

# Income Protection - Claim Form

Please complete in **BLOCK CAPITALS** and tick (✓) where appropriate

- Please answer all questions fully to avoid any undue delay in considering your claim.  
If you fail to disclose all relevant information or if you give false information you could render your insurance void.
- Please note this form is not an admission of liability by New Ireland Assurance. On receipt of your claim form we will assess your claim and we will communicate with you when this process has been completed.
- Please return this form to: Claims Department, New Ireland Assurance, 5-9 South Frederick Street, Dublin 2.  
Tel: 01 617 2974 Fax: 01 617 2050 Email: incomeprotectionclaims@newireland.ie Web: www.newireland.ie  
Please ensure if sending personal data (especially special category personal data i.e. medical information) by email that appropriate security measures (including encrypting the data) are taken to comply with relevant regulatory obligations.

Policy Number:

## 1. Personal details

Name:

Address:

Date of Birth: 

D	D	M	M	Y	Y	Y	Y

 PPS Number:

Home Telephone No:  Mobile Telephone No:

Email:

Job Title:

## 2. Occupational Details

Please tick as appropriate:

- Are you:  Self-Employed/Company Director (please start at question 1 below)  
 Employed (please skip to question 2 below)

1. If you are Self Employed or a Company Director, please provide the name and address of your business:

- A) Do you have any employees?  Yes  No  
If yes, how many?
- B) Has your business ceased operations?  Yes  No
- C) Does your business continue to generate any income?  Yes  No
- D) For how long have you been Self-Employed/Company Director  Years  Months

**If you have answered Question 1. A) - D) Please skip to Question 4**

## 2. Occupational Details Cont.

2. Name and address of your Employer at the time your disability commenced:

  


3. How long have you been with your current employer?

 Years  Months

4. Is your employment

 Full time  Part time  Job Share 

5. How many hours per week do you work?

 Hours

6. On what date did you last undertake any part of your job?

D	D	M	M	Y	Y	Y	Y

7. During an average working day, what % of time would you spend doing the following activities?

Sitting  %

Typing  %

Walking  %

Lifting  %

Bending  %

Driving  %

Other physical activity  %

Please describe:

8. Please provide a description of your normal working duties, i.e. what are the main duties you have to perform in your role?

  
  


9. Are you still an employee of your company?

 Yes  No

If no, please provide further details:

  


10. Is the job you were performing still open to you when you recover?

 Yes  No

If no, please provide details:

  


11. Have you discussed future employment or rehabilitation with your employer?

 Yes  No

If yes, please provide details:

  


12. When was your last contact with your employer?

  


13. On what date do you expect to be able to resume work?

D	D	M	M	Y	Y	Y	Y

14. Have you undertaken any other work (whether paid or unpaid) since commencement of disability?

 Yes  No

If yes, please give full details:

  


15. Are you a director, stakeholder or on the board of any company?

 Yes  No

If Yes, please confirm details of the role and relevant financial details in Section 3:

### 3. Financial Details

1. What were your gross taxable earnings in the 12 months immediately before your disability?

2. Are you in receipt of any other income from any other sources?

 Yes  No

If "yes", please provide full details:

A) Your employer

B) A second job

C) State Illness Benefit

D) Other sources e.g. Airbnb

3. Do you have any other insurance policies where benefit becomes payable as a result of your inability to work?

 Yes  No

If "yes", please provide full details:

Company Name:

Policy Number:

Sum Assured:

Deferred Period:

Have you submitted a claim?

 Yes  No

Is this claim in payment?

 Yes  No

Should you have more than one policy, please provide the details on the General Information section on page 5.

### 4. Medical Details

1. Please describe in detail the nature of the disability from which you are suffering, including any diagnosis.

If your disability is the result of an accident, please provide details:

  

2. When did you first experience symptoms related to your disability and what were these symptoms?

  

3. Have you previously had the same or similar condition?

 Yes  No

If yes, please confirm dates and duration of illness:

  

4. Please provide details of any previous absences

from work due to your illness/disability:

  

5. When did you first seek medical advice about your

disability?

