

Online Declaration Form - Broker

Life Choice

Application Number:

Please tick (✓) one box only.

☐

Life Choice - Home

☐

Life Choice - You and Family

☐

Life Choice - Assets

Note: If you wish to apply for two or more policies a separate Declaration Form **must** be used for each product.

1. Personal Details

First Person to be covered

First Name:

Surname:

Address:

Home phone number:

Work phone number:

Mobile phone number:

Second Person to be covered

By providing contact details you are consenting to New Ireland or a duly authorised agent of New Ireland phoning you if it considers it necessary to obtain further medical or other information relating to your application.

Consent to seek information
from other insurers:

☐

Yes

☐

No

☐

Yes

☐

No

Information means medical and other relevant details given to an insurer by you or any doctor in connection with a life insurance application on your life.

2. Policy Owner(s) (Only complete if different from the person(s) to be covered set out above)

Owner type - individual(s)

First Policy Owner

First Name:

Surname:

Address:

Telephone:

Second Policy Owner

By providing contact details you are consenting to New Ireland or a duly authorised agent of New Ireland phoning you if it considers it necessary to obtain further information relating to your application.

Owner type - company

Company Name:

Telephone number:

Address:

By providing contact details you are consenting to New Ireland or a duly authorised agent of New Ireland phoning you if it considers it necessary to obtain further information relating to your application.

3. To be completed by Insurance Intermediary

Name:	<input type="text"/>		
Agency No.:	<input type="text"/>	Broker Consultant's Name:	<input type="text"/>
Branch No.:	<input type="text"/>	Broker Consultant's No.:	<input type="text"/>
Advisor Email:	<input type="text"/>		

4. Premium Change

Do you have a valid reason for manually entering a premium?

☐

Yes

☐

No

If "Yes", please specify:

Reason for Change:

Revised Standard Premium:

€

(Including 1% government levy)

5. Special Instructions for Policy Issue

Please include any special instructions for this application in this box:

Underwriting instructions should not be written into this box, the instructions will not be used for underwriting purposes.

If you wish to have the original documents sent to a third party e.g. solicitor, lending/financial institution, please enter the details here:

For the attention of:

Address:

Loan reference (if applicable):

6. Important Information

Before signing this form please read carefully the following notes and the declarations in the Declaration/Data protection consent section. If you do not understand the following information please ask your Financial Advisor for clarification.

A Government Levy (currently 1% of the premium) is payable on each premium paid.

You and your Financial Advisor have chosen to complete a Data Capture Form to capture the information necessary to complete an online application to New Ireland. The declarations in the Declaration/Data protection consent section of this form, the information recorded in your online application and the information provided in any teleinterview you complete, will constitute your application to New Ireland.

All the information provided by you in the Data Capture Form for later entry in your online application must be true and complete or payment of policy benefits may be affected. Within 10 days of this form being signed we will send you a printed record of all the information recorded in your online application. You will be asked to check all the information in that printed record and to inform New Ireland immediately, in writing, if any of the information is not true and complete. If you have not received the printed record within 10 days of the date this form is signed, please contact New Ireland immediately after that time.

If you have indicated on your application form that you are willing to do a recorded teleinterview, a nurse or an Underwriter may contact you by telephone to ask you for further information in relation to your application. Any such telephone calls will be recorded and will form part of the basis of the proposed contract.

Important Notes in relation to Material Facts

You are legally obliged to tell us all relevant information (material facts) in answering the application questions. Material facts are those which an Insurer would regard as likely to influence the assessment and acceptance of an application for insurance. If you are in doubt as to whether certain facts are material, such facts should be disclosed.

6. Important Information (continued)

Material Facts Exemption in Relation to Genetic Tests

You are not required to disclose any genetic tests you may have had and we will not have regard to any genetic tests which may come into our possession. You are however required to provide us with full details (other than genetic tests) in answer to all the health and lifestyle questions including full medical details about your family history.

