

For Broker Use Only

Please complete in all cases

Preferred method of contact E-mail Phone Post

Contact details

eSP policy number if applicable

Straight to policy

(To avail of Free Cover if applicable. Free Cover does not apply to any policy which includes Specified Serious Illness Cover)

or Acceptance terms only

Broker Consultant

Agency code (if known)

2. Address for communication

Address

Telephone no.

Home address if different

Life A

Address

Telephone no.

Life B

Address

Telephone no.

Important information

Continued...

4. Copies of the completed Application Form and Policy Conditions are available on request from Caledonian Life.

5. The Disability Act 2005 prohibits processing of genetic data in relation to insurance. Therefore you should not disclose any genetic test or the results of any genetic test you may have had. You must however, tell us if you are having treatment or have had treatment for, or are experiencing symptoms of a genetic condition. You will also be asked to give us full information about your family history, including all genetic conditions.

6. Monthly premiums must be paid by Direct Debit.

3. Proposer(s)

If other than life/lives to be insured

Full name(s)

What is the nature of the proposer(s) interest in the life/lives to be assured (if other than spouse)?

Proposer(s) other instructions (if any)

Proposer(s) address (if different from home address)

Telephone no.

If you require this policy to be written under trust, please tick here

If YES, please attach a completed trust form.

4. Assurance required Complete only one of section (a) or section (b) as required.

(a) Mortgage Protection Assurance and Specified Serious Illness Cover

Term of cover	<input type="text"/> years	
Initial Level of Cover	Life Cover € <input type="text"/>	Accelerated Specified Serious Illness Cover* € <input type="text"/>
	(*A minimum of 10% or €10,000, whichever is the higher, and a maximum of 100% of the Life Cover may be selected as Specified Serious Illness Cover. If left blank no Specified Serious Illness Cover is selected).	
Premium frequency	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>
	(By Direct Debit only)	

Mortgage details

Interest rate band (please tick)	0% - 6% <input type="checkbox"/>	6.01% - 9% <input type="checkbox"/>	9.01% - 13%** <input type="checkbox"/>
	(**Not available for Specified Serious Illness Cover)		

In the event that no box is ticked the default we will use is the 0-6% interest rate band. The interest rate band selected will determine the exact level of cover in the event of a claim. If you are unsure whether this band meets your needs you should consult with your Broker.

Address of property involved (if different from home address)

Or (b) Life Cover and/or Specified Serious Illness Cover

Type of policy (please tick and fill in the boxes as appropriate)

Term of cover	<input type="text"/> years		
Basis of cover*	Single Life <input type="checkbox"/>	Joint Life* <input type="checkbox"/>	Dual Life <input type="checkbox"/>

*For Specified Serious Illness Cover, Joint Life Cover is only available on an Accelerated basis.

Initial Level of Cover	Life A	Life B**
Life Cover	€ <input type="text"/>	€ <input type="text"/>
Specified Serious Illness Cover (if required)***	€ <input type="text"/>	€ <input type="text"/>

**For Joint Life Cover, the level of cover for Life B must be the same as for Life A. For Dual Life Cover, if the Life B level of cover box is left blank, it will be assumed that the level of cover will be the same as selected for Life A.

***For Accelerated Specified Serious Illness Cover a minimum of 10% or €10,000 whichever is higher, and a maximum of 100% of the Life Cover, may be selected as the Specified Serious Illness Cover. For Stand-alone Specified Serious Illness Cover the minimum cover is €10,000. If the Specified Serious Illness Cover box is left blank it is assumed no Specified Serious Illness Cover is required.

Type of Specified Serious Illness Cover	Stand-alone* <input type="checkbox"/>	Accelerated <input type="checkbox"/>
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*Stand-alone Specified Serious Illness Cover is not available on a Joint Life basis.

Accelerated Specified Serious Illness Cover means that your Life Cover will reduce by the amount of any Specified Serious Illness claim (excluding Children's Specified Serious Illness Cover claims).

Stand-alone Specified Serious Illness Cover means that if you make a Specified Serious Illness claim, it will not affect any Life Cover.

Options**	Indexation <input type="checkbox"/>
	Conversion <input type="checkbox"/>

The Conversion option applies to Life Cover only. Selecting the Indexation option will mean this option is applied to **both Life Cover and Specified Serious Illness Cover, if applicable.