  

6. Please provide details of any medical investigations,

either as an inpatient or outpatient, and any

specialist referrals in respect of your disability:

  
  

7. What treatment, medication or therapy are you

currently receiving? Please include dosage:

## 4. Medical Details Cont.

8. Is your current treatment providing any relief from symptoms?

Yes  No

If yes, please provide details:


9. Please describe the duties/activities relating to your normal occupation that you are unable to carry out as a result of your disability:


10. Please describe the duties of your normal occupation that you can still perform:


11. Details of doctors/specialists, in connection with this condition.

**GP:**

Name:

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Address:


Contact No.:

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**Your main treating Consultant:**

Name:

--

Area of Speciality:

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Address:


Contact No.:

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Date Last Attendance:

D	D	M	M	Y	Y	Y	Y

Date Next Attendance:

D	D	M	M	Y	Y	Y	Y

**Consultants & any other medical practitioner attended:**

Name:

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Area of Speciality:

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Address:


Contact No.:

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Date Last Attendance:

D	D	M	M	Y	Y	Y	Y

Date Next Attendance:

D	D	M	M	Y	Y	Y	Y

12. Have you attended any other doctors in the last 5 years?

Yes  No

If yes, please provide details:


13. Have you, are you, or do you intend making a claim for compensation against a third party in respect of your disability?

Yes  No

If yes, please provide further details:


## 5. General Information

Please provide any additional information you feel would assist us in assessing you claim:


## 6. Bank Account Details

Following the admittance of the claim please pay the proceeds to the person shown below.

Account Holder Name:	<input type="text"/>
Account Number (IBAN):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Swift BIC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (your bank will be able to confirm these details if necessary)
Bank Name:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/>

Please note that payments will only commence to be made following acceptance of your claim by New Ireland Assurance.

## 7. Checklist

Please tick box to confirm that the requested information has been enclosed:

- A clear copy of photo ID in the form of a current passport or driver's licence
- A clear copy of proof of address in the form of a utility bill or bank statement dated within the last 6 months
- Detailed Job Description
- I authorise my employer to forward a copy of any medical reports they have on file in connection with my current illness to New Ireland Assurance for the purpose of processing my claim

For **Employed Persons** (no requirement if the confirmed income option has been chosen):

- Copy of last 3 months salary slips prior to disablement

For **Self Employed Persons** (no requirement if the confirmed income option has been chosen):

- A copy of your most recent Self Assessment letter and Form 11 Return Summary from the Revenue.
- A copy of the most recent Audited Accounts (e.g. Company Accounts or Partnership Accounts as appropriate)

1. When do you expect your next business accounts to be finalised?

D	D	M	M	Y	Y	Y	Y

2. When do you expect to be filing your next self-assessment?

D	D	M	M	Y	Y	Y	Y

## 8. Declaration and Agreement

I declare that the information given in this Income Protection Claim Form is true and complete and I have not withheld any material facts. Material facts are those, which an insurer would regard as likely to influence the assessment and acceptance of a proposal for insurance. If you are in doubt as to whether certain facts are material, such facts should be disclosed.

I fully understand that I must notify New Ireland Assurance immediately if I resume my normal occupation on a full time or part-time basis, or if I take up alternative work (whether paid or unpaid) as failure to do so will result in my claim being rejected or payment being terminated and cover ceasing.

I authorise New Ireland Assurance to seek information in connection with this claim form from any source the Company deems necessary and I authorise the giving of such information.

In the event of a claim, I authorise New Ireland Assurance to exchange medical information and/or reports with my doctor at any time when processing or managing the claim.

I agree to New Ireland Assurance arranging Independent Medical Examinations as part of the assessment or management of my claim, where necessary, and I authorise the sharing of my medical information with medical professionals for this purpose.

I authorise New Ireland Assurance to seek information from any doctor who at any stage has attended me concerning anything which affects my physical or mental health or seeking information from any insurance office to which a claim has been made by me and I authorise the giving of such information.

I understand that New Ireland Assurance and its duly authorised agents may hold and use the Information on computer file, in any other dematerialised form or in written hard copy on its own behalf and may use or pass the Information to third parties (including, where relevant, private investigators) for matters in connection with the investigation and processing this claim and for administration, regulatory, customer care and service purposes. I agree that New Ireland Assurance or a duly authorised agent of New Ireland Assurance may contact me in person, by phone, by email, or by letter in relation to the processing and managing of the claim.

I understand that the Information I provide to New Ireland as part of my claim will be processed by New Ireland to assess and review my claim and cross reference particulars of my claim in insurance industry databases for fraud prevention purposes.

I accept that in certain cases, this may involve the sharing of my Information with other insurance providers and private investigators. I understand and accept that New Ireland reserves the right to instruct a private investigator to investigate a claim.

Please read the Data Protection wording at the end of this form.



Signature of  
Claimant:

Date  
Signed:

D	D	M	M	Y	Y	Y	Y

## 9. Data Protection

This section provides a summary of how New Ireland Assurance Company plc (New Ireland) will use and process your Information. New Ireland is a life assurance and pensions company registered in Ireland.

New Ireland's contact details are as follows:

**Address:** 5/9 Frederick Street South, Dublin 2.

**Email:** [info@newireland.ie](mailto:info@newireland.ie)

**Telephone:** 1850 200 318 / (01) 523 9810

**Website:** [www.newireland.ie](http://www.newireland.ie)

New Ireland's Data Protection Officer's contact details are as follows:

**Address:** Data Protection Officer, New Ireland Assurance, 5/9 Frederick Street South, Dublin 2. **Email:** [dataprotection@newireland.ie](mailto:dataprotection@newireland.ie)

As you read this section there are some terms that are important to understand.

**"Information"** means any personal data and/or information including health and non-health information given by you or on your behalf in connection with this claim or any further information which may be given at a later stage in relation to the contract either in writing, by email, at a meeting or over the telephone including information contained in records of your transactions.

**"EEA"** means the European Economic Area and consists of the EU Member States as well as Norway, Iceland and Liechtenstein.

### What will we use your Information for?

The Information being collected on this form and any related document is for the purposes of processing your claim under the contract. Processing can include dealing with your Information to enable us comply with legal and regulatory requirements and/or using the Information to assess and deal with any claim you make. We will also use your Information where we legitimately need to do so to operate our business but this won't adversely impact on your fundamental rights. If you omit or do not provide the Information requested, if the Information provided is not true and/or complete or if you later request the Information be amended or erased, then you may not be able to receive benefits under an existing contract.

The Information may be processed and disclosed to other parties as set out below. In some circumstances we will need to disclose the Information to relevant third parties (e.g. to meet Revenue or regulatory requirements). Where we have asked you to consent to us using your Information, we will only use it in accordance with the consent you provide.

Our Data Privacy Notice contains more details about how we process your Information. A copy is available on our website. Alternatively we would be happy to provide you with a copy at any time. Please contact us at the details set out above.

New Ireland and its duly authorised agents can:

- contact you by letter, phone, SMS, email or other electronic means in relation to the administration (including any review) of the contract you have entered into. This may include contacting you to provide you with general information relating to the contract at any time;
- hold and use the Information on computer file, in any other dematerialised form or in written hard copy on its own behalf and on behalf of other companies within the Bank of Ireland Group;
- use or pass the Information to third parties for administration, regulatory, customer care and service purposes in relation to the contract. This includes;

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Reinsurance Companies</li><li>• Mail Services Companies</li><li>• Information Technology Companies</li><li>• Brokers/Intermediaries</li><li>• Auditors and Accountants</li><li>• Pensions Authority</li><li>• Research Partners</li><li>• Revenue Commissioners</li></ul> | <ul style="list-style-type: none"><li>• Employers</li><li>• Trustees</li><li>• Claims handlers</li><li>• Third Party Service providers including medical screening, administrators, private investigators and other service operators</li><li>• Financial institutions/payment service providers</li></ul> |
|---|--|

## 9. Data Protection (continued)

- disclose and/or transfer the Information to other countries, including countries outside of the EEA for any of the purposes specified in connection with the administration of the contract, to persons including entities who have been approved by New Ireland and in a manner compliant with applicable data protection legislation. The Information may be transferred to countries in respect of which the European Commission has not made an adequacy decision, however the transfer of Information will be made on the basis that appropriate safeguards including standard data protection clauses have been put in place. You may obtain a copy of these clauses by writing to New Ireland at the address stated above;
- use your Information to carry out statistical analysis and market research including for distribution quality management purposes and to determine product/campaign offerings and requesting your feedback to help improve our service;
- hold and store the Information for a period of time in accordance with a number of factors including to comply with;
  - any contractual obligations, including the type of contract or service we have provided.
  - any legislative or regulatory rules or codes set by authorities such as the Central Bank of Ireland, the Data Protection Commission, Revenue Commissioners, Government agencies.
  - the resolution of a legal or some other type of dispute.
- for certain types of contracts (e.g. life assurance protection contracts) make decisions based on automated processing including profiling. You will be advised where this is taking place and will have the right to obtain human intervention where you wish to express your point of view and/or contest the decision that is made.

You acknowledge that subject to certain conditions as set out in legislation you have the following rights in relation to the Information you have provided:

- You may request access to and/or rectification or erasure of the Information.
- You may restrict New Ireland from processing the Information.
- You may object to New Ireland processing the Information for certain purposes.
- You have the right to receive your information in a structured, commonly used and machine readable format (data portability).
- You understand that you have the right to lodge a complaint with the Data Protection Commission.

### **New Ireland Assurance Company plc.,**

5-9 South Frederick Street, Dublin 2.

T: (01) 617 2974 F: (01) 617 2050.

E: [incomeprotectionclaims@newireland.ie](mailto:incomeprotectionclaims@newireland.ie)

W: [www.newireland.ie](http://www.newireland.ie)