The policy may be void (there is no cover under the policy):

- if you do not inform us of all material facts
- if any of the information you provide is not true and complete
- if you do not inform us of any changes in your medical and/or other information which occur before the policy commences.

It is your responsibility to ensure that the information provided is true and complete whether the information was completed by you or on your behalf.

All material facts in relation to the person to be covered must be provided by that person and not the policy owner or any other person to be covered.

If you proceed with this application, the resulting policy will be based on the information provided:

- in the Online Data Capture Form
- in any other form related to your application
- in any notice by you of changes required in advance of the policy commencing
- in any questionnaire completed by you or by a medical examiner and signed by you
- in any teleinterview you complete.

If you complete a teleinterview it will be recorded and you will be sent a transcript of the teleinterview. Please check it and keep it for your records. If any of the information in the transcript is inaccurate or incomplete you should notify us within ten working days of receiving the transcript.

You must give us details of your doctor. We may not necessarily contact your doctor(s) but even if we do, you must still disclose all material facts. We may ask you to have a medical examination with your own doctor, an independent doctor or nurse.

Any changes to the information provided in the application process or in any teleinterview you complete before the proposed policy commences must be notified in writing immediately to New Ireland.

You may submit answers to any medical questions direct to the Chief Medical Officer, New Ireland Assurance Company plc at 11-12 Dawson Street, Dublin 2. Please indicate in your letter your name and the application number to which the information applies. All information will be treated in strictest confidence.

7. Declaration of receipt of disclosure information and policy replacement

Please complete this section before signing this proposal for assurance.

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 that 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 intermediary.

Declaration of Insurer or Intermediary

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001, the proposed Policy Owner(s), have been provided with the information specified in Schedule 1 to those Regulations and that I have advised the proposed Policy Owner(s) 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.

SIGN
HERE

Insurer/Intermediary
Signature:

Date:

D	D	M	M	Y	Y	Y	Y

Declaration of Policy Owner(s).

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

First Policy Owner

Second Policy Owner

SIGN
HERE

Signature:

Signature:

Date:

D	D	M	M	Y	Y	Y	Y

Date:

D	D	M	M	Y	Y	Y	Y

8. Declarations/Data protection consent (Please complete irrespective of policy selected.)

I declare that:

- I have read and understand the replies to all the questions in the Data Capture Form and declare that all statements therein, all the information recorded in my online application and any statements written at my request or in any questionnaire completed by me or by a medical examiner in connection with this application and signed by me are true and complete and shall be the basis of the proposed contract
- I have read and understand the notes in the Important Information section of this form and understand that if I fail to disclose all material facts in this application, in any questionnaire signed by me and in any teleinterview I complete, the contract with New Ireland could be void, New Ireland will retain all premiums paid and no benefits will be provided by the policy
- In this application I have disclosed all material facts.

I consent to you seeking:

- any medical information now or in the event of a claim from any doctor who has at any time attended me and I authorise them to give New Ireland such information. I agree that this authority will remain in place after my death
- any information from any life insurer to which a proposal has been made on my life and I authorise the giving of such information to New Ireland where I have answered yes to the "Consent to seek information from other insurers" question.

I agree that:

- if I have provided a telephone number, New Ireland or a duly authorised agent of New Ireland may contact me in person, by phone, if it considers it necessary to obtain further medical or other information relating to this application.

I confirm that:

- where one or more of the following: accelerated specified illness benefit, additional specified illness benefit, standalone specified illness benefit, surgery payment, accident payment, hospitalisation payment, broken bones payment has been selected that the restrictions, conditions and general exclusions that attach to the benefit(s) have been fully and clearly explained to me.