Premium Frequency	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>
	(By Direct Debit only)	

If this policy is related to a Mortgage, please give the address of the property involved:

5. Health Details

Teleunderwriting

Teleunderwriting is an innovative approach from Caledonian Life designed to help speed up the assessment of your application for Life Assurance.

Where appropriate, Teleunderwriting offers a confidential phone based interview ("tele-interview") typically lasting 10-15 minutes and is conducted by a member of Caledonian Life's Underwriting team. During the tele-interview, we will ask you for additional details about the information that you provide in this application form regarding your health, occupation and pursuits.

If you wish to avail of our Teleunderwriting service, please insert in the box below the day and time between **9am and 6pm, Monday to Friday**, that suits you best to conduct the tele-interview and your preferred contact phone number. All interviews are recorded and form part of the application process.

In preparation for your interview, please ensure that you are familiar with the names of all medication that you are taking or have taken in the past, you have details of the names and addresses of all doctors that you have attended and you provide us with as much information in connection with your medical condition, occupation or pursuits as possible. It is important that you give full disclosure of all material facts during any tele-interview, as failure to disclose all material facts could result in your policy being cancelled.

(In the event that no information is entered in the box or if your application is not suitable for Teleunderwriting, we will not contact you).

Day and time for Interview

Preferred contact phone number

Life A

Name and address of your doctor

Telephone no.

How long has the doctor known you?

years

If you have been attending this doctor for less than **one year**, please give details of your previous doctor(s)

Name and address of this doctor

Telephone no.

How long has this doctor known you?

years

Life B

Name and address of your doctor

Telephone no.

How long has the doctor known you?

years

If you have been attending this doctor for less than **one year**, please give details of your previous doctor(s)

Name and address of this doctor

Telephone no.

How long has this doctor known you?

years

(1) Height and Weight details (please specify units of measurement used)

Life A

Height

Weight

Life B

Height

Weight

(2) Have you been unable to work for more than 4 weeks at a time due to illness or injury?

Life A

Yes

No

Life B

Yes

No

If YES, please provide details of when, how long you were off work for and the reason.

(3) Have you smoked any cigarettes, cigars or a pipe at any time in the last 12 months?

Life A Yes No

Life B Yes No

If YES, please advise the amount smoked per day:

Cigarettes Cigars Pipe (ozs)

If YES, please advise the amount smoked per day:

Cigarettes Cigars Pipe (ozs)

(4) What is your average weekly consumption of alcohol? (one short or one glass of wine = 1 unit; one pint of beer = 2 units)

Life A units

Life B units

(5) If the answer to any of the following questions is YES, please supply full details of the dates at the end of this section.

Have you at any time suffered from, received medical treatment or been hospitalised for:

	Life A		Life B	
(a) Anxiety, stress, depression or any other Mental or Nervous disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Alcohol or Drug Addiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Fainting, Blackouts, Fits or Seizures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) Multiple Sclerosis, tremor, numbness, tingling, paralysis, dizziness or any other neurological disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(e) Any hearing impairment or disorder of your ears?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(f) Any visual impairment or disorder of your eyes? (other than wearing prescribed glasses or contact lenses)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(g) Asthma, Bronchitis, Tuberculosis or any other similar chest trouble or respiratory disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(h) Any problems or disease of either the Heart or Circulatory System or raised Blood Pressure or Stroke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(i) Gastric or Duodenal ulcer, Colitis or any Liver, Stomach or Bowel problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(j) Diabetes or any problem or disorder of the Kidneys, Bladder or Urinary System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(k) Any problems with your joints, bones or muscles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(l) Glandular trouble, Cancer, Cysts, Swellings, Tumours or any malignancy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(m) Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting the result of such a test? <small>Note: If the result is negative, the fact of having an HIV test will not in itself have any effect on your acceptance terms for insurance.</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(n) Within the last 5 years have you tested positive or been treated for any disease which was transmitted sexually?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(o) Have you had or are you awaiting any medical or surgical investigation or treatment for any disease or serious injury not mentioned above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(p) Are you taking any medicine or drugs, other than the contraceptive pill, or are you under any form of medical supervision, care, treatment or special diet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(q) Have you had an application accepted at an increased premium, postponed or declined for Life, Serious Illness or Accident Insurance or any insurance where the benefit is payable on the diagnosis of certain specified conditions with this or any other company?

