

**Laya life** is a straightforward fixed term life insurance policy that can give your family a financial pay-out of up to €400,000 in the event of your death. Applying couldn't be easier; either complete this application form and return it to us, or in just a few simple steps you can get immediate life cover online from **laya life** at [www.layalife.ie](http://www.layalife.ie)

## Using this form

Please complete all relevant sections of both sides of this form in BLOCK CAPITALS and specify your choices by ticking the relevant boxes. It is important to note if you fail to make full disclosure of all relevant facts including facts about your medical history or if you provide false or misleading information to us, your policy may be declared void and claims under the policy may not be paid either in full or in part.\*

## Your cover and policy options

**Mortgage Protection Cover:** Mortgage Protection Cover pays out a lump sum in the event of death if you die within the specified term of the policy. At the outset of the policy you choose the initial sum insured you would like and the term of the policy. The amount of the lump sum payment reduces over the term of the policy\*. If you do not die within this specified term the policy ends and no monies are paid out.

**Level Term Cover:** Level Term Cover pays out a lump sum in the event of death if you die within the specified term of the policy. If you do not die within this specified term the policy ends and no monies are paid out. At the outset of the policy you choose the sum insured you would like and the term of the policy. The main difference between Level Term Cover and Mortgage Protection Cover is that the sum insured for Level term Cover does not reduce over the term of the policy.

**Joint life cover:** Joint life cover is taken out for two people and is payable when the first valid claim is made. Both Mortgage Protection Cover and Level Term Cover can be taken out on a joint basis. As there is only the potential for one pay out, there can only be one sum insured. For example, the two lives cannot be covered for different amounts. Upon making a valid claim, the cover is paid and the policy will cease.

## For further information

If you have any questions please contact us on tel: 1890 907 100 or email: [letushelp@layalife.ie](mailto:letushelp@layalife.ie). Alternatively you can visit [www.layalife.ie](http://www.layalife.ie) for further information.

## Direct debit payment

Premiums are paid by direct debit either monthly or annually. To set up the direct debit you can call us or post (do not fax) your completed application form to **laya life**, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, T45 E181. Please note that banks will not accept faxed instructions for direct debit payments.

### 1 Cover and policy type

Who would you like to cover? Just me  Myself and my partner

What type of cover would you like? Mortgage Protection Cover  Level Term Cover

If you are looking to take out a joint policy, each life must answer the questions relevant to themselves only. For joint policies, the answers provided by each life will be viewable to both people on the Record of Application.

# Life1

## 1 Your policy details

Are you an existing **laya healthcare** member? Yes  No

If Yes, please provide us with your **laya healthcare** membership number:

Title:  Surname:  Forenames:

Date of birth: Day   Month   Year

Address:

For joint policies if you and your partner live at the same address please tick this box

Telephone Numbers: Home:           Mobile:

Email:

Preferred method of contact: Email  Post

Occupation:

Have you smoked any cigarettes or used any other form of tobacco or nicotine products (e.g. nicotine gum, patches and e-cigarettes) in the last 2 years? Yes  No

## 2 Your Doctor's details

Doctor's Name:

Address:

\***Laya healthcare** members are also required to answer all relevant questions in full.

## 3 Medical questions

If you require cover of over €200,000 up to a maximum of €400,000 please answer questions 1 to 9.

For those who require cover up to €200,000:

- If you are a current **laya healthcare** member aged 18 to 49 years please answer questions 1, 2, 3, 5, 7, 8 and 9.
- If you are not currently a **laya healthcare** member and are aged 18 to 49 years please answer questions 1, 2, 3, 5, 6, 7, 8 and 9.
- If you are over the age of 50 years please answer questions 1, 2, 3, 6, 7, 8 and 9.

Please note that depending on your circumstances, the maximum amount of cover you are entitled to could be limited. Please contact us for further information.

<b>Q1</b>	Please enter your height and weight: Height: Ft <input type="text"/> In <input type="text"/> or Height: m <input type="text"/> cm <input type="text"/> Weight: st <input type="text"/> lbs <input type="text"/> or Weight: kg <input type="text"/>	
<b>Q2</b>	During a typical week how many alcoholic drinks do you have? Pints of beer** <input type="text"/> Glasses of wine*** <input type="text"/> Single measure of spirits and/or bottle alcopops**** <input type="text"/>	
<b>Q3</b>	Within the last 5 years have you been advised about or treated for excessive alcohol use, or used any recreational drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Q4</b>	In the last 2 years, have you had any application for Life insurance postponed or declined?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Q5</b>	Do you take part in any of the following: Mountaineering or rock climbing outside of Ireland and the UK, flying other than as a fare-paying passenger, Scuba Diving deeper than 40 meters, motorcar or bike racing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Q6</b>	In the past 12 months have you been unable to work for more than 3 consecutive weeks due to illness or disease (you do not need to tell us about accidents or joints injuries)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Q7</b>	Have you ever had a heart attack, angina, stroke, cancer, diabetes mellitus, kidney or liver disease or been diagnosed positive for HIV, Hepatitis B or C?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Q8</b>	In the last 2 years have you had any medical condition or had an abnormal test result that has required 2 or more attendances at a doctor or consultant? You do not need to tell us about high blood pressure or raised cholesterol, which your GP has described as well controlled.*****	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Q9</b>	In the last 12 months, have you had any unexplained symptoms for which you are still under investigation or have not yet sought medical advice for? This includes unexplained bleeding, weight loss or a lump or growth.	Yes <input type="checkbox"/> No <input type="checkbox"/>

