

Reinstatement Declaration of Health

Important – telling Irish Life about relevant information.

Please remember that you are obliged to answer your application form questions and this Declaration of Health, honestly and with reasonable care.

If your answers are not true and complete, we may be entitled to void the policy without return of premiums, refuse a claim, treat the policy as if it have been entered into on different terms or limits the amount on foot of the contract of insurance.

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.

For policies taken out prior to 21/12/2012

Reinstatements are only allowed on plans unpaid less than 6 months and where there is no change to the original acceptance terms.

If there is any change to the original acceptance terms, or if the plan has been unpaid for greater than 6 months, then the original plan cannot be reinstated and a new application will have to be taken out on gender neutral rates.

FOR USE ON EXISTING PLAN FOR REINSTATEMENT PURPOSES ONLY

Plan Number

Life 1

Life 2

Before you give us your personal information please note that Irish Life has a Data Privacy Notice. This explains what your data protection rights are and how and why we use your personal information. This is always available on our website at www.irishlife.ie or you can ask us for a copy.

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.

If any item is blank or illegible, this will cause a delay in processing your application

Medical Questions

Within the past 12 months:

- | | Life 1 | | Life 2 | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|---------------------------|--------------------------|
| 1. Have you suffered or are you suffering any illness, injury or medical symptoms (whether a doctor has been consulted or not), or since December 2019 have you had symptoms of COVID19/Coronavirus such as a new continuous cough, high temperature or breathing difficulties? | Yes <input type="radio"/> | No <input type="radio"/> | Yes <input type="radio"/> | No <input type="radio"/> |
| 2. 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, or have you been personally advised to self-isolate by a medical professional or HSE contact line or are you still self-isolating? | Yes <input type="radio"/> | No <input type="radio"/> | Yes <input type="radio"/> | No <input type="radio"/> |
| 3. 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"/> |
| 4. Have you undergone any surgery, blood tests, or medical investigations, or have you tested positive for COVID19/Coronavirus or are awaiting on a COVID 19/Coronavirus test or a test result? | Yes <input type="radio"/> | No <input type="radio"/> | Yes <input type="radio"/> | No <input type="radio"/> |
| 5. Have you been declined or accepted on special terms by another Insurer? | Yes <input type="radio"/> | No <input type="radio"/> | Yes <input type="radio"/> | No <input type="radio"/> |

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

- | | | | | |
|---------------------------------------------------------------------------------------------|---------------------------|--------------------------|---------------------------|--------------------------|
| 6. 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"/> |
|---------------------------------------------------------------------------------------------|---------------------------|--------------------------|---------------------------|--------------------------|

Please give full details to any questions 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 the questions in this form and declare that I have answered them all honestly and with reasonable care. I understand that if my 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.

I understand that this declaration will form the basis for my reinstatement of cover.

Please sign
and date

Signature of first person to be covered:

Signature of second person to be covered:

Date

Please be aware for all signatures typed herein, you are electronically certifying this document, just as if you were physically signing on paper.
