

Accident, Sickness & Unemployment Insurance Data Capture Form



APPLICANT DETAILS	TITLE	FIRST NAMES	LAST NAME	DATE OF BIRTH
OCCUPATION			INCOME	
EMPLOYERS NAME ADDRESS DETAILS				
SELF EMPLOYED	YES <input type="radio"/>	NO <input type="radio"/>		
TELEPHONE NUMBER			EMAIL	
MORTGAGE TYPE	NEW MORTGAGE <input type="radio"/>	RE-MORTGAGE <input type="radio"/>	EXISTING MORTGAGE <input type="radio"/>	
Total monthly benefit must not exceed 100% of the mortgage payment, €1,500 per month or 65% of net monthly income - whichever is the lower				
LOAN TYPE	NEW LOAN <input type="radio"/>	EXISTING LOAN <input type="radio"/>		
TYPE OF COVER (ASU OR AS)				
TOTAL BENEFIT REQUIRED				
Total monthly benefit must not exceed 100% of the loan payment, €1,000 per month or 50% of net monthly income - whichever is the lower				
The following table provides information on the potential cost of your policy over the estimated term, including Insurance Premium Tax. The premiums on your contract are reviewable and may be amended through the term.				
GROSS MONTHLY PREMIUM				
GROSS ANNUAL COST				
ANTICIPATED TERM IN MONTHS				
GROSS COST OVER ANTICIPATED TERM				

The applicant has been in continuous permanent employment with the same employer, self employed or contract employment (which they believe will continue to be renewed) for 18 hours or more per week for at least the last 6 months.	YES <input type="radio"/>	NO <input type="radio"/>
The applicant lives and works in the Republic of Ireland (Unless members of the armed forces, civil servants working abroad, or working for an employer that is Irish registered who assigns the applicants to work in a member country of the EU on the same terms and conditions)	YES <input type="radio"/>	NO <input type="radio"/>
Has the applicant been in dispute or in the course of disciplinary action with their employer?	YES <input type="radio"/>	NO <input type="radio"/>
Is the applicant aware of any impending unemployment or potential redundancies?	YES <input type="radio"/>	NO <input type="radio"/>
Is the applicant between the ages of 18 and 60 years?	YES <input type="radio"/>	NO <input type="radio"/>
Is the applicant in good health and has been so for at least the last 6 months and is not aware of any condition which is likely to give rise to a claim.	YES <input type="radio"/>	NO <input type="radio"/>
The applicant is aware that any condition that they knew about at the start date or have suffered from or received treatment or advice on in the 24 months before the start date will not be covered by this policy.	YES <input type="radio"/>	NO <input type="radio"/>
Is the applicant transferring from another payment protection policy (Cover needs to have been in place for at least 6 months). If yes, please provide previous policy number and the name of insurer in the area below.	YES <input type="radio"/>	NO <input type="radio"/>
You must tell the underwriters if you are aware of any circumstances which may put your employment health at risk, or lead to a claim under this policy. Any omission, misrepresentation or false statement of a material fact in your application for this policy could affect the payment of monthly benefit. A material fact is one which is likely to influence the acceptance of your application policy. If you are uncertain whether a fact is material, you should declare it.	YES <input type="radio"/>	NO <input type="radio"/>
Please state the date you wish the insurance to commence (e.g. 31.08.2009).	YES <input type="radio"/>	NO <input type="radio"/>

Declaration: I declare to the underwriter that I am in regular and active employment and have been employed continuously for the past 6 months prior to the date of the application. Furthermore I am in good health and have not contacted a doctor other than for minor ailments in the last 6 months. I agree that this application shall form part of the contract of insurance. I have been referred to all parts of this form which contain premium, data and insurance summary. I note that I should keep a copy of this application form and a record of all information supplied by me for the purpose of this proposal. A copy of this application is kept by the scheme administrator. BBH Shelter Limited (Trading as Trent Services) and a copy will be provided to me on request.

Data protection Act 1988 & 2003: The information you have provided will become part of the personal data held by the Insurer or Insurers, Introducer, Agent, and Assurant Solutions and will be used for the provision and administration of insurance products and services. It may be disclosed to other insurance companies for underwriting and other third parties such as Doctors, Hospitals, Consultants, the Social Welfare, Investigators and Employers etc. if necessary for claims handling purposes. In addition, we may seek information from other insurance companies to verify the answers you have provided. Where fraud is suspected, we may disclose data to other parties including the Garda Síochána if they requested.

The client has read the above declaration and has been referred to the policy summary and the terms and conditions contained therein. READ AND AGREED

Instruction to your Bank to Pay Direct Debits.

Please complete parts 1 to 4 to instruct your bank to make payments directly from your account. Then return the form to:
Woodley Hall, Trent Lodge, Stroud Road, Cirencester, Gloucestershire GL7 6JN

1. Please write the name and full postal address of your bank and branch

To: _____ Bank

Address _____

_____ Postcode

2. Name(s) of account holder(s)

3. Branch sort code

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4. Bank account number

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Originators Identification Number



3	0	6	2	9	9
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5. Originators Reference

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(Woodley Hall)

6. Your instructions to the bank, and signature

I instruct you to pay direct debits from my account at the request of Woodley Hall Ltd. The amounts are variable and may be debited on various dates. I shall duty notify the Bank in writing if I wish to cancel this Instruction. I shall also notify Woodley Hall Ltd of such

Signature(s)

Date

Banks may refuse to accept instructions to pay Direct Debits from some types of account



This guarantee should be detached and retained by the payer.

DIRECT DEBIT GUARANTEE



- This is a guarantee provided by your own Bank as a member of the Direct Debit scheme, in which Banks and Originators of Direct Debits participate.
- If you authorise payment by Direct Debit, then
 - o Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account
 - o Your Bank will accept and pay such debits, provided that your account has sufficient available funds.
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed an immediate refund by your Bank of the amount so charged where you notify your bank without undue delay on becoming aware of the unauthorised Direct Debit, and in any event no later than 13 months after the date of debiting of such Direct Debit to your account.
- You are entitled to request a refund of any Variable Direct Debit the amount of which exceeded what you could have reasonably expected, subject to you so requesting your Bank within a period of 8 weeks from the date of debiting of such Direct Debit to your account.
- You can instruct your Bank to refuse a Direct Debit payment by writing in good time to your Bank.
- You can cancel the Direct Debit Instruction by writing in good time to your Bank.