

Please read each question carefully and ensure you fully understand the question before answering. We may require a full medical proposal form in certain circumstances. You will be advised of this if necessary.

Personal details

Name Mr/Ms:		
Home address:		
Government Department:	Grade:	Payroll No:
Date of birth: / /	Marital status:	Basic salary: €
Date of joining service: / /		
Please indicate level of cover you require: €60,000 <input type="checkbox"/> €85,000 <input type="checkbox"/> €110,000 <input type="checkbox"/>		

IMPORTANT – Telling Irish Life about material facts

Please remember that you must tell us everything relevant when answering all of the questions on the application form. If you do not, or if any of the answers to these questions are not true and complete, we could treat the plan as void. If this happens 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. 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 directly to Irish Life's Chief Medical Officer in a sealed envelope.

You do not need to 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 are experiencing symptoms of a genetic condition. You may also be asked to give us full information about your family history, including all genetic conditions. If there is anything not covered by the questions on this form that you think we should know, please tell us. You can use the section 'Other medical evidence' to provide any additional information. If your health changes before cover starts, you must let us know immediately.

1. Have you been absent from work through illness or injury for more than 10 consecutive working days in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Do you suffer from any physical defect or is there any ailment or disease to which you have a tendency or are you currently taking prescribed drugs, medicines, tablets or other treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Have you been referred by a doctor to a specialist at any hospital or clinic within the last 4 years or have you seen such a specialist in the last four years? Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Have you ever been declined, postponed or accepted on special terms by Irish Life or any other insurer for Life, Critical Illness or Disability Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
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OTHER MEDICAL DETAILS - If you have answered yes to any of the questions above, please provide details in the space below or on a separate sheet.

Nature of illness	Dates and duration off work	Name and address of doctor consulted

FURTHER DETAILS

Name and address of your GP:
Name and address of your previous GP if changed in the last 12 months:

DECLARATION

I wish to apply for membership of the CPSU and PSEU Life Assurance Plan. I declare that I am actively at work today or capable of being actively at work today. I also declare that the above statements (including any statements written down at my dictation) are TRUE and COMPLETE. I understand that failure to disclose a material fact may constitute grounds for rejection of a claim. I consent to Irish Life Assurance plc seeking information from any doctor who at any time has attended me, concerning anything which affects my physical or mental health or seeking information from any insurance office to which a proposal has been made for insurance on my life and I authorise the giving of such information. I agree that this authority will stay in force after my death as well as before. I understand that my contract with Irish Life Assurance plc will be based on this declaration, my application form, any supplementary questions answered, any statements made to Irish Life's underwriting team in response to any phone calls received or any information I give to a medical examiner acting for you. It is understood that Irish Life Assurance plc must be notified of any other changes in my health and or circumstances prior to the assumption of risk. I understand that the assurance shall not commence until this application has been accepted by Irish Life Assurance plc and the first contribution has been paid. I understand that if Irish Life turns down my application for insurance or accepts it under special terms, Irish Life will note this on a registry administered by the Irish Insurance Federation. Irish Life may share this information with other companies as a protection against non disclosure of material facts. Please take time to review your answers carefully.

Applicant's signature:	Date: / /
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DATA PROTECTION NOTICE

- The information that you provide to Irish Life Corporate Business will be held on a computer database and/or any other way and will be used to administer this plan and any other products and services supplied to you and any future agreements, contracts or arrangements you may have with Irish Life Corporate Business.
- You have the right of access to your personal data held by Irish Life Corporate Business by sending a written request and on payment of a small fee.
- You also have the right to require Irish Life Corporate Business to correct any inaccuracies in the personal data that it holds about you.

DATA PROTECTION CONSENTS

I declare that I consent to the:

- processing and holding (on computer or otherwise) of all information disclosed by me, or on my behalf, in relation to the plan by Irish Life Corporate Business, its servants and agents (together with such other information supplied or obtained by Irish Life Corporate Business separately) including sensitive personal data (being medical records and/or financial details) and holding or processing of the same for administrative, customer care and service purposes.
- disclosing of my personal data to persons necessary in connection with the above purposes, to regulatory authorities or as is required by law, to Irish Life Corporate Business and to other companies in the Company's group, to reinsurers, to health professionals and other insurance companies.

Applicant's signature:	Date: / /
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CPSU AND PSEU - AVC Life Assurance Plan

Full name (block capitals):	
Name and address of department:	
Payroll Number:	Office Telephone Number:

Please deduct from my salary the appropriate contributions. I recognise that these deductions, being made solely as a measure of convenience to me, may be terminated at any time. I also recognise that the ultimate responsibility for ensuring that the deductions have, in fact, been made from my salary rests with myself, and that, beyond making remittances direct to Marsh Ireland/Marsh Ireland, Consumer Practice, Spiddal, Co. Galway in accordance with the arrangement approved, the Employer accepts no responsibility of any kind in that matter. This mandate is to be taken (where applicable) as notification of alteration of any previous arrangement in respect of contributions under this Plan entered into by me.

Your official name (signed):	Date: / /
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Please sign all applicable sections and return the form to Marsh Ireland, Consumer Practice, Spiddal, Co. Galway.

Irish Life Assurance plc is regulated by the Financial Regulator. Marsh Ireland Limited is regulated by the Financial Regulator as an Authorised Adviser.