

Policyholder details

Group name/employer: _____

Title: _____ First name: _____ Surname: _____

Address: _____

Date of birth: _____ PPS Number¹: _____

Home tel. no: _____ Mobile tel. no: _____

Staff no: _____ E-Mail address: _____

Start date of Irish Life Health Plan: (dd/mm/yy) _____ Name of Irish Life Health plan: _____

Personalised Package Choices: Family & Kid's Health Enhanced Maternity Family Protection Dental & Optical
 International Health & Travel Sports Cover Complementary Therapy Women's & Men's Health

How would you like to receive your documentation? By Email By Post

Previous health insurer: _____ Previous plan name: _____

Last renewal date: (dd/mm/yy) _____ Last date on cover: (dd/mm/yy) _____ Previous policy number: _____

Please note that if this is the first time you are buying health insurance, or if you are increasing the level of your cover, have had a break in health insurance cover of 13 weeks or more or you have a pre-existing condition, certain exclusion periods may apply before you can make a claim in relation to an illness or condition. For more information on waiting periods, please see www.irishlifehealth.ie

Dependant details

| | Dependant #1 | Dependant #2 | Dependant #3 | Dependant #4 |
|--|--------------|--------------|--------------|--------------|
| First Name/Surname: | | | | |
| Date of birth: (dd/mm/yy) | | | | |
| Relationship to policyholder (e.g. Spouse/child): | | | | |
| PPS Number ¹ : | | | | |
| Last renewal date: (dd/mm/yy) | | | | |
| Previous insurer: | | | | |
| Previous plan name: | | | | |
| Previous policy number: | | | | |
| Name of Irish Life Health plan: | | | | |

Lifetime Community Rating

Lifetime Community Rating Legislation came into effect on May 1st 2015, affecting those who are 35 years of age or older. **If you are 35 years of age or older, you will need to answer the following questions.** The questions relate to health insurance cover that you held in Ireland only.

| | Q1. Have you had continuous health insurance cover since April 30th 2015? | Q2. Were you insured during the period between 1st May 2009 and 30th April 2015 continuously? | Q3. How long have you held health insurance for? | Q4. Were you resident in Ireland on May 1st 2015? |
|--------------|--|--|---|--|
| Policyholder | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years Months | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dependant 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years Months | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dependant 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years Months | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dependant 3 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years Months | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dependant 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years Months | <input type="checkbox"/> Yes <input type="checkbox"/> No |

¹ You must include your PPS number in order to avail of tax relief at source on your premiums.

Lifetime Community Rating (continued)

| | Q5. On what date did you become a resident in Ireland? (dd/mm/yy) | Q6. From 1st January 2008 were you in receipt of social welfare or financially dependent on someone who was? | Q7. For how long were you dependent on a social welfare payment? | |
|--------------|---|---|---|--------|
| Policyholder | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years | Months |
| Dependant 1 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years | Months |
| Dependant 2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years | Months |
| Dependant 3 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years | Months |
| Dependant 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years | Months |

1 You must include your PPS number in order to avail of tax relief at source on your premiums.

Data Protection

Irish Life Health dac is registered with the Office of the Data Protection Commissioner to act as a data controller and data processor in relation to the personal information held about you and any other member named on your policy.

The personal information that you have provided to us or that we otherwise obtain in connection with your policy will be used to administer your policy and other insurance products provided by us, other companies in the Irish Life Group or other commercial partners, in accordance with data protection and other applicable legislation and the Office of the Data Protection Commissioner-approved Code of Practice on Data Protection for the Insurance Sector. Please do not send us any genetic test results.

We will share this information with our third party administrators and any other commercial entity for the purposes above and as required to provide our services and in order to comply with legal obligations imposed on us. We may share and use this information both inside and outside of the European Economic Area, in confidence, for these purposes. We may in certain circumstances either directly or indirectly share your personal information with other insurers for the purposes of verifying information

and determining waiting periods and with insurance bodies to the extent permitted by law. If you give us false information or fail to disclose information, we will record this.

To help improve the level of service we provide, we may on occasions contact you for participation in consumer satisfaction or research surveys. Your details may be used for these purposes for 12 months after your policy has ceased.

Important: In certain instances, we may need to collect personal information, including medical or other sensitive personal information, from third parties about you and any other member named on your policy. This information will remain strictly confidential and will only be sought and used in order to provide the services set out in your contract with us and for administration of this policy. By entering into a new policy with us, or renewing or amending an existing policy with us, you are also confirming that where relevant, each member of the policy has reviewed this notice and given their consent for the disclosure to us and the use of their personal information (including information collected from third parties) in the manner and for the purposes set out in this notice.

We may record your telephone conversations with us for training, verification and compliance purposes.

You and other members named on your policy (as applicable) have a right (subject to applicable data protection legislation) to obtain a copy of the personal information we hold about you and/or them (as applicable). In order to obtain a copy of such information, please write to: Irish Life Health P.O. Box 764, Togher, Co. Cork. Please enclose a fee of €6.35 with your request.

Should you discover any errors or omissions in the personal information held by us, you or as applicable, the other members named on your policy may have the right to have such errors corrected, blocked or erased, free of charge, so please contact us by writing to us at: Irish Life Health P.O. Box 764, Togher, Co. Cork.

This notice should be read in conjunction with our Privacy Statement at www.irishlifehealth.ie which sets out more detail of how we use your personal information and the personal information of other members on your policy.

We would like to contact you to give you information and marketing materials about other products and services offered by us or other companies within the Irish Life Group. For this purpose we may pass your information to other companies within the Irish Life Group. We may use your details for this purpose for up to 12 months after your policy has ended. You might hear from us via landline, mobile, post, email or SMS. Would you like to receive this information? Yes No

Declaration

I/we confirm that all the details, answers and information given in this form and attachments (if applicable) are true, accurate and complete. I/we acknowledge that this proposal will form the basis of my/our membership with Irish Life Health. I/we confirm that I/we am/are giving my/our permission to you to use the information I/we have given on this form for the purposes set out in the Data Protection section above. I/we agree to be bound by the terms of the policy including those set out in the membership handbook.

Your membership handbook will be sent on registration, but may be obtained on request or may be viewed by logging onto irishlifehealth.ie.

Print name in block capitals:

Your Signature:

Date(dd/mm/yy):