Group Risk Benefits

Irish Life

Employee Proposal Form

Prior to completing this form please read each question. Please note carefully and ensure that you fully understand all the questions and notes. Please use CAPITALS throughout. A copy of this proposal form is available on request.

1. YOUR DETAILS

Plan Name

Group Policy No

Title (Mr/Ms/etc)

Country of Birth

First Name

Surname

Please use both the first name and surname used in your employee records

Home Address

Date of Birth d d / m m / y y y y

Male

Female

Marital Status

Married

Single

Widow(er)

Separated

Divorced

Prescise Occupation

Describe occupation fully

Is there any manual work involved? yes no No. of hrs worked weekly

Date present employment started d d / m m / y y y y

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 on the leaflet attached*.

Important - Telling Irish Life about material facts

Please remember that you must disclose all relevant information to your interviewer. If you do not, or if any of the answers to these questions are not true and complete, we could treat the cover as void. If failure to reveal all facts occurs there will be no cover under the plan and we will not refund the payments.

In these circumstances we will not pay a claim. A material fact (relevant information) includes anything that a reputable insurer would treat 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. If there is anything not covered by the interviewer that you think we should know please inform them. We may also contact you by telephone if we need to ask you for further information on your answers to health questions or as part of any subsequent claim investigation. If we call you, the call will be recorded.

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 by posting directly through to Irish Life's Chief Medical Officer (CMO) in a sealed envelope with your name, date of birth and application number (if applicable) or give this to your financial adviser. In these circumstances you must refer to this information when answering your interview health questions.

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

If your health changes before cover starts, you must let us know immediately, as failure to do this may result in a claim being refused.

2. MEDICAL AND OTHER INFORMATION CONTINUED

Please give the name and address of your doctor

Current Doctor

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

Previous Doctor

3. DATA PROTECTION NOTICE & EMPLOYEE DECLARATION

Data Protection Notices and Consents

1. The information you provide Irish Life Assurance plc will be held on a computer data base and/or any other way and will be used to administer this contract/transaction and any other products or services supplied to you and any future agreements, contracts or arrangements you may have with Irish Life Assurance plc.
2. You have the right to question the purpose for which your data is held and the right to obtain a copy of your personal data held by Irish Life Assurance plc by submitting a written request and paying a small fee.
3. You have the right to request Irish Life Assurance plc to correct any inaccuracies in your personal data.

I declare that I consent to the

A. processing and holding (on computer or otherwise) of all information (personal and sensitive) disclosed by me, or on my behalf, in relation to this contract/transaction by Irish Life Assurance plc, its servants and agents (together with such other information supplied to, or obtained by Irish Life Assurance plc separately) for administrative, customer care and service purposes.

B. disclosing of my personal data to persons necessary in connection with the above purposes, to the regulatory authorities or as is required by law, to Irish Life Assurance plc and to other companies in the Irish Life and Permanent group, to reinsurers to health professionals.

Employee 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 application form is my application for cover under Irish Life's normal conditions.

I understand and agree that my contract with Irish Life Assurance plc (Irish Life) will be based on the declarations and consents in my application form, any supplementary questions answered, any statements made to Irish Life's underwriting team or in response to any phone calls received from Morgan Ash, any information I give to a medical examiner acting for Irish Life Assurance plc and all terms and conditions furnished to me by Irish Life Assurance plc.

I have read and understand the important information concerning my obligation to tell Irish Life Assurance plc about all material facts in connection with the application. I understand that if I do not tell Irish Life Assurance plc all material facts, this contract could be void. If this happens, there will be no cover under the policy and no premiums will be refunded. In these circumstances, Irish Life Assurance plc will not pay a claim.

I understand that I must tell Irish Life Assurance plc in writing about any changes in my health or circumstances before this cover starts. I declare that I wish to be a member of the plan to which this Employee application form relates. I hereby authorise my employer to make any necessary deductions from my salary or wages for the specific purpose of paying any employee contributions until such time as my employer receives notice in writing from me to the contrary.

I consent to Irish Life Assurance plc obtaining information from or sharing information with

- any doctor who at any time has attended to me concerning anything which affects my physical or mental health,
- any health professional for the purpose of processing my application or
- any insurance company where I may have applied

I authorise Irish Life Assurance plc to access and receive this information. I agree that this authority will stay in force after my death.

- I understand that if this application is turned down by Irish Life Assurance plc or accepted under special terms Irish Life Assurance plc will note this on a registry administered by the Irish Insurance Federation even if my application does not result in cover being issued. I agree that Irish Life Assurance plc may access this registry, seek and obtain any medical information held by other companies and share its information with other companies as a protection against not being given material facts. I agree that this information (including any medical data) can be held for six years.

Signature X

Date of form completion / /

Please note that if your health changes before your cover starts you must let us know immediately.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.
In the interest of customer service we may record and monitor calls.
Irish Life Assurance plc, Registered in Ireland number 152576,
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