



Income Protection Insurance Claim Form

Please complete and return this form along with:

1. Proof of your age (birth certificate, passport or driving licence),
2. Proof of your income (P60 or Form 11 and relevant accounts for the period to the date of disability),
3. Job description,
4. A GP claim form along with any medical reports or letters that you have from your doctors,

to our: **Risk Claims Department, Aviva Life & Pensions Ireland DAC, Cherrywood Business Park, Loughlinstown, Dublin 18, D18 W2P5**, or email to riskclaims@aviva.com.

Please note carefully

Failure to disclose all material or relevant information during the claims process could render your policy void or result in your claim being denied or reduced. Information is material or relevant if it might influence the judgment of a reputable insurer when assessing claims for benefits. Material or relevant information could include medical history, income and details of occupation. If you are in any doubt as to whether information is material or relevant, you should tell us anyway. Also, we may use a Private Investigator to investigate the validity of certain claims.

Please contact us on 1890 882 019 or riskclaims@aviva.com if you have any questions. We're happy to help you.

Personal Information

Surname	Policy number
First names	PPS number
Address	Height
	Weight
	Marital status
	How many dependent children do you have?
Date of birth / /	Ages of dependent children
Home number	Is your spouse employed? Yes No
Mobile number	
Email address	If yes, spouse's occupation

Your employment

1. Who was your employer immediately before your disability?
 - Full name
 - Address

2. (a) What was your occupation(s) immediately before your disability?
 - (b) Please describe your normal duties in detail.

(c) What special skills were required?

(d) How many staff were under your control?

3. (a) In what environment did you work (for example office, outdoor, factory)?

(b) Is a driving licence necessary for your job? Yes No If yes, which type.

(c) What machines, equipment or tools did you operate?

(d) Are there any environmental conditions that aggravate your disability (for example dust or weather)? Yes No
If yes, please give details.

4. Did your normal working day involve (please tick as appropriate):

No Occasionally Regularly

(a) Climbing ladders or similar?

(b) Carrying or lifting heavy items?

(c) Standing?

(d) Crawling or kneeling?

(e) Driving?

(f) Walking 500 meters or more?

(g) Any other physical exertion?

If so, please specify

5. (a) Did your job involve travelling, apart from travelling to work? Yes No
If yes, how many kilometres a week did you travel?

(b) What form of transport did you use?

6. (a) What hours did you work?

(b) Were there any unusual aspects of your hours of work (for example shift work, weekend work, or being on call)?

(c) When did you start this employment? Start date / /

(d) Please tick as appropriate Full time Part time Job sharer Work sharer

(e) Please give details of any other employment(s) you had during the last five years (if none please state so).

Name of employer

Job title

Brief description of your job

Start date / /

End date / /

Name of employer

Job title

Brief description of your job

Start date / /

End date / /

Only answer Questions 7 to 11 if you are an employee, otherwise go to Question 12.

7. When were you last in contact with your employer? / /

8. (a) Have you discussed future employment or rehabilitation with your employer? Yes No

If yes, what was the outcome of these discussions?

(b) If you have not yet had any such discussions, do you have plans to do so, and if so, when?

9. Is your position available for you to return to? Yes No

10. Have you made any plans to return to your normal occupation on either a full-time or part-time basis? Yes No

If yes, when do you expect to?

11. Does your job require any local, regional or international travel? Yes No

If yes, please give full details including how often you travel and to where.

Your disability

12. (a) Please give full details of your medical condition or injury.

(b) Was this due to an accident? Yes No

If yes, please give a full description of the accident, including the date, time and place.

(c) Do you intend to seek compensation or instigate proceedings against any persons as a result of your accident or illness, or have you already done so? Yes No

If yes, please provide full details including the name and address of your solicitor.

13. (a) When was your last day at work? / /
(b) When did you first seek medical advice about this? / /

If date (b) is more than seven days after date (a), please tell us why.

(c) Please give details of any Doctors or Specialists you have seen in connection with this disability.

Doctor or Specialist

Name

Address

Date first attended / / Date last attended / /

Date of next appointment / /

Doctor or Specialist

Name

Address

Date first attended / / Date last attended / /

Date of next appointment / /

(d) What medication have you received or are you receiving?

(e) What treatment have you received or are you receiving (for example physio or counselling)?

(f) Is your current treatment providing any relief of symptoms? Yes No

If yes, please give details.

(g) Has there been an improvement in your condition? Yes No

If yes, please give details.

14. (a) What parts of your job are you (or were you) unable to do?

(b) Are you still unable to do them?

