

# Data Capture Form

## Product Selection

Life Mortgage Cover  Life Term Cover  Income Protector: Personal  Company  Life Long Cover \*

**BLOCK** Life Mortgage Cover  Life Term Cover

\*If you are using Life Long Cover for Inheritance planning - please use the Life long cover (Section 72) Inheritance planning application form with accompanying trust forms INSTEAD of this application form



**Irish Life**

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## Personal Details

### First person to be covered

Title

Name

Date of birth  /  /

Gender Male  Female

Relationship Status

Address (we cannot accept a 'care of' address)

Country of birth

Previous surname (if any)

Precise occupation

Current level of earnings  €

Contact phone no  home  
 mobile  
 work

Email address

### Second person to be covered

Title

Name

Date of birth  /  /

Gender Male  Female

Relationship Status

Address (we cannot accept a 'care of' address)

Country of birth

Previous surname (if any)

Precise occupation

Current level of earnings  €

Contact phone no  home  
 mobile  
 work

Email address

Have you smoked tobacco of any kind in the past twelve months or do you intend to smoke in the future? YES  NO   
(This includes even occasional tobacco consumption)

## Policy Owner Details (if different to person to be covered)

Policy owners name: Personal or Business name

Personal policy owners DOB  /  /

Insurable interest / reason for cover

Address of policy owner / business

## Trust Information (if written in trust)

Type of trust Flexible  Shareholders  Partners

Appointer's name

Appointer's date of birth  /  /

Address of appointer

## Alteration Authority

Assuming the plan owner is not different from the persons covered, and the plan is not to be assigned or written in trust, please confirm who can authorise transactions: All plan owners only  Any one plan owner  First person covered  Second person covered

Note: This authority does not apply if you are reducing your benefits, or cancelling/cashing in your plan/claiming a benefit.

## Further information

Is this application in connection with a mortgage? YES  NO

If YES, is the cover amount less than or equal to the mortgage amount? YES  NO

Is the policy to be assigned immediately on issue to the lender? YES  NO

Would you like the original policy schedule to be sent to the agent? YES  NO

## Product details

Term of cover  years (The maximum term for cover is 40 years and the expiry age for Specified Illness Cover is age 75.)

	First person	Second person
Life Cover	€ <input type="text"/>	€ <input type="text"/>
Specified Illness Cover	€ <input type="text"/>	€ <input type="text"/>

Note: On Life Mortgage Cover if a customer chooses life and SIC cover, the amount of SIC cover can be any amount up to but not exceeding the amount of life cover. Only Accelerated SIC is available on Life Mortgage Cover. Standalone, Accelerated and Independent SIC are available on Life Term cover.

Standalone  Accelerated  Independent  Standalone  Accelerated  Independent

Please indicate the rate at which you want your cover to run down (for Life Mortgage Cover only): 6%  8%

Important note: Your life cover on this plan will reduce at the rate above indicated by you, on a monthly basis, in line with how the outstanding capital balance on a mortgage reduces.

Hospital Cash Cover (Life Term Cover only)	€ <input type="text"/> per day	€ <input type="text"/> per day
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Occupation class	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>
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Accident Cover (Life Term Cover only)	€ <input type="text"/> per week	€ <input type="text"/> per week
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Occupation class	X <input type="checkbox"/> Y <input type="checkbox"/>	X <input type="checkbox"/> Y <input type="checkbox"/>
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Note: Independent Specified Illness and Hospital Cash Cover and Accident Cover applies to Life Term Cover only

Guaranteed Cover Again	YES <input type="checkbox"/> NO <input type="checkbox"/>	Note: Guaranteed Cover Again applies to Life Term Cover plans only. You can only take out Guaranteed Cover Again if you are under 61. Guaranteed Cover Again is subject to a maximum of €10M on Life Cover and €3M on Specified Illness Cover. These limits are per life and apply to Life Term Cover only. Guaranteed Cover Again does not apply to Hospital Cash Cover or Accident Cash Cover. You must have a minimum of €25,000 Life Cover to obtain Accident Cash Cover and Hospital Cash Cover. Inflation protection applies to Life Term Cover (non block) only.
Inflation Protection	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is the cover to start immediately	YES <input type="checkbox"/> NO <input type="checkbox"/>	

## Life Long Cover (guaranteed whole of life)

This plan gives you life cover for your whole life. It never generates a cash value.

