

Block Protection

Customer Application Booklet



Irish Life

Please ensure you read all declarations carefully before signing

Customer Consents

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 and to any person to whom the policy may be assigned.

C Customer Financial Review Consents

I confirm that the Customer Review Number is

I confirm that having undertaken a full financial review with my financial adviser, I am satisfied with the recommendations made (which are based on the information which I provided and I am satisfied with the agreed actions). ☐

OR

I confirm that I have been offered a full financial review and that I have declined this offer. In declining this offer I confirm that I have not received any advice in relation to this transaction. I have familiarised myself with this product and I confirm that I requested that the plan be arranged with Irish Life Assurance plc. ☐

Signature of first person to be covered

Date

Signature of second person to be covered (where applicable)

Date

Note: The Customer must select one of the options in section C above by ticking a box in ALL cases.

Personal Details (please complete in BLOCK CAPITALS)

First person to be covered

Last name

First name

Date of birth

Second person to be covered

Last name

First name

Date of birth

If you have existing cover with Irish Life or Irish Progressive which you wish to cancel when your new policy is issued please complete this section

Plan/Policy number(s)

Is this policy currently assigned to a lender Yes ☐ No ☐

(if yes please read the following important note)

You must arrange with your lender to release the assignment of your plan(s) and when we receive the release of assignment we will then cancel your existing cover

Would you like to cancel the above plan/policy number(s) when your new cover has been issued Yes ☐ No ☐

Financial Adviser

Code

Declaration under regulation 6(3) of the Life Assurance (Provision of Information) Regulations 2001

WARNING

If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or insurance adviser.

Ref: Policy Number

Please complete this section by ticking the appropriate box:

Yes, the policy is a replacement policy ☐

No, the policy is not a replacement policy ☐

Declaration of Insurer/Financial Adviser

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001

(Customer name and address)

has been provided with the information specified in Schedule 1 (Customer Information Notice) to those Regulations and that I have advised the customer as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement.

Signature of Adviser

Date

/ /

Declaration of Customer(s)

I confirm that I have received in writing the information specified in the above declaration

Signature of first person to be covered

Signature of second person to be covered (where applicable)

Date

/ /

Date

/ /

Declaration to Irish Life Assurance plc (Irish Life)

I understand that this declaration, together with the other declarations and consents made by me in this booklet and my online application form to Irish Life (a copy of which will be sent to me shortly and which is based on the information given by me to Irish Life) is my application for cover under the **permanent tsb** group mortgage protection plan. I understand and agree that my cover with Irish Life Assurance plc (Irish Life) will be based on the declarations and consents in this booklet, my online application form completed, any supplementary questions answered, any statements made to Irish Life's underwriting team in response to any phone calls received and recorded under unique proposal number any information I give to a medical examiner acting for Irish Life and all terms and conditions furnished to me by Irish Life. I understand that I must tell Irish Life in writing about any changes in my health or circumstances before this insurance starts.

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 cover could be void. I declare that all statements recorded in answer to the questions in my online application form as well as those about tobacco consumption (including any statements written down by 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 request that the insurance be written as payable to **permanent tsb**, except that where the proceeds exceed the amount due to **permanent tsb** on the loan, any such excess shall be payable to me or the survivor of us or my estate.

I consent to Irish Life obtaining information from any doctor who at any time has attended me concerning anything which affects my physical or mental health and I authorise them to give Irish Life this information. Irish Life may also get information from any insurance company 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 cover shall not commence until all of the following events have taken place:

- (i) This application has been underwritten and accepted by Irish Life
- (ii) The drawdown of the mortgage amount as advised by **permanent tsb**, and
- (iii) The first premium has been charged to the mortgage account

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 your 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

Signature of first person to be covered

Date

/ /

Signature of second person to be covered (where applicable)

Date (if different from above date)

/ /

Important information

Important – Online 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. We may also contact you by telephone if we need to ask you for further information on your answers to the health questions. If we phone you these calls will be recorded.

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. This includes not disclosing tobacco consumption. If failure to reveal all facts occurs, 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 can provide any highly confidential information direct to Irish Life chief medical officer in a sealed envelope with your name, date of birth and application number (if applicable) and give this to your financial adviser. In these circumstances you must refer to this information when answering your health questions.

You may also be asked to give us full information about your family history, including all genetic conditions. 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.

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



a Lower Abbey Street
Dublin 1 Ireland

t 01 704 2000

f 01 704 1900

w www.irishlife.ie

e customerservice@irishlife.ie

To help improve customer service we will record or monitor calls.

Irish Life Assurance plc is regulated by the Financial Regulator. Irish Life Assurance plc is registered in Ireland number 152576, vat number 9F55932G.

CAB 1022 (REV 01-08)