Yes No

If no, please give date of recovery.

/ /

(c) Have you done any part of your own or any other job, whether paid or unpaid, since the date you have given in question 13 (a) (and before the date in 13(b) if applicable)?
If yes, please give details.

Yes No

If no, when do you think you will be fit enough to go back to work?

/ /

(d) Is there alternative work available should you be able to return to a less demanding activity?

Yes No

If yes, please give details.

15. Have you suffered from this or any similar condition before?

Yes No

If yes, please give details, including who you consulted.

16. (a) What were your hobbies and pastimes before your disability?

(b) Are you still able to continue them?

Yes No

If no, please provide details.

Your income before disability

17. If you were in employment please give your gross earned income as declared for tax purposes for the period of one year up to the start of your disability.

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Please enclose a copy of your last P60.

18. If you were self-employed:

(a) Please give details of your businesses.

Name

Address

Telephone number

No. of partners

No. of employees

(b) **Please enclose your latest available Form 11 from the Revenue Commissioners and related Certified Accounts.**

(c) Please give your taxable net income for the period of one year up to the start of your disability (estimate if necessary).

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(d) Please comment on any significant differences between the incomes indicated in (b) and (c).

(e) Please provide us with the name and address of your Accountant.

Your income during disability

19. State Benefits

(a) Are you entitled to any State benefits?

Yes

No

(b) What benefit have you received since the end of the deferred period?

Illness benefit

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Invalidity Pension (for a single person)

€

Adult Dependant benefit

€

Children's benefit

€

Any other State benefits

€

Please specify the type of benefit.

(c) Were you required to attend for medical assessment by the Department of Social Welfare?

Yes

No

If yes, what was the outcome?

If no, is an examination planned? Yes

No

Date of exam / /

(d) If you have not been medically approved for benefit by the Department of Social Welfare, are you appealing this decision?

Yes

No

If yes, please provide details.

If your claim for State benefits has been rejected, please enclose copies of any relevant letters.

20. Other Insurances

- (a) Do you hold any other insurance against disability (including Personal Sickness and Accident policies)? Yes No
 (you should include any policies where benefit is yet to be paid).

If yes, please provide the following details in respect of each policy.

Name of insurer:	Policy number:	Deferred period:	Benefit per week:
			weeks <input type="text" value="€"/>
			weeks <input type="text" value="€"/>

- (b) Have you previously had a disability claim with us or any other company? Yes No
 If yes, please give full details.

21. Other Income (exclude investment income)

- (a) Have you received any other income since the end of the deferred period?
 (you should include any continuing salary, pensions, commissions or other income). Yes No

- (b) Are you expecting to receive any other income in the future? Yes No

If yes, please provide details.

If you were self-employed you should include any continuing income you have received from your business.

If the answer to either of 21(a) or 21(b) is yes, please provide details.

Amount per week	Start date	Finishing date
<input type="text" value="€"/> pw	/ /	/ /
<input type="text" value="€"/> pw	/ /	/ /

- (c) Are you a sole trader? Yes No

- (d) Are you in a partnership? Yes No

If a partner, please confirm your share of the business %

- (e) If you were self-employed, has your business ceased since you became disabled? Yes No

If no, please give details of any additional expenses you have incurred in maintaining the business.

Amount	<input type="text" value="€"/>	pw	Reason
Amount	<input type="text" value="€"/>	pw	Reason

Bank Account Details

Benefits payable under this policy will be paid by Electronic Fund Transfer (EFT) to your bank account. Please provide your bank account details below.

Please note that you do not need to provide your bank account details if you are a member of an employer paid group scheme, as any benefit payable will be paid to your employer's bank account.

Name of Account Holder

Address of Account Holder

IBAN Account number

BIC Code

Signature

Date

Please check that your answers are accurate and that nothing has been left out.

Is there anything else that might be helpful to us in assessing your claim?

Data Protection Notice

Please read this Data Protection Notice carefully before you complete the Declaration section.

1. Introduction

We collect and use personal information about you so that we can process any claims you may have. This notice explains the most important aspects of how we use your information and what rights you have in relation to your personal information but you can get more information about the terms we use and view our full Privacy Policy at our Privacy page on www.aviva.ie/privacy, or request a copy by writing to the Data Protection Officer, Aviva Life & Pensions Ireland DAC, One Park Place, Hatch St, Dublin 2, D02 E651 Ireland or call us on (01) 8987000.

The data controller responsible for processing this personal information is Aviva Life & Pensions Ireland DAC.

