



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 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: _____

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

	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 Personalised Packages

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

	Policyholder	Dependant 1	Dependant 2	Dependant 3	Dependant 4
International Health & Travel					
Dental & Optical					
Women's & Men's Health					
Sports Cover					
Family & Kid's Health					
Family Protection					
Enhanced Maternity					
Complementary Therapy					

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

4 Lifetime Community Rating

Lifetime Community Rating (LCR) 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, and you are taking out a private health insurance policy for the first time, you will pay a 2% loading on top of your price for every year you are over age 34 up to a maximum of 70%. 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. There may be exemptions and credits in respect of LCR loadings available to you and this will be determined by answering these questions.

	Policyholder	Dependant 1	Dependant 2	Dependant 3	Dependant 4
Q1. Have you had continuous health insurance cover since April 30th 2015?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Q2. Were you insured during the period between 1st May 2009 and 30th April 2015 continuously?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Q3. How long have you held health insurance for?	Years Months	Years Months	Years Months	Years Months	Years Months
Q4. Were you non-resident in Ireland on May 1st 2015?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Q4.1. If 'Yes' on what date did you become a resident in Ireland? (dd/mm/my)*					
Q5. Have you ever been employed in the permanent Defence Forces or the EU joint sickness Insurance scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Q5.1 If 'Yes' provide the From and To date range/s for that employment.	From To	From To	From To	From To	From To
Q6. From 1st January 2008 were you in receipt of social welfare or financially dependent on someone who was?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Q6.1 If 'Yes' insert for how long were you dependent on a social welfare payment?	Years Months	Years Months	Years Months	Years Months	Years Months
Q7. Did you have any period starting on or after 1st November 2018, where you were Out of State for 6 months or more?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Q7.1 If 'Yes' insert how long you were out of State for 6 months or more?	Years Months	Years Months	Years Months	Years Months	Years Months
Q8. Did you have any period starting on or after 1st February 2019, where you had a break in your insured cover for 6 months or more?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Q8.1 If 'Yes' provide the From and To date range/s for that period or periods**	From To	From To	From To	From To	From To
Q9. Have you previously availed of Break in Cover credit with any other insurer/s?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Q9.1 If 'Yes' how many months total Break in Cover have you previously used?***	Months	Months	Months	Months	Months

* Note: To qualify as creditable, the end of the period must be no more than 9 months prior to the date you take out insurance.

** Note: To qualify for Break in Cover credit, you must have had 3 years previous insurance, and the uninsured period must be for a minimum of 6 months)

*** Note: Break in Cover credit is limited to a lifetime maximum of 3 years.

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)