Cover Type (please tick one box below and specify amount of cover)	Amount of cover €		
	First person	Second person	Both lives
Single <input type="checkbox"/>	€ <input type="text"/>		
Dual <input type="checkbox"/>	€ <input type="text"/>	€ <input type="text"/>	
Joint life 1st death <input type="checkbox"/>			€ <input type="text"/>
Joint life last survivor <input type="checkbox"/>			€ <input type="text"/>

Do you want Inflation Protection (indexation)? Yes  No

## Income Protector

Incapacity Benefit required\* €  a year

This will be paid after 13  26  or 52  weeks of continuous incapacity

Please tick the appropriate box to indicate whether you want the Guaranteed  or Reviewable  Income Protector option

The cover will continue until you reach age: 55  60  or 65

Rate of increase of cover in claim (escalation)# 0%  or 5%  a year

Do you want inflation protection (indexation)# YES  NO

Is this a Company Provided Income Protector plan? YES  NO

If yes, do you want Pension Payment Protection? \*\* YES  €  a year

Irish Life/Irish Progressive policy number

Occupation rates at which we work out premiums\*\*\* 1  2  3  4

Are you entitled to State Disability Benefit?\*\*\*\* YES  NO

Do you currently have existing Income Protection with Irish Life/Irish Progressive or any other Life Office? YES  NO

If yes, name the company €

Amount of existing cover

\* The overall maximum amount of cover we will provide is €250,000 per year. \*\* Pension Payment Protection is only available for company paid income protection plans, and is limited to premiums on an Irish Life contract. \*\*\* Please consult Ask Underwriting for a list of acceptable occupations and occupation classes. \*\*\*\* The maximum Income Protector Cover we provide at outset is 75% of your earnings, less any state disability entitlements and any existing disability insurance. # Please refer to the product booklet for full explanations of the terms indexation and escalation.

## Payment details

3rd party bank account      YES  NO

On what date in the month are debits to be collected  of each month (1 - 28)

Bank Sort Code       A/C Number

Name of account

Name & address of Bank

## Other Information

Is this Business Replacement?    YES  NO       Do you want Information on other IL&P products      YES  NO

## Health questions for protection cases

	First person to be covered	Second person to be covered
1 Please give the name and address of your doctor.	<input type="text"/>	<input type="text"/>
If you have changed doctor in the last year, please give the name and address of your previous doctor as well.	<input type="text"/>	<input type="text"/>
2 Are you currently proposing for life assurance or critical illness cover with this or any other life office? If yes, please complete	Amount Type of cover Offices proposed to	Amount Type of cover Offices proposed to
3 Height and Weight.	<input type="text"/> feet <input type="text"/> inches <input type="text"/> stone <input type="text"/> pounds <input type="text"/> cms <input type="text"/> kgs	<input type="text"/> feet <input type="text"/> inches <input type="text"/> stone <input type="text"/> pounds <input type="text"/> cms <input type="text"/> kgs
or alternatively		
4 Have you smoked tobacco of any kind in the past 12 months or do you intend to smoke in the future (including occasional smoking)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Tobacco consumption (all types of tobacco) per day	<input type="text"/>	<input type="text"/>
It is our practice to carry out occasional tests to confirm smoker status.		

**Note – Not revealing tobacco consumption on this application form could result in a potential claim being refused**

5 Alcohol consumption (total number of units) per week       units per week       units per week

Unit Guide: Pint of Beer - 2.0 units, Bottle of Beer - 1.5 units, Glass of Beer - 1.0 units, Measure of Spirits - 1.0 units, Bottle of Wine - 7.0 units, Glass of Wine - 1.0 units.

If you answer 'YES' to any question please give details (including name of condition, dates and medication) in the section entitled "Other Medical Information" on the next page.

6 Have you ever suffered from or had treatment for

(a) heart disorder, stroke, rheumatic fever, high blood pressure or blood disorder?	<input type="text"/>	<input type="text"/>
(b) asthma, bronchitis or another lung disorder?	<input type="text"/>	<input type="text"/>
(c) multiple sclerosis, numbness, epilepsy, blackouts, paralysis or double vision?	<input type="text"/>	<input type="text"/>
(d) kidney or bladder disorder?	<input type="text"/>	<input type="text"/>
(e) diabetes or a stomach, liver or bowel disorder?	<input type="text"/>	<input type="text"/>
(f) cancer or any other growth or tumour?	<input type="text"/>	<input type="text"/>
(g) a mental or nervous disorder?	<input type="text"/>	<input type="text"/>
(h) slipped disc, back, arthritic or muscular disorder?	<input type="text"/>	<input type="text"/>
(i) disorder of the eyes or ears (other than wearing prescribed glasses or contact lenses)?	<input type="text"/>	<input type="text"/>
(j) any other illness, injury or condition for which you have had medical advice in the last five years?	<input type="text"/>	<input type="text"/>

- 7 Have you had a surgical operation in the last five years?
- 8 Have you in the last five years had or been advised to have any special investigations, blood or laboratory tests?
- 9 Are you currently taking prescribed drugs, medicines, tablets or other treatment?