\*\*A 440ml can = ¾ pint, 275ml bottle = ½ pint, 500ml bottle = 1 pint

\*\*\* A standard/medium glass of wine is 175ml

\*\*\*\* A single measure of spirits is 35ml and a standard bottle of alcopops (flavoured alcoholic beverage) is 275ml

\*\*\*\*\***Excludes** Consultations for vaccines/ pregnancy/ stress or bereavement not requiring hospitalisation.

## Life 2

### 1 Your policy details

Are you an existing **laya healthcare** member? Yes  No

If Yes, please provide us with your **laya healthcare** membership number:

Title:  Surname:  Forenames:

Date of birth: Day   Month   Year

Address:

For joint policies if you and your partner live at the same address please tick this box

Telephone Numbers: Home:  Mobile:

Email:

Preferred method of contact: Email  Post

Occupation:

Have you smoked any cigarettes or used any other form of tobacco or nicotine products (e.g. nicotine gum, patches and e-cigarettes) in the last 2 years? Yes  No

### 2 Your Doctor's details

Doctor's Name:

Address:

\***Laya healthcare** members are also required to answer all relevant questions in full.

### 3 Medical questions

If you require cover of over €200,000 up to a maximum of €400,000 please answer questions 1 to 9.

For those who require cover up to €200,000:

- If you are a current **laya healthcare** member aged 18 to 49 years please answer questions 1, 2, 3, 5, 7, 8 and 9.
- If you are not currently a **laya healthcare** member and are aged 18 to 49 years please answer questions 1, 2, 3, 5, 6, 7, 8 and 9.
- If you are over the age of 50 years please answer questions 1, 2, 3, 6, 7, 8 and 9.

Please note that depending on your circumstances, the maximum amount of cover you are entitled to could be limited. Please contact us for further information.

<b>Q1</b>	Please enter your height and weight: Height: Ft <input type="text"/> In <input type="text"/> or Height: m <input type="text"/> cm <input type="text"/> Weight: st <input type="text"/> lbs <input type="text"/> or Weight: kg <input type="text"/>	
<b>Q2</b>	During a typical week how many alcoholic drinks do you have? Pints of beer** <input type="text"/> Glasses of wine*** <input type="text"/> Single measure of spirits and/or bottle alcopops**** <input type="text"/>	
<b>Q3</b>	Within the last 5 years have you been advised about or treated for excessive alcohol use, or used any recreational drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Q4</b>	In the last 2 years, have you had any application for Life insurance postponed or declined?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Q5</b>	Do you take part in any of the following: Mountaineering or rock climbing outside of Ireland and the UK, flying other than as a fare-paying passenger, Scuba Diving deeper than 40 meters, motorcar or bike racing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Q6</b>	In the past 12 months have you been unable to work for more than 3 consecutive weeks due to illness or disease (you do not need to tell us about accidents or joints injuries)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Q7</b>	Have you ever had a heart attack, angina, stroke, cancer, diabetes mellitus, kidney or liver disease or been diagnosed positive for HIV, Hepatitis B or C?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Q8</b>	In the last 2 years have you had any medical condition or had an abnormal test result that has required 2 or more attendances at a doctor or consultant? You do not need to tell us about high blood pressure or raised cholesterol, which your GP has described as well controlled.*****	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Q9</b>	In the last 12 months, have you had any unexplained symptoms for which you are still under investigation or have not yet sought medical advice for? This includes unexplained bleeding, weight loss or a lump or growth.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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\*\*\*\* A single measure of spirits is 35ml and a standard bottle of alcopops (flavoured alcoholic beverage) is 275ml

\*\*\*\*\***Excludes** Consultations for vaccines/ pregnancy/ stress or bereavement not requiring hospitalisation.

#### 4 SEPA Direct Debit Mandate

Name of account holder(s):

Address of account holder(s):

Town/City:

County:

Country:

IBAN:

By signing this mandate form, you authorise (A) **Laya Healthcare Limited** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from **Laya Healthcare Limited**. 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. This bank account must be in the name of the life insured or for joint policies one of or both of the lives insured.