Yes No Yes No

If the answer to any of the questions 5 (a) to 5 (q) is YES, please supply further details and dates.

Life A

Life B

(r) Have your natural parents or any of your brothers or sisters suffered or died from Heart Disease (including cardiomyopathy), Stroke, Diabetes, Cancer, Haemochromatosis, Multiple Sclerosis, Motor Neurone Disease, Muscular Dystrophy, Huntington's Chorea or Polycystic Kidneys before age 65?

Life A

Yes No

Life B

Yes No

If YES, please complete the following section:

Life A

Relative	Medical Condition	Age at Diagnosis

Life B

Relative	Medical Condition	Age at Diagnosis

6. Residence, Travel, Aviation and Pursuits

(a) In the past 5 years, have you ever lived or worked abroad for more than 6 months? (residence in the following countries may be ignored: Australia, Canada, any EU country, New Zealand and USA)

Life A

Yes No

Life B

Yes No

If YES please provide details of where, when and how long?

Life A

Life B

(b) Do you or do you intend to:

(i) Reside or travel outside Australia, Canada, any EU country, New Zealand or USA other than for holidays?

Life A

Yes No

Life B

Yes No

(ii) Engage in aviation other than as a fare paying passenger?

Yes No

Yes No

(iii) Engage in hazardous sports or pastimes of any kind e.g. mountaineering, motor sports or scuba diving?

Yes No

Yes No

If the answer to any of the questions in Section 6 (b) is YES, please supply further details and dates.

Life A

Life B

7. Other Cover

Is this application to replace an existing Caledonian Life policy?

Life A

Yes No

Life B

Yes No

If yes, please provide the policy reference

(a) Has any other application been made during the last 12 months or is there now any intention to make further applications for assurance on your life with this or any other company?

Yes No

Yes No

(b) If you are applying for Serious Illness Cover, do you have any existing Serious Illness Cover in force?

Yes No

Yes No

If YES, to either (a) or (b) please advise details of the sum insured, type of cover, company and reason for cover.

Life A

Life B

8. Data Protection

All personal information supplied by you will be treated in confidence by Caledonian Life and will not be disclosed to any third parties, except where your consent has been received or where permitted by law.

By signing this form, I give my explicit consent to any information about me and other individuals named in this application, including where relevant, any sensitive personal data*, being processed for the purposes of providing this policy. This may include information about me, or the policy being used where appropriate for underwriting, administration, claims handling, customer service, business analysis and preventing fraud. It may also be used for market research purposes.

I understand that I have the right to ask for a copy of the information held about me, to have inaccuracies corrected and to ask Caledonian Life, at any time in writing, to cease processing my personal data.

*The Data Protection Acts 1988 and 2003 describe sensitive personal data as information about your health, religious and other beliefs, trade union membership, racial and ethnic origin, political opinions, sexual life and commission or alleged commission of offences or any court proceedings.

9. Declaration (If you have dictated your answers, please read them over to ensure that they are correct)

I/We submit this application form with a view to entering into a contract for the benefit set out herein on the terms and conditions of Caledonian Life (which are available on request).

I/We declare that to the best of my/our knowledge, the statements in reply to all the questions, whether completed by me or written down on my behalf at my dictation, are true and complete in every particular.

I/We the Life/Lives to be assured consent to Caledonian Life at any time before or after my/our death seeking medical information from any doctor who at any time has attended me/us concerning anything which affects my/our physical or mental health or seeking information from any insurance office to which a proposal has been made for insurance on my/our life/lives and I/we authorise the giving of such information. I/We agree a copy of this consent shall have the validity of the original.

I/We understand that failure (a) to answer all the questions fully, accurately and to the best of my/our knowledge or (b) to advise Caledonian Life of any changes in any of the information given to Caledonian Life (or to Caledonian Life's medical examiner) occurring before the insurance is completed may result in loss or cancellation of the insurance. I/We understand that the proposal is subject to written acceptance by Caledonian Life.

I/We understand that, if my/our proposal is declined or if I am/we are offered insurance on special terms then, whether or not my/our application proceeds, this fact will be noted on a central registry, administered by the Irish Insurance Federation, and may be shared with other insurance companies as a protection against **non-disclosure of material facts**.

