

GROUP RISK BENEFITS

Employee Proposal Form

Prior to completing this form please read carefully. Please note carefully and ensure that you fully understand all the questions and notes. **Please complete every item on this form in BLOCK CAPITALS.** A copy of this completed proposal form is available on request.

Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at <http://www.irishlifecorporatebusiness.ie> or you can ask us for a copy.



Section 1: Your Details

Use both first name and surname in your employee records.

Plan Name							Group Policy Number
Title	Mr	Mrs	Miss	Ms	Other		
First Name							Surname
Home Address							
Date of Birth				Male	Female		
Relationship Status	Married	Single	Widow(er)	Separated	Divorced	Civil Partner	
Precise Occupation							
Describe occupation fully:		Is there any manual work involved?			Yes	No	
Number of hours worked weekly				hours per week			
Date present employment started							

Section 2: Medical and Other Information

You will be contacted by telephone by a nurse working for MorganAsh Ltd, a specialist company who carry out the phone calls on Irish Life's behalf, to obtain information regarding your medical history. This will help process your application more quickly. It is essential that you provide all requested information regarding your medical history. This telephone call will be recorded and will form part of your application for cover.

Contact Details - Please provide as many phone numbers as possible and your preferred contact time.

Telephone	Home			Mobile
	Work			
Email Address				
Preferred contact time	Morning	Afternoon	Evening	

If you receive a call at an inconvenient time, please ask to re-arrange a more convenient time for MorganAsh to call you. If you have not been contacted within 3 days, or you have been away or out of touch you may like to phone MorganAsh on Free-phone 1800 805004. The interview can be undertaken up to 9.00 pm at night Monday to Friday and during the day on Saturdays. If you have call barring on your phone, please arrange to allow MorganAsh to call you, or you may like to call them on the above number. It is important that you are in a confidential situation and have the time to spare to undertake the interview. MorganAsh will not undertake the interview if you are driving.

Further details are available in the explanatory leaflet 'Tele-Underwriting - your guide to Tele-interviews'.

Continued overleaf

Your personal health information

In addition to our Irish Life Data Privacy Notice, the following is more detail relating to your personal health information that we collect and use in connection with this plan contract.

We need your relevant personal information and personal health information for underwriting decisions. This will determine whether we can offer cover and on what terms. We also need your relevant personal information and personal health information to assess and pay claims. If relevant, we will share your personal health information with reinsurers for underwriting and claims decisions. We can use your personal information and personal health information for any subsequent applications to Irish Life.

In addition to the personal health information we collect from you, we can request and receive your relevant personal health information from GPs, consultants, hospitals or other health professionals, and share your relevant personal health information with GPs, consultants, hospitals or other health professionals, if needed.

Relevant Information

When deciding whether to insure you and when setting the terms and premium, Irish Life will rely on the information you have given us. You must answer all questions that Irish life have asked in this form honestly and with reasonable care. Where Irish Life ask you to answer a specific question, the subject matter of the question is relevant to the risk we the Insurer are being asked to undertake. If your answers are not true and complete, Irish Life may be entitled to void the policy without return of premium, repudiate liability, treat the policy as if it had been entered on different terms, or limit the amount paid on foot of the contract of insurance.

We may also contact you if we need to ask you for further information on your answers or as part of any subsequent claim. We will rely on what you tell us and we will not automatically clarify or confirm any information you provide.

If your application for cover is accepted, Irish Life will issue you an acceptance letter. In this letter, Irish Life will ask you to confirm if there has been any change to your health, circumstances, or answers to any of the questions provided in your application form. If there has been any changes, this may affect the original acceptance terms issued to you.

Genetic Test Information

You should not 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 experiencing symptoms of, a genetic condition. You will be asked for full information about your family history, including all genetic conditions.

Please give the name and address of your General Practitioner (GP)

Name and Address of GP

If you have changed doctor in the last year, please give the name and address of your previous doctor.

Name and Address of Previous GP

Continued overleaf

Section 3: Data Privacy Notice and Employee Declaration

Plan Declarations

I understand and agree that my contract with Irish Life Assurance plc (Irish Life) will be based on the declarations in this form, my completed application form (online or otherwise), any supplementary questions answered, any statements made to Irish Life in writing or by telephone, any information I give to a medical examiner acting for Irish Life and all terms and conditions given to me by Irish Life.

Relevant information is information which could affect your decision to accept my application for insurance. It should be noted that failure to disclose relevant information may result in the following:

1. The policy may be cancelled.
2. Claim requests may be declined.

I declare that all information, statements and answers I have provided are true and complete.

I understand that Irish Life will use my personal information for any subsequent applications to Irish Life.

I authorise Irish Life to request and receive my personal health information now (or as part of any claim assessment including after my death) from any health professional who at any time has attended me concerning my physical or mental health and to share my personal health information with any health professional for the purpose of processing my application and assessing claims.

- > I confirm I have read and understood the Medical and Other Important Information section.
- > I confirm I have been informed about the Irish Life Data Privacy Notice and where to find it.

Please sign
and date

Signature

Date