Signed:

Date:

#### FOR OFFICE USE ONLY

Membership number:

Laya Healthcare Limited Identification number:

Please return completed signed form to: Laya life, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, Ireland, T45 E181.

**Important note:** To see the length of life cover that may be available to you, please refer to your **laya life** brochure or visit [www.layalife.ie](http://www.layalife.ie). Alternatively, please contact us for further information on tel: 1890 907 100 or email: [letushelp@layalife.ie](mailto:letushelp@layalife.ie)

#### 5 Declaration

1. I confirm that I have read and understand how **laya life** will use my data.

- I agree that Laya Healthcare Limited, trading as **laya life**, and its agents can process and hold (on computer or otherwise) all information disclosed by me, or on my behalf or in conjunction with any application/proposal made by me, including sensitive personal data and/or financial details for the purposes of issuing, underwriting and administering all aspects of your **laya life** policy as well as the assessment and processing of any claims arising under the policy.
- I also agree that **laya life** can disclose my personal data for the above purposes and to such persons as it deems necessary in connection with the above purposes, including but not limited to regulatory authorities or such other bodies as may be required by law, reinsurers, health professionals, any persons with whom **Laya Healthcare Limited** has a contract as a service provider, the underwriter iptiQ Life SA, other insurance companies, and to any other person to whom the policy may be assigned. I also agree that such disclosure can take place after my death.
- I consent to **laya life** contacting me to seek such further information as it may deem necessary in order to process my application and/or any claim.
- I also consent to **laya life** obtaining information from or sharing it with:
  - Any doctor who at any time I have attended concerning anything that affects my physical or mental health.
  - Any health professional or nominated company for the purpose of processing my application.
  - Any insurance company where I have applied for cover or may make a claim.

2. I confirm that I have read the Terms and Conditions of this **laya life** policy.

- I understand that this declaration and all other consents given by me throughout the application process is my application for cover under **laya life's** normal conditions. I understand and agree that my contract with **laya life** will be comprised of the declarations and consents in my application form (completed online or otherwise), any information I give either on request from **Laya life** or as part of any medical examination I may be asked to go for as part of **laya life** quality checking procedures and all Terms and Conditions furnished to me by **laya life**.
- I declare that all statements recorded in answer to the questions in my application form are true and complete. I understand that if I do not answer the questions honestly and truthfully, the cover can be declared void, any future claim on this policy will not be paid and no premiums paid will be refunded. I understand that I should not assume that **laya life** will be checking the answers I give with any health professional that I have attended.
- I understand that I will receive a copy of the application health questions and my answers for my own records and agree to advise **laya life** immediately in writing if any of these answers are or subsequently transpire to be incorrect. I understand that **laya life** will then contact me to confirm whether my cover can remain in force and if so on what terms.
- I understand that failure to provide accurate and up to date information in my application form or in respect of any claim made under this policy may prevent **laya life** from providing me with cover, or if a claim is made, may delay the processing of that claim.
- I understand that the provision of false information in my application form or in respect of any claim made under this policy may mean that a claim made under the policy will not be paid.

#### Data Protection Statement

The information you provide will be used to manage the administration of your policy and is held in accordance with data protection law. We may need to collect sensitive information about you and others named on the insurance policy, which is set out in our Privacy Policy (see below). By providing this information you will be agreeing to us or our agents or other insurers processing that information for the purpose outlined above. You can only share a dependent's information with us, with their full permission (unless agreed otherwise with **laya life**). Medical information will be kept confidential and may be disclosed, on a strictly confidential basis to those involved with your treatment or care, their health professional agents and the underwriter iptiQ Life SA. Information may also be shared with other insurers, either directly or through people acting for the insurer such as Investigators and where we are entitled to do so under the Data Protection Acts. However, anonymised data – that is, information which does not identify an individual – may be used by **laya life**, or disclosed to others, for research or statistical purposes. Access to non-medical information may be granted by **laya life** to others on a strictly confidential basis in the course of and for the purpose of the efficient administration of **laya life** (for example in connection with audit, systems development, managing and improving our services). You have a right to apply for a copy of the information held by us about you (for which a small charge, not exceeding €6.35, may apply) and you have a right to have any inaccuracies in your information corrected. More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at [www.layalifeinsurance.ie/privacypolicy](http://www.layalifeinsurance.ie/privacypolicy) or you may request a copy by writing to Ian Brennan, Privacy Lead, **Laya Healthcare**, Eastgate Road, Eastgate Business Park, Little Island, Co Cork, T45 E181 or by emailing [info@layahealthcare.ie](mailto:info@layahealthcare.ie)

**Laya life** would also like to keep you informed (by telephone, post or e-mail) of selected products and services available from us. If you want us to contact you in the future in relation to these products please let us know by ticking the following: Please do send me details of other **Laya Healthcare Limited** products:   
We can only take instructions to effect or alter a policy in some way from the Policyholder.

Applicant signature:

Date:

Applicant signature:

Date: