



IRISH LIFE INCOME PROTECTION

WE ARE THERE WHEN YOU NEED US MOST

Page 1 to be retained by the claimant.

INCOME PROTECTION CLAIMS CUSTOMER CHARTER

Please detach this customer charter from the claim form and keep it for your records.

WE PROMISE WE WILL

- Assess your claim objectively and fairly at all times.
- Always treat you with respect.
- Be courteous and professional in all of our dealings with you.
- Only use your personal information for the purpose of assessing your claim.
- Endeavour to ensure all of our decisions are timely and accurate.
- Aim to secure your medical appointments at the most convenient time and place.
- Fully investigate every complaint or appeal received.
- Correspond with you in plain English at all times.

WHAT WE ASK YOU TO DO IN RETURN

- Respond to any request from us in a timely manner.
- Fully disclose facts truthfully in relation to your medical condition.
- Attend all medical appointments as required.
- Inform us if you take up employment of any kind or are awarded any financial settlements.
- Keep us up to date on any changes to your personal information, e.g. change of name, address, contact or bank details.
- Attempt any suitable Irish Life funded rehabilitation programmes offered to you.

WHAT YOUR BROKER OR EMPLOYER SHOULD DO

- Submit your claim in a timely manner.
- Pass on medical appointments immediately to you.
- Keep us informed of any changes to employment status.
- Liaise with us on your behalf.

IMPROVING OUR SERVICE TO YOU

We are always looking at ways to improve our service to you and we welcome any feedback you may have. Please contact incomeprotection@irishlife.ie.

Information correct as at July 2018.

CONTACT US

PHONE: 01 704 18 02

FAX: 01 704 19 05

E-MAIL: incomeprotection@irishlife.ie

WEBSITE: www.irishlifecorporatebusiness.ie

WRITE TO: Irish Life Assurance plc,
Lower Abbey Street, Dublin 1

Irish Life Assurance plc is regulated by the Central Bank of Ireland.
In the interest of customer service we may record and monitor calls. Irish Life Assurance plc,
Registered in Ireland number 152576, Vat number 9F55923G.
For more up-to-date information, see www.irishlifecorporatebusiness.ie.

Please Note: Every effort has been made to ensure that the information in this publication is accurate at the time of going to press. Irish Life Assurance plc accepts no responsibility for any liability incurred or loss suffered as a consequence of relying on any matter published in or omitted from this publication. Readers are recommended to take qualified advice before acting on any of the matters covered.



INCOME PROTECTION CLAIMS

CLAIM NOTIFICATION FORM - VOLUNTARY

Please complete this form fully using **BLOCK CAPITALS**. If any item is blank or illegible, this may cause a delay in processing your claim.

Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at <http://www.irishlifecorporatebusiness.ie> or you can ask us for a copy.



We need personal health information to assess this claim. We may need to contact you if we need to clarify any information or ask you for further information. We may also need to get personal health information in connection with this claim from Doctors, GPs, consultants, hospitals or other health professionals. We may use the health information obtained at this claim for any of your subsequent claims to Irish Life.

Irish Life provides a home visit service and an appointment may be made by a Health Claims Advisor to meet with you to discuss your claim. If such a meeting is arranged, any information provided by you together with any observations made by the Health Claims Advisor will form part of your claim data.

In certain circumstances we will use the service of Licenced Private Investigators. Each Licenced Private Investigator must adhere to a strict code of practice and complete a compliance certificate. They are expected to comply at all times with the Data Protection Law and not perform their functions in such a way as to cause Irish Life to breach any of its obligations under Data Protection Law. Any unauthorised processing, use or disclosure of personal data by Private Investigators is strictly prohibited.

Section 1: Scheme Details

Scheme Name Group Policy Number

Section 2: Your Details

First Name Surname

Please use both the first name and surname in your employee records.

Address

Employee Number Occupation

When did you start working in the Public Sector? / /

Phone Home Mobile

Email

Date of Birth / / Male Female

Relationship Status Married Single Widow(er) Separated Divorced Civil Partner

PPS Number PPS Number should contain 7 digits and 1 or 2 letters. This is required for Revenue approval.

Account number (IBAN) - - - - -

SWIFT BIC - -

Name/Names of Account Owners

Bank Name

Bank Address

Bank Account Details will only be used if, following assessment, a decision is made to admit the claim and a payment is due.

