

# Reinstatement Declaration of Health

FOR USE ON EXISTING PLAN FOR REINSTATEMENT PURPOSES ONLY

Plan No:

Life 1:  Life 2:

**Note:** Please read the questions carefully before answering them

## MEDICAL QUESTIONS

Within the past 12 months:

- |  | Life 1   | Life 2   |
|--|--|--|
| • Have you been admitted to hospital, attended or been advised to attend a specialist, hospital or clinic?   | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| • Has there been any change or deterioration to any existing medical condition or has there been any change to your existing medication prescribed on a regular basis? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| • Have you undergone any surgery, blood tests or medical investigations?   | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| • Have you suffered or are you suffering from any illness, injury or medical symptoms (whether a doctor has been consulted or not)?                                    | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |

### Important Note:

Please remember that you must tell us everything relevant in answer to these questions on this Declaration of Health Form. If you do not or if any of the answers to these questions are not true and complete, Irish Life could treat the policy as void. If this happens there will be no cover under the policy and we will not refund the premiums. In these circumstances we will not pay a claim.

A material fact i.e. relevant information includes anything which a reputable insurer would regard as likely to influence the assessment and acceptance of an application for insurance. If you are not sure whether something is relevant, you should tell us anyway.

**For Plans In Excess of €500,000 life cover, or €250,000 SIC or €50,000 p.a. Income Protection**

- |   | Life 1   | Life 2   |
|---|--|--|
| • Has there been any change in your financial circumstances since the original application? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |

### Important Note:

On receipt of the Declaration of Health Form and payment of arrears, we will then advise you if we are in a position to reinstate your plan.

Please give full details to any question answered "Yes" including names of doctors attended.

Life 1:   
  
Life 2:

## CUSTOMER DECLARATION

This is my application to reinstate my plan. I have read over the replies to all of the questions in this form and declare that all statements (including any statements written down for me) are true and complete and if this information is not true and complete this contract could be deemed void and no claim paid.

I understand this declaration will form a basis of the contract of insurance.

Signature of first person to be covered:

Signature of second person to be covered:

Date  /  /



**Irish Life**