Additional data controllers involved in the process for obtaining and maintaining insurance cover include the financial broker/intermediary (who is responsible for the sale and suitability of the product) and applicable reinsurers.

2. Personal information collected

Your data: The personal information we might collect and use may include your name, address, telephone number, date of birth or age, occupation, claims history, employer details (where necessary), bank account details, medical data and details of disability (where necessary), hobbies and pastimes (where necessary), details of income (where necessary).

Note: You do not have to provide us with any personal information, but if you do not provide the information we need we may not be able to proceed with your claim. We will let you know what information is required to proceed with your claim.

We recognise that information about health data is particularly sensitive information. We will only collect and use such information where we need to and where it is proportionate for the purposes of the policy of insurance. We will only collect and use such data as follows:

Purpose for which it is used	Our legal basis for using it
Health data is used for the purposes of processing any claims you may have, fraud investigation, handling any complaints you may have and managing reinsurance arrangements.	Irish Data Protection law allows us to use health data in connection with your insurance policy.
We may also need to use your health data for the purposes of establishing, exercising or defending legal rights, including in connection with advice, claims, or proceedings, and where authorised by law.	

If you are asked to provide health data, please do not send us the results of any genetic tests carried out on you or any other relevant person.

Where we process health data for the purpose of a claim we will take suitable and specific measures to safeguard the fundamental rights and freedoms of individuals. Further information can be found in our Privacy Policy.

We may also use personal information about people other than you e.g. your dependents, family health history of the life/lives insured, personal information about personal representatives, attorneys (under powers of attorney) and beneficiaries where policies are placed under trust.

If you are providing personal information about another person we require you to let them or their legal guardian know what information is shared with us. Also, to share with them this Data Protection Notice and obtain their confirmation that they have read and understand this Data Protection Notice. If you or they have any queries or concerns please contact us in one of the ways described below.

3. How we collect your personal information

We may collect personal information about you from:

- you;
- your employer and/or accountant if necessary;
- legal representatives if applicable;
- other records already held about you within the Aviva Group (identified in Privacy Policy), including details from previous policies of insurance and claims;
- other insurance companies;
- your intermediary, financial broker or other nominated representative;
- from parties relevant to the claim process (e.g. doctors, medical specialists, private investigators engaged by us, witnesses, solicitors and independent experts);
- from publicly available information including social media websites and online content, newspaper articles, tv, radio and other media content, court judgements, public registers and specialist databases (for example Companies Registration Office, Vision-net, Oracle, Dow Jones, SoloCheck and only for purposes of verifying your identity).

4. How we use your personal information

We may collect and use your information for the purposes, and on the legal basis, set out below:

Purpose for which it is used	Our legal basis for using it
To verify your identity.	<ul style="list-style-type: none"> • To perform the policy. • To comply with our legal obligations.
To validate, investigate and/or process any claims you or another person makes in relation to your insurance policy.	<ul style="list-style-type: none"> • To perform the policy. • To comply with our legal obligations.
To maintain arrangements we have with reinsurers.	<ul style="list-style-type: none"> • For our legitimate interests in managing our business.
For management information purposes including portfolio assessment, risk assessment, performance reporting and management reporting.	
For a proposed portfolio transfer, reorganisation, transfer, disposal or other transaction relating to our business.	<ul style="list-style-type: none"> • For our legitimate interests in managing our business. • To perform your policy. • To comply with our legal obligations.
To detect and prevent fraud.	
To comply with laws and regulations.	<ul style="list-style-type: none"> • To comply with our legal obligations.

Telephone calls may be recorded or monitored for regulatory, training and quality assurance purposes.

5. How we share your personal information with others

Where relevant, we may share personal information with:

- (1) Other Aviva Group companies, agents, professional advisers acting for us (e.g. medical practitioners, lawyers, private investigators) and third-party service providers.
- (2) Your agents and other third parties relevant to you and/or the policy, including doctors and other relevant medical practitioners, your employer, banks, lenders, policy assignees, legal representatives and advisers.
- (3) If we are required to do so to comply with a relevant legal or regulatory obligation; with regulatory bodies, law enforcement bodies, government departments including Central Bank of Ireland, Financial Services and Pensions Ombudsman, Revenue

Commissioners/Inspector of Taxes, Gardai, Criminal Assets Bureau, Data Protection Commission and Department of Social Protection.

- (4) With reinsurers who provide reinsurance services to Aviva and for each other. Reinsurers will use your data to decide whether to provide reinsurance cover, assess and deal with reinsurance claims and to meet legal obligations. They will keep your data for the period necessary for these purposes and may need to disclose it to other companies within their group, their agents and third-party service providers, law enforcement and regulatory bodies.

