

Protection

Customer Application Booklet



Irish Life

Please make sure that you read all declarations carefully before signing this booklet.

Ask your financial adviser to clarify and explain any matters that you do not understand.

1. Data Protection Agreement

I declare that I consent to Irish Life Assurance plc (the Company)

Data Protection Consents

- A** Processing and holding (on computer or otherwise) all information disclosed by me, or on my behalf or in conjunction with any applications made by me (or subsequently), including sensitive personal data (being medical records and/or financial details) for the purposes of underwriting, issuing and administering all aspects of the policy.
- B** Disclosing my personal data for the above purposes and to persons necessary in connection with the above purposes, to regulatory authorities or as required by law, to reinsurers, to health professionals, to any persons with whom the company has a contract as a service provider, to other insurance companies, to other companies in the Company's group and to any person to whom the policy may be assigned.

2. Application Declaration to Irish Life Assurance plc (Irish Life)

I understand that this declaration, together with the other declarations and consents I have given in this application booklet and my online application is my application for cover. I understand and agree that my contract with Irish Life Assurance plc (Irish Life) will be based on

- the declarations and consents in this booklet
- all personal details given by me
- my answers to the health and other questions, as well as those about tobacco consumption and any information which I may give to a medical examiner acting for Irish Life
- the terms and conditions

I have read and understand the note concerning my obligation to tell Irish Life about all material facts in connection with the application (Online application process and telling Irish Life about material facts) in the booklet and understand that if I do not tell Irish Life all material facts, this contract could be void. I declare that all statements recorded in answer to the health questions and captured by the online application system as well as those about tobacco consumption (including any statements written down for me) are true and complete. I understand that I will receive a copy of the online application form questions and my answers for my own records.

I understand that I must tell Irish Life about any changes in my health or circumstances before this insurance starts. I understand that this insurance will not start until Irish Life has accepted me for cover and I have made my first payment.

I consent to Irish Life obtaining information from any doctor who at any time I have attended concerning anything which affects my physical or mental health and I authorise them to give Irish Life this information. Irish Life may also get details from any insurance company which has relevant information on me and I also authorise them to give Irish Life this information. I agree that this authority will stay in force after my death as well as before.

I understand that if Irish Life turns down an application for insurance or accepts it under special terms, Irish Life will note this on a registry administered by the Irish Insurance Federation even if my application does not result in a plan being issued. Irish Life may share this information with other companies as a protection against not being given material facts and I agree that this information (including any medical data) can be held for six years by Irish Life.

NOTE: Your signature here covers section 1 and 2 of this booklet

Signature of first person to be covered

Date

Signature of second person to be covered (where applicable)

Date (if different from above date)

Signature of policy owner (proposer) if different from the people to be covered

Proposal Number:

PERSONAL DETAILS

Name

Address

Financial Adviser

Seller Code

Confirmation Checklist (for adviser)

Please ensure that you have completed the following actions before submitting the application.

Online process and material facts note given to the customer.

Customer Information Notice given to the customer.

Declaration signed by the customer.

Direct Debit Mandate signed by the customer.

Proposal Number and Personal Details completed in section above.





Important information

Important – Application process and telling Irish Life about material facts

As you are seeking insurance cover it is necessary to ask you some questions about your health history and other relevant factors. The answers you give to these questions will allow us assess your request for cover.

Your answers to the health questions will be recorded for you and captured by our online application system. At the end of the interview you will be asked to sign a declaration confirming that your answers to these health questions are true and correct. This then constitutes your application for cover. You will subsequently receive a copy of your online application form questions and answers for your own records.

When answering the questions, it is very important that you give us all relevant information and that all facts are true and complete. Material facts (relevant information) includes anything that a reputable insurer would regard as likely to influence the assessment and acceptance of an application for insurance. If you are not sure as to whether something is relevant you should tell us anyway.

If you fail to tell us everything relevant or if your answers are not true and complete, Irish Life could treat the cover as void. If this happens, there will be no cover under the policy and we will not refund the payments. In these circumstances, we will not pay a claim.

We will rely on what you tell us and you must not assume that we will automatically clarify or confirm any information you provide.

You do not need to tell us about any genetic test (that is, any analysis of chromosomes, DNA or RNA to detect genetic abnormalities in individuals) which you may have had. You must however, tell us if you are having treatment for or are experiencing symptoms of a genetic condition. You must also give us full information about your family history including all genetic conditions.

If your health changes before the cover starts, you must let us know immediately.



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Calls will be recorded or monitored to help us improve our customer service.

Irish Life Assurance plc is regulated by the Financial Regulator.