I understand that:

- the proposed contract will not come into force until New Ireland has accepted me for cover and issued a policy document and the first premium payment has been made
- if I do not pay the first premium, the contract will not be valid even if I receive a policy document
- New Ireland reserves the right to test declared non smokers for cotinine
- any changes to the statements in
 - this application
 - any other questionnaire signed by me and related to this application
 - any teleinterview completed by me, and
 - any statement made by me in writingmust be notified in writing to New Ireland before the policy commences
- I will receive a printed record of the information recorded in this online application within ten days of submission and agree to notify New Ireland if I do not receive the printed record within this time. Following receipt of the record I understand that I must ensure the information set out on the record of my application details is true and complete and that I must notify New Ireland of any changes required within ten working days of receipt of the record.
- any incomplete or inaccurate information set out in the transcript of any teleinterview completed by me must be notified to New Ireland within ten working days of receipt of the transcript
- where I have agreed to pay by direct debit, and upon completion of the Direct Debit Mandate, premiums will not be collected from my account for a minimum of three days
- in the event of this application not proceeding, information provided in connection with this application will be retained by New Ireland for a period of six years to facilitate any future application by me and as a protection against non-disclosure of material facts.

8. Declarations/Data protection consent (continued)

Data Protection

The "Data Controller" for the purposes of the Data Protection Acts 1988-2003 is New Ireland Assurance Company plc (New Ireland). The personal data being collected on this form is for the purposes of processing your application and may be disclosed in accordance with and to other parties as identified and consented to in the paragraphs below.

"EEA" means the European Economic Area and consists of the 28 EU Member States as well as Norway, Iceland and Liechtenstein.

"Information" means any information including medical and non-medical given by me or on my behalf in connection with this application or any further information which may be given at any later stage either in writing, by email or other electronic means, at a meeting or over the telephone.

"Marketing" means direct marketing and cross-selling of the services and/or products provided by New Ireland or arranged by New Ireland with a third party.

I understand and consent that New Ireland and its duly authorised agents may:

- contact me by phone, letter, email or other electronic means in relation to the administration (including any contractual review) of the contract
- hold and use the information on computer file, in any other dematerialised form or in written hard copy on its own behalf and may use or pass the Information to third parties for administration, regulatory, customer care and service purposes
- disclose and / or transfer my information to other countries, including countries outside of the EEA, for any of the purposes specified, to persons who have been approved by New Ireland and in a manner compliant with applicable data protection legislation
- use my information to carry out statistical analysis and market research.


I agree that New Ireland or a duly authorised agent of New Ireland may contact me in person, by phone, letter, email or other electronic means if it considers that my financial planning arrangements need to be reviewed, my level of cover needs to be revised, and/or to provide me with general information relating to the contract by email or other electronic means with New Ireland at any time.


☐ Yes ☐ No

I agree that the Information may be held and used by New Ireland for Marketing purposes, including Marketing by email or other electronic means.

☐ Yes ☐ No

I understand that I may write to advise New Ireland to cease to hold and use the Information for Marketing purposes at any time.

	First Person to be covered	Second Person to be covered																															
	Signature: <input type="text"/>	Signature: <input type="text"/>																															
	Date: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y									Date: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y							
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9. SEPA direct debit mandate

 Policy number

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Please return to:
 Comhlucht Na hÉireann um Árachas c.p.t.
 New Ireland Assurance Company plc., 11-12 Dawson Street, Dublin 2.

 Creditor identifier

I	E	3	0	N	I	A	9	9	9	3	6	8
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 Account number (IBAN)

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 Swift BIC

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 Account holder name(s)

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 Account holder address

 Type of payment ☒ Recurrent

Account holder signature(s)

By signing this mandate form, "you authorise (A) New Ireland Assurance Company plc to send instructions to your bank to debit your account and (B) your Bank to debit your account in accordance with the instruction from New Ireland Assurance Company plc. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank".

 Date of signing

D	D	M	M	Y	Y	Y	Y

Creditor use only

 Unique mandate reference

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New Ireland Assurance Company plc.,
11-12 Dawson Street, Dublin 2.
T: (01) 617 2000 F: (01) 617 2075.
E: info@newireland.ie W: www.newireland.ie