 years
 - Other (you fill this in yourself)

5.11 Skin or thrombosis

In this question you disclose whether you have or have had any skin disorders or diseases or thrombosis.

- Inflammation of the veins, thrombosis
- Fistula, non-healing wounds, erysipelas
- Skin diseases with blisters (not eczema)
- Chronic eczema, skin allergy
- Dermatomyositis, polymyositis, scleroderma
- Other skin disorders or diseases:
 - Varicose veins in the last year
 - Flaky skin disease (not eczema), psoriasis
 - Acne, vitiligo in the last year
 - Moles (multiple, suspicious or growing)
- Other (you fill this in yourself)

Additional questions about your answers to questions 5.1 to 5.11

If you tick one or more answers to questions 5.1 through 5.11, you will immediately receive additional questions for each answer you tick. You can read the additional questions below.

- What was the diagnosis? And what were the symptoms and signs?
- When did the symptoms, signs, abnormalities or the disease start?
- Until when did your symptoms and signs last?
- Did you consult a doctor or healthcare professional about this? If so:
 - What is the name of the doctor or professional?
 - What is this doctor's or professional's specialism? In which hospital does he/she work?
 - When did you first see the doctor or professional?
 - When did you last see the doctor or professional?
- Did you get any medication for the symptoms, signs, disorder or disease? If so:
 - What medication?
 - What dosage?
 - Until when?
- Did you have surgery for the symptoms, signs, disorder or disease? If so:
 - When?

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- Were you submitted admitted to a hospital or other healthcare institution for the symptoms, signs, disorder or disease? If so:
 - When?
 - Do you have any scheduled appointments with a doctor or healthcare professional? If so:
 - What is this doctor's or professional's specialism?
 - When is your next appointment?
 - Have you experienced any symptoms and signs in the last 6 months? If so:
 - Which symptoms and signs?

Good to know

When we ask you for the details of a doctor or healthcare professional, we mean, among others: general practitioner, medical specialist, psychologist, psychotherapist, psychiatrist, addiction specialist, practice assistant, diabetes nurse, or nurse.

6. Additional questions

To ensure you haven't forgotten anything, we ask you some additional questions.

- If you answer 'yes' to a question, you can disclose further information.
- You do not need to repeat the information you already disclosed at questions 5.1 through 5.11.
- You don't always need to disclose you have had cancer. You will find more information in our document '[Medical underwriting - Term life insurance](#)'. We will explain when there is no need to disclose this.
 - You do need to disclose all other symptoms, signs, disorders or diseases.

6.1 Are you taking any medication or have you taken any in the last 5 years?

Note: disclose information about prescription medication obtained from the chemist and all other medication that you purchased elsewhere.

If so:

- What medication did you use?
- For which symptoms, signs, disorder or disease was this?
- When did you start taking these medications?
- Until when did you take these medications?

6.2 In the last 5 years have you been treated by a mental health nurse practitioner, psychologist, psychiatrist, psychotherapist or mental health service?

If so:

- What kind of practitioner did you see?
- In which hospital, institution, practice or clinic?
- For which symptoms, signs, disorder or disease?
- When did you start getting treatments?
- Until when did you get the treatments?

6.3 Have you ever had a consultation with a medical specialist?

If so:

- What is the name of the specialist?
- What is his or hers expertise?
- In which hospital?
- For which symptoms, signs, disorder or disease?
- When was your first doctor's appointment?
- When was your last doctor's appointment?

6.4 Have you ever been admitted to a hospital or other type of institution?

If so:

- Which hospital or institution was this?
- For which symptoms, signs, disorder or disease?
- When were you admitted?
- Until when were you admitted?

6.5 Have you ever had surgery?

If so:

- What type(s) of surgery have you had?
- What is the name of the doctor or physician?
- What is this doctor's or physician's specialism?
- In which hospital?
- For which symptoms, signs, disorder or disease?
- When did you have surgery?

6.6 Have you had any contact with your GP in the last 5 years?

If so:

- For which symptoms, signs, disorder or disease?
- When did you contact or consult your GP?
- Until when did you contact or consult your GP?

6.7 In the last 5 years, have you had any medical tests by means of medical devices and equipment?

For example: CT scan, MRI scan, ECG, X-ray or ultrasound?

If so:

- Which test(s) or examination(s) have you had? And what were the results?
- For which symptoms, signs, disorder or disease?
- When did you have the test(s) or examination(s)?

6.8 Have you had blood or urine tests in the last 5 years?

If so:

- Which blood or urine tests were carried out? And what were the results?
- For which symptoms, signs, disorder or disease?
- When did you have the test(s)?

Contact us



Ask your question via our app

The app also gives you direct access to the products you have with us.



Send us a letter

Centraal Beheer, PO Box 9150, 7300 HZ Apeldoorn



Call us: (055) 579 8100

Please visit centraalbeheer.nl/contact for our opening hours.

centraalbeheer.nl