I/We understand that in the event of my/our application not proceeding, information provided in connection with my/our application may be retained by Caledonian Life for a period of six years to facilitate any future application by me/us and as a protection against **non-disclosure of material facts**.

I/We hereby declare that in accordance with Regulation 6 (1) of the Life Assurance (Provision of Information) Regulations, 2001, I/We have been provided with the information specified in Schedule 1 to those Regulations and have been advised as to the financial consequences of replacing an existing policy/policies with this policy by cancellation or reduction, and of the possible financial loss as a result of this replacement.

Signature(s) of life/lives to be assured

X

X

Date

/ /

Proposer (if different from above)

Date

For and/or on behalf of, if applicable;

/ /

(For business assurance purposes, proposer's signature must be different to lives assured; and where the proposer is a company or organisation you should state who they are signing 'For and/or on behalf of').

If Company, state position of Signatory

X

(e.g. Co. Director)

Broker Disclosure Statement

I hereby declare that in accordance with Regulation 6 (1) of the Life Assurance (Provision of Information) Regulations, 2001, the client has been provided with the information specified in Schedule 1 to those Regulations and that I have advised the client as to the financial consequences of replacing an existing policy/policies with this policy by cancellation or reduction, and of the possible financial loss as a result of such replacement.

Broker's Signature

Date

X

/ /

Warning

Failure to disclose all material facts, i.e. facts that an insurer would regard as likely to influence the assessment and acceptance of an application for assurance, may result in loss or cancellation of the assurance. If the applicant or proposer has any doubt about whether certain facts are material, these facts should be disclosed.

Please note: If required for this individual case, please ensure you comply with the Money Laundering provisions of the Criminal Justice Act 1994, as amended. If applicable, this may include sending Caledonian Life a completed certification form with this application.

PLEASE SIGN & DATE HERE

This proposal must be received by Caledonian Life within 3 months of the date of signature. You should advise us, in writing, if there have been changes to the facts given in this application between the date of application and the date the policy is issued.

FOR BROKER USE ONLY.

Please sign & date here
In the event that you wish to make any alteration to the proposal please ensure that it is clearly initialled by the relevant individual.

Details about Direct Debiting

Direct Debiting is a simple, inexpensive and convenient way of paying your Premium. All you need to do is to sign and return the mandate which authorises your Bank to debit your current account when the Premiums are payable. The processing of the mandate may result in some delays in collecting the first Premium(s). Such delay does not affect your rights under the policy and the Company's normal liability commences when we issue our notification of acceptance of risk. The mandate has been designed so that you do not have to enter the amount of your Premium.

The Company will make immediate reimbursement in the unlikely event of any error resulting in overpayment. We have also given your Bank an indemnity to this effect. You may cancel your Direct Debit Mandate at any time by notifying your Bank and you should also notify us of the cancellation.

It is important that you have sufficient funds in your Bank or Building Society account to meet the Direct Debit Mandate when it is presented for payment. If the direct debit is returned unpaid on the first occasion, we will endeavour to re-present your account at a later date.

Direct Debit Mandate

In order to ensure your application can be efficiently processed, please ensure that the Direct Debit mandate is fully completed, signed and dated.

As some Banks and Building Societies do not accept Direct Debits on certain types of accounts (e.g savings/cashsave accounts) please also ensure that your account is suitable for Direct Debit purposes.

Reference

for office use only
Origination identification number 990491

YOUR INSTRUCTIONS TO YOUR BANK

- I request you to pay Direct Debits from my account at the request of Caledonian Life.
- The amounts may be variable and are to be debited on various dates.
- I understand that Caledonian Life may change the amounts and dates only after giving me prior notice.
- I will inform the Bank in writing if I wish to cancel this instruction.
- I understand that if any Direct Debit is paid which breaks the terms of this instruction, the Bank will make a refund.

Name(s) of account holder(s)

The Manager Insert full postal address in BLOCK letters

Bank

Bank Account Number

Bank Sort Code

Signature

Date

Note for the Bank

Correspondence quoting the Policy Reference should be addressed to:
Caledonian Life, Caledonian House, 47 St. Stephen's Green, Dublin 2.