This particular question should be only answered for LIFE TERM COVER plans with ACCIDENT COVER or INCOME PROTECTION proposals.

- 10 Have you ever been unable to work for more than four weeks at a time? YES  NO  YES  NO   
If yes, please say when, how long you were off and what was wrong with you

- 11 Are you currently unwell or receiving medical treatment of any kind, which you have not mentioned in the answers given above?

- 12 Have you ever taken drugs for other than medical purposes?

- 13 Have you ever tested positively for HIV or AIDS, Hepatitis B or Hepatitis C or are you waiting for the result of this kind of test? If YES, please supply details.

- 14 Have you any intention or prospect of taking part in any kind of dangerous activity as a result of your hobbies or pastimes? If YES, please supply names of hobbies and details.

- 15 Have you any future intention of living or travelling outside of the EU, North America, Australia or New Zealand, other than for holidays or have you lived outside these areas in the past for longer than 12 months? If YES, please supply names of countries, reasons for visits and duration of stays.

- 16 Have you ever applied to Irish Life or any other insurer and been refused, postponed or accepted on special terms for life cover, disability or illness cover?

- 17 Have your parents or any of your brothers or sisters suffered from or died from any of the following conditions before age 60?

If you are adopted please answer "No" to this question.

- Heart disease • Cancer (bowel, breast, ovarian or other) • Diabetes • Cardiomyopathy • Polycystic kidney disease • Stroke • Polyposis of the colon
- Multiple sclerosis • Motor neurone disease • Huntington's disease • Other hereditary disorder before age 60

**Please note that failure to disclose a family history could result in a potential claim being refused**

YES  NO  YES  NO

		Condition suffered	Age when it started
If living	Father	<input type="text"/>	<input type="text"/>
	Mother	<input type="text"/>	<input type="text"/>
	Brothers	<input type="text"/>	<input type="text"/>
	Sisters	<input type="text"/>	<input type="text"/>
If dead	Father	<input type="text"/>	<input type="text"/>
	Mother	<input type="text"/>	<input type="text"/>
	Brothers	<input type="text"/>	<input type="text"/>
	Sisters	<input type="text"/>	<input type="text"/>

**N.B. If a relative had cancer. please state which part of the body affected.**

Relevant for Income Protection cases only:

18 Do any of the following form an essential part of your work?

a	manual work	YES <input type="checkbox"/>	NO <input type="checkbox"/>	% of time at Manual work	<input type="text"/>	%
b	Driving	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
	% of time Driving			Average weekly business driving	<input type="text"/>	kms
c	Using Machinery or tools	YES <input type="checkbox"/>	NO <input type="checkbox"/>	% of time using machinery or tools	<input type="text"/>	%
d	working at heights	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
	% of time working at heights			What is the average height you work at?	<input type="text"/>	metres
e	Do you work more than 50 hours in an average working week?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number of hours worked in average week	<input type="text"/>	

19 What is the exact nature of the occupation from which you receive your earnings?

Please provide full details of duties and the percentage of times spent at each duty


20 Have you ever had symptoms of or suffered from any of the following?

(a) stress, anxiety, low mood or depression that has persisted for more than 3 weeks at a time or for which you have sought medical advice or counselling? YES  NO

If YES, please give details of dates, extent of problem and time off work. Consider also completing a Fast Track Underwriting Questionnaire


(b) back trouble, neck pain or joint pains including pain in your hips, knees or shoulders?

YES  NO

If YES, please give details of dates, extent of problem and time off work. Consider also completing a Fast Track Underwriting Questionnaire


21 Are you self employed?

YES  NO

If yes please say for how long

Years	months
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22 Have you ever received compensation or made an

insurance claim for injury?

YES  NO

If yes, please give details

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23. Is there a FAST TRACK Underwriting Questionnaire or any other questionnaires accompanying the application form?

YES  NO

YES  NO

If YES, please indicate which type of Questionnaire

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From sustainably managed forests - For more info: www.pefc.org

Irish Life Assurance plc is regulated by the Central Bank of Ireland. Irish Life Assurance plc is registered in Ireland number 152576, vat number 9F55923G. In the interest of customer service we will record and monitor calls.



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