Group Scheme Application Form

Irish Life health

You do not need to print this form. Simply input your data, save it, and email it to your intended recipient.

1 Policyholder Details

Group name/employer:

Title First Name: Surname:

Address:

Date of birth: PPS Number[1]:

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:

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**

2 Dependant Details

2 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:				
Last renewal date: (dd/mm/yy)				
Previous insurer:				
Previous plan name:				
Previous policy number:				
Name of Irish Life Health plan:				

3 Extras

Choose your extra dimensions for each dependant on the policy. See your table of cover for the number of extra dimensions available on your plan.

	Policyholder	Dependant 1	Dependant 2	Dependant 3	Dependant 4
Travel Extra	☐	☐	☐	☐	☐
Sport Extra	☐	☐	☐	☐	☐
You Extra	☐	☐	☐	☐	☐
Fertility Extra	☐	☐	☐	☐	☐
Maternity Extra	☐	☐	☐	☐	☐
Children Extra	☐	☐	☐	☐	☐

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

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Clear Print

4 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.

	Policyholder	Dependant 1	Dependant 2	Dependant 3	Dependant 4
Q1. Have you had continuous health insurance cover since April 30th 2015?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Q2. Were you insured during the period between 1st May 2009 and 30th April 2015 continuously?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Q3. How long have you held health insurance for?	Years Months	Years Months	Years Months	Years Months	Years Months
Q4. Were you resident in Ireland on May 1st 2015?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Q5. On what date did you become a resident in Ireland? (dd/mm/yy)					
Q6. Have you even been a member of the defence forces or the EU joint sickness scheme?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Q6.1 If yes, for how long?	Years Months	Years Months	Years Months	Years Months	Years Months
Q7. From 1st January 2008 were you in receipt of social welfare or financially dependent on someone who was?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Q7.1 For how long were you dependent on a social welfare payment?	Years df Months df	Years d Months f	Years Months	Years Months	Years Months

5 Data Protection

We use personal information to provide health insurance plans, service our customers and to assess and pay claims. We may in certain circumstances either directly or indirectly share your personal information with other health insurers for the purposes of verifying lifetime community rating loading 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 ended.

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. To see our full Privacy Notice please visit http://www.irishlifehealth.ie/privacy-and-legal/privacystatement/

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 ☐

6 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

Signature

Date (dd/mm/yy)