



Life Cover and Income Protection Schemes

Application form



Special offer for IMO Members Group PHI and Life Cover - reduced medical questions

Your commitment to provide honest and complete information to us:

You must carefully read the statements below regarding your commitment to provide honest and complete information to us, together with all of the consumer declarations on page four including (i) the policy declaration, (ii) the Data Sharing Consent and (iii) the permission to request further information. If you agree with each declaration, please sign at the end of page four.

- I am aware that if I do not answer all questions honestly and completely, then Zurich Life may not pay out if I need to make a claim in the future.
- I understand that Zurich Life will not necessarily obtain a report from my doctor, so it is vital that I fully disclose all Material Facts (see Section C).
- I understand that Zurich Life will assess my application based on the information in this form. I understand that it is my responsibility to check that my completed application is honest and complete before submitting it to Zurich Life.

Note:

Please complete in BLOCK CAPITALS.

Note:

Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 and 2013, Zurich Life may require clients to provide 'evidence of identity' and 'proof of address' and other supporting documentation.

Note:

Proof of date of birth of Life Insured is required to make a claim. If your date of birth is incorrect any claim payment will be recalculated.

A Personal details

Life Insured

Dr Mr Mrs Ms Forename

Surname

Address

Date of Birth

 Age next birthday

 Sex M F

Civil Status Married Single Widow(er) Separated Divorced Civil partner Former civil partner

Email address

Telephone number (work)

(home)

(mobile)

Nationality

Country of residence

Occupation

Special instructions

B Benefits

1. IMO Life Cover Scheme

Who can join?

Registered doctors, their spouses and surgery employees under 55 may enter at any time, subject to underwriting. Each unit of Life Cover provides €150,000 Life Cover and an additional €150,000 benefit where death is due to an accident.

I wish to be covered under the Life Cover Scheme for new units of Life Cover: Yes No

If YES, please confirm the number of units below:

I want

 new unit(s) of Life Cover. (Please note the maximum number of units you may have in total is ten units, including any units that you may already have.)

1 For doctors up to age 35

1. In the last three years, have you had time off work due to illness or injury for more than five consecutive working days? (colds or influenza may be ignored)
2. In the last year, have you been prescribed, taken or advised to take any medication or treatment including tablets, creams, inhalers, drops or sprays? (Oral contraceptive pill or treatment for colds, influenza and respiratory tract infections may be ignored)
3. In the last five years, have you had or been advised to have any tests or investigations or are you awaiting the results of any tests or investigations?
4. In the last five years, have you attended a specialist, hospital or clinic or have you been admitted to hospital? (in-patient periods in respect of normal pregnancy and delivery, appendectomy or tonsillectomy need not be disclosed)

Yes No

Yes No

Yes No

Yes No

Details

Now proceed to Section D

2 For doctors aged between 36 and 45

1. In the last three years, have you had time off work due to illness or injury for more than five consecutive working days? (colds or influenza may be ignored)
2. Have you ever had back pain, sciatica, neck, shoulder, knee or any other muscular or joint pains?
3. Have you ever had anxiety, depression, work related stress or any other mental health problems or have you ever suffered from fibromyalgia or chronic fatigue?
4. In the last year have you been prescribed, taken or advised to take any medication or treatment including tablets, creams, inhalers, drops or sprays? (Oral contraceptive pill or treatment for colds, influenza and respiratory tract infections may be ignored)
5. In the last five years, have you had or been advised to have any tests or investigations or are you awaiting referral for or the results of any tests or investigations?
6. In the last five years, have you attended a specialist, hospital or clinic or have you been admitted to hospital? (in-patient periods in respect of normal pregnancy and delivery, appendectomy or tonsillectomy need not be disclosed)
7. Are you currently unwell or do you have any medical condition or symptoms or physical impairment that is not already disclosed above?
8. Have you ever been treated for alcohol abuse or dependence or have you been advised by a medical practitioner to reduce your alcohol consumption?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Details

Now proceed to Section D

3 For interns under 35

Please sign the following declaration:

I confirm that I am actively at work (or capable of being actively at work) at the time of signing this document.

Signature	Date										
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Now proceed to Section D

D Declarations

(i) Policy declaration

- **This application:** I declare that I have read the entire application form after it was fully completed and I am satisfied that all the answers and statements in the application form are true and complete (including those completed by my financial advisor).
- **Contract of insurance:** I agree that this application form together with any statements made or to be made to the medical examiner (if requested) for Zurich Life, along with any verbal statements to be made to and acknowledged in writing by Zurich Life which shall be deemed to be part of this declaration and shall form the basis of this contract of insurance.
- **Material Facts:** I understand that I must disclose all Material Facts. A Material Fact is any fact that may influence the assessment and acceptance of an application for insurance or may increase the possibility that you will make a claim under this policy. If you are in any doubt about whether a fact is material, you should disclose full details.
- **Events prior to the start of this policy:** I understand that I must advise Zurich Life immediately about any changes in my health or other Material Facts that occur between now and the date my cover starts.

(ii) Data Sharing Consent

Zurich Life Assurance plc ('Zurich Life') is a member of Zurich Insurance Group ('the Group').

In order to provide a seamless insurance service globally, Zurich Life may transfer any data it has received from, and any data it holds on me to other units of the Group, such as branches, subsidiaries, or affiliates within the Group, cooperative partners of the Group, coinsurance and reinsurance companies located in this country or abroad.

Zurich Life, as well as such recipients may use, process and store the data, in particular for the purpose of risk evaluation, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, statistical evaluation or to otherwise ensure the Group global insurance service delivery.

If a financial advisor or agent is acting on my behalf, Zurich Life is authorised to use, process and store data received from such financial advisor or agent, and to forward to such financial advisor or agent my data relating to the execution of the policy, collection of premiums and payment of claims.

Zurich Life may procure data from third parties to assess a claim. Zurich Life may check my personal data against international / economic or financial sanctions, laws or regulated listings.

You have a right of access to and the right to rectify the data concerning you held by Zurich Life/the Group.

Zurich Life may, in future, want to use your data to tell you about its products and services, those of the Group or of a third party that they have arranged for you. If you do not want your data to be used for these purposes, please tick here.

You can ask Zurich Life at any time to stop using your data in this way, by writing free of charge to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, FREEPOST, Blackrock, Co. Dublin.

If the policy was sold, signed or completed outside Ireland, insert the name of the country where it was sold, signed or completed.

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(iii) Permission to request further information

I agree to give Zurich Life permission to request medical information from any doctor that I have attended and to request relevant information from any other insurance office that I have applied to for life insurance cover. I agree that this authority will remain in force after my death.

I confirm that I have read, fully understand and agree to all parts of the above declarations ((i), (ii), and (iii)), the commitment to provide honest and complete information on page one and that, as policy owner I will be the beneficial owner(s) of this policy.

I am aware that if I do not answer all questions honestly and completely, Zurich Life may decline to pay a future claim.

X	Date										
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Please complete 1 or 2 below and return to the IMO.

1

SEPA Direct Debit Mandate

Unique Mandate Reference (UMR) (For official use only)

Grid for Unique Mandate Reference (UMR)

By signing this mandate form, you authorise (A) the Irish Medical Organisation to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the Irish Medical Organisation.



Please complete all the fields marked*

Creditor's name, Creditor identifier, Creditor address, City, Post code, Country

Type of payment [checked] Recurrent payment or [] One-off payment

Debtor name*, Debtor address, City, Post code, Country, IBAN*

SWIFT BIC* (Debtor Bank Identifier Code)

Please sign and date here* Signature X

Date* [] [] [] [] [] [] [] [] [] []

Please return this mandate to the Creditor.

For information purposes only: Recurring payment schedule: [] Monthly [] Annual

2

GMS Deduction Instruction (Open to GMS members only)

GMS Number [] [] [] [] [] [] [] [] [] []

I hereby authorise the GMS Payments Board ('the Board') to make deductions from payments due to me by the Board in respect of premiums payable to Zurich. []

Signature X Date [] [] [] [] [] [] [] [] [] []



IMO Financial Services

10 Fitzwilliam Place, Dublin 2.

Telephone: 01 661 8299 Email: imofs@imo.ie

Fitzserv Consultants Ltd. t/a IMO Financial Services is regulated by the Central Bank of Ireland.

Intended for distribution within the Republic of Ireland.

Zurich Life Assurance plc

Zurich House, Frascati Road, Blackrock, Co. Dublin, Ireland.

Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurichlife.ie

Zurich Life Assurance plc is regulated by the Central Bank of Ireland.