Some of the organisations we share information with are located outside of the European Economic Area (“EEA”), including India. We’ll take steps to ensure that any such transfer of information outside of the EEA is managed to protect your privacy rights. For more information on this please see our Privacy Policy or contact us.

6. How long we keep your personal information for

We maintain a retention policy to ensure we keep personal information only for as long as we reasonably need it. We need to retain personal information for the period necessary to administer the claim/policy (if applicable) and for as long as it is required/ permitted by law and/or in respect of any potential dispute in relation to the policy. Currently this would commonly be 7 years from the later of the date when the customer relationship ceases or a claim in payment ceases.

For more information on our data retention policies please see our Privacy Policy or contact us – refer to the details in the “**Contacting us**” section below.

7. Your rights in relation to your personal information

You have various rights in relation to your personal information, including:

- the right to request access to your personal information;
- correct any mistakes on our records;
- erase or restrict records where they are no longer required;
- to move certain data to other providers.

Note: you have the right to object to use of personal information based on legitimate business interests. If you do object, we will have an opportunity to demonstrate that there are compelling legitimate grounds which override your rights and freedoms or that processing is necessary for the establishment, exercise or defence of legal claims. Please note that any successful objection may prevent us assessing future claims and/or the policy may be cancelled.

For more details in relation to your rights, including how to exercise them, please see our full Privacy Policy or contact us in one of the ways described below.

8. Contacting us

If you have any questions about how we use personal information, manage personal information within our business or if you want to exercise your rights stated above, please contact our Data Protection Officer by either emailing them at DPO@aviva.com, writing to the Data Protection Officer, Aviva, One Park Place, Hatch Street, Dublin 2 or call us at (01) 8987000.

If you have a complaint or concern about how we use your personal information please contact us in the first instance and we will attempt to resolve the issue as soon as possible. You also have the right to lodge a complaint with the Office of the Data Protection Commission or any other relevant data protection authority.

Please see our Privacy Policy (available at www.aviva.ie/privacy or on request) or contact us for further details.

Declarations

- I acknowledge and authorise that to process my claim Aviva Life & Pensions Ireland DAC will seek further information and or share relevant information in the context of this claim with:
 - any doctors, GP's, consultants, hospitals and any other person who may be in possession of, or hereafter acquire, any information regarding my health to disclose such information (with the exception of the results of genetic tests) to Aviva Life & Pensions Ireland DAC ("Aviva"); and
 - any other person who may be in possession of relevant information to the claim, including but not limited to my accountant, solicitor, employer to disclose such information to Aviva Life & Pensions Ireland DAC ("Aviva"); and
 - any insurance company to which an application has been made for Life, Accident, Specified Illness, Sickness or Disability cover to give on request from Aviva any information regarding such application (with the exception of the results of genetic tests).I agree that these authorities shall remain in force after my death as well as prior thereto.
- I declare that the information on this claim form to Aviva and all other information furnished by me and/or on my behalf (whether in my/our handwriting, any other hard copy form, by any electronic means or verbally) in relation to my claim are true and complete.
- I understand that:
 - All parts of this claim form must be fully completed and any alterations initialled by the claimant.
 - Failure to provide true and complete information may mean that the contract could be cancelled without premiums being returned, or, that Aviva does not pay a claim and I may encounter difficulty in trying to purchase insurance elsewhere.
 - Aviva's processes may involve electronic means including, but not limited to, data entered on-line, automated decisions, the recording of information provided by me during a medical examination or a telephone interview, the capturing of my signature on an electronic device or the use of electronic signatures.
- I have read and understand the Data Protection Notice section. In particular, I acknowledge and understand that (with the exception of the results of genetic tests) health data will be processed on the basis set out in the Data Protection Notice, where necessary and proportionate for the purposes of the claim.
- Where I am providing information about another person (for example family health history), I confirm that I have:
 - let them know what information I have shared with Aviva;
 - shared the Data Protection Notice with them; and
 - obtained their confirmation that they have read and understand the Data Protection Notice.

I understand that Aviva require for the purposes of this claim that I have done so.

Please sign - Do not use block capitals

Signature of claimant

Date

Aviva Life & Pensions Ireland Designated Activity Company, a private company limited by shares.

Registered in Ireland No. 165970. Registered office at One Park Place, Hatch Street, Dublin 2, D02 E651.

Aviva Life & Pensions Ireland Designated Activity Company, trading as Aviva Life & Pensions Ireland and Friends First, is regulated by the Central Bank of Ireland.

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