Please note that we will require the following for identification:

- A valid, unexpired fully legible copy of photo identification (e.g. passport or driver's licence) and
- To pay by bank transfer we will need a copy of the header of a recent bank statement showing the IBAN and BIC of the account along with the account holder's name.

Have you enclosed appropriate forms of ID? Yes No

Section 3: Medical Details

Date you stopped working / / Date symptoms began / /

Exact nature of condition or injury

Nature of symptoms

Details of current treatment

Barriers preventing a return to work

Expected date of return to work / /

Has this been discussed with your employer or doctor

Please list the full names and addresses of all doctors/specialists who are currently treating you or have treated you in the past for this condition.

Name & Address of Doctor/Consultant	Date last attended	Next Appointment

In order to consider your claim further, gain a clear understanding of your medical condition and to complete an Income Protection Claim Form, we will arrange for a specialist nurse from MorganAsh Ltd, to telephone you and interview you about your health. MorganAsh Ltd is a specialist company who conduct interviews on Irish Life's behalf. It is essential that you provide all requested information, which in turn will help Irish Life process your claim more quickly. (Occasionally a MorganAsh interview may not be required and we may decide to send you an income protection claim form in paper format to be completed instead). The information you provide will be used in the assessment of your claim and will be treated in the strictest confidence.

MorganAsh will contact you within one week of receipt of this form to arrange the interview. Please note that the calls will be recorded. All interviewers are experienced nurses, so you can rest assured that the interview will be conducted in a confidential and professional manner. The duration of the interviews vary greatly and you should allow at least 90 minutes. The nurse will make an initial phone call to agree a suitable time for the interview.

A copy of the completed Claim Form/interview will be sent to you for you to review, sign and submit to Irish Life.

If you have been away or out of touch, you should contact MorganAsh on the free phone number 1800 812 941. The nurses are available to undertake interviews 9am-9pm Monday to Friday and 10am to 2pm on Saturdays (excluding bank holidays and public holidays). Data provided as part of the processing of your claim will be maintained by Irish Life in line with the provisions contained in the Data Protection Acts 1988 and 2003.

I authorise Irish Life to arrange for MorganAsh to contact me to complete an Income Protection Claim Form by telephone interview.

 Signature Date / /

Section 4: General Details

Are you insured for similar benefits with any other insurance company? If yes, please state the name of the insurer, the amount of benefit insured and whether you have submitted a claim in connection with such insured benefits. Yes No

Insurer Name

Insured Benefit Amount €

Insured Benefit Details

Section 5: Date Privacy Notice and Declaration

Data Privacy Notice

I confirm I have been informed about the Irish Life Data Privacy Notice and where to find it.

Declaration

I declare that to the best of my knowledge and belief, the information given in this claim form, is true and complete and that I am the person referred to in the particulars given. I understand that if I provide false or deliberately inaccurate information on this form my cover may be cancelled. I understand that Irish Life can use my personal information for any of my subsequent claims to Irish Life.

I fully understand that I must notify Irish Life immediately, if I resume my normal occupation either on a full-time or part-time basis, or if I take up any alternative work whether paid or not, as failure to do so will result in immediate termination of the claim and cover ceasing.

I understand and acknowledge that to process my claim Irish Life will seek further information and/or share relevant information, in the context of this claim with:

- Any doctors, GPs, consultants, hospitals or other health professional nominated by Irish Life in relation to the assessment and/or management of my claim or who at any time has attended me concerning anything which affects my physical or mental health. This may include the time prior to my application for cover.
- A Health Claims Advisor if a home visit is arranged. Irish Life provides a home visit service and an appointment may be made by a Health Claims Advisor to meet with you to discuss your claim. If such a meeting is arranged, any information provided by you together with any observations made by the Health Claims Advisor will form part of your claim.
- Any insurance office insuring me for Income Protection or similar benefits whether I have made a claim or not.
- My employer, solicitor, accountant or other similar source which Irish Life deem necessary in relation to the assessment and management of this claim.
- Licenced Private Investigators who Irish Life engage to verify information for any claim.

Signature

Date / /

Section 6: Authorisation to provide information

I authorise the parties listed below to share information with Irish Life on request from Irish Life:

- Any GPs, consultants, hospitals or other health professionals who has attended me concerning anything to do with my physical or mental health.
- My employer, solicitor, accountant, or other similar source which Irish Life deem necessary in relation to the assessment and management of this claim.

Signature

Date / /

Name (Block Capitals)



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