

The Loan Protection Insurance Policy exists solely between ECCU Assurance and the Credit Union.  
Credit Union staff should ensure the member completes the form in line with Loan Protection Summary Guidelines.

Credit Union Name	Contact Name
-------------------	--------------

**IMPORTANT – Informing ECCU about material facts**

PLEASE REMEMBER THAT YOU MUST TELL US EVERYTHING RELEVANT IN ANSWER TO ALL OF THE QUESTIONS ON THE DECLARATION FORM. IF YOU DO NOT OR IF ANY OF THE ANSWERS TO THESE QUESTIONS ARE NOT TRUE AND COMPLETE, ANY INSURANCE COVER PROVIDED COULD BE VOIDED. A MATERIAL FACT (RELEVANT INFORMATION) INCLUDES ANYTHING WHICH A REPUTABLE INSURER WOULD REGARD AS LIKELY TO INFLUENCE THE ASSESSMENT AND ACCEPTANCE OF AN APPLICATION FOR INSURANCE.

## Section A - Member Declaration (Parts 1 to 4 inclusive)

### Part 1 Personal Details (please use block letters)

Member's Name	A/C Number	Date of Birth / /
Present outstanding loan balance €/£	Additional loan now required €/£	Total loan balance for cover €/£

### Data Protection Disclosures and Consents

ECCU Assurance Company Limited, ("ECCU"), will hold your details in accordance with its Data Protection Policy and all applicable data protection laws and principles. Information you supply will be used for the purposes of administering your credit union's insurance policy with ECCU. This includes underwriting, storage and processing by computer and manual record systems, claims handling and fraud prevention. We may also collect sensitive personal data, e.g. information relating to your physical or mental health, to assess the terms of insurance cover or to administer claims which arise. We may share the information for these purposes with agents or service providers we have appointed, regulatory organisations, other insurance and reinsurance companies, those to whom we outsource certain business operations and as required by law. You have a right of access to and a right to rectify data concerning you under the Data Protection Acts 1988 and 2003, for which a small fee is chargeable. By providing us with your information and signing Section A of this form, you consent to all of your information being used, processed, disclosed, transferred and retained by ECCU and your credit union.

### Part 2

Which of the statements below best describes your normal occupation or duties?

- Working – means actively at work and regularly performing all the usual duties of your occupation; or  
– not actively at work solely because of a temporary minor sickness or injury; or  
– not actively at work solely because of maternity leave, parental leave, redundancy, unemployment or other lack of work, strike or holiday provided that you are at that time physically and/or mentally able to be active at work and can regularly perform all the usual duties of your occupation
- Retired – means someone who is retired from paid employment (other than on ill health grounds) and able to carry out the normal duties of a retired person
- Student – means a full time education student, aged 16 years or older actively and regularly performing all of the usual activities of a student of the same age
- Homemaker – means a housewife, househusband or homemaker actively and regularly performing all of the usual duties of a homemaker
- None of the above

### Part 3

I confirm I am fit to follow my normal occupation or duties (as indicated in Part 2).  Yes  No

### Part 4

Are you receiving an illness or injury related benefit for more than 3 months?  Yes  No

Member's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section B - Specialist Declaration

Have you been referred to or seen by a specialist or consultant at a hospital or clinic in the last 12 months with the exception of routine antenatal check-up's or routine orthopaedic treatments (except back conditions)?  Yes  No

Member's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## Section C – Declaration of Health

Member's Name

Height

Weight

**1. In the last 5 years have you been diagnosed with or had treatment for:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. heart disease, stroke, circulatory problems, raised blood pressure or diabetes?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. stomach, bowel, liver, pancreas, kidney disease?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. lung conditions?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. cancer or other growths?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. anxiety state, depression, other mental nervous disorder or stress related condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. back pain, slipped disc, whiplash or back trouble?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. arthritis?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. multiple sclerosis, Parkinson's, Alzheimer's or other neurological disease?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. alcohol / drugs related problems?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. visual defect, other than one corrected by prescription glasses, or hearing problem?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. HIV/AIDS, Hepatitis B or C or any sexually transmitted disease?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. other diseases/disorders?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**2. Do you smoke or have you smoked in past 12 months?**  Yes  No

**3. Are you currently suffering from any medical condition or injury or are you currently being prescribed medication (e.g. tablets or medicine)?**  Yes  No

**4. Has a disability benefit EVER been paid on your behalf by ECCU Assurance Co. Ltd?**  Yes  No

If you have answered "YES" to any of the questions please provide details below.

Nature of Illness / treatment

Dates and times off work

Name and address of present GP

Please provide the details of your previous GP, if you changed your doctor within last two years

Section C continued overleaf

## Section C – cont'd

### Declaration

1. I have read over the replies to all questions and declare that the above statements (including any statements written down at my dictation) are TRUE and COMPLETE. I have read and understand the note concerning telling ECCU about material facts and understand that if I have not revealed all material facts this cover could be rendered null and void.
2. I agree that ECCU may ask my present or previous doctor for information about my physical and mental health for the purpose of assessing the risk of providing loan protection insurance cover to me and I authorise the giving of such information.
3. I understand that I may be asked to undergo medical examination and that the information I give to the medical examiner acting on behalf of ECCU will form part of this Declaration of Health.
4. I understand that I must tell ECCU about any changes in my health and/or circumstances before my loan is drawn down.
5. I understand that insurance cover will not begin until this Declaration of Health has been accepted by ECCU.
6. I agree that ECCU, its servants and agents, may process and hold (on computer database and otherwise) the information disclosed by me, or on my behalf in relation to this declaration (together with such other information as ECCU may obtain separately) including sensitive personal data (namely medical details and financial records) for the purposes of providing products or services and for administrative purposes.
7. I agree that ECCU, its servants and agents, may disclose my personal data to persons deemed necessary in connection with the above purposes, to regulatory authorities or as may be required by law, to its reinsurers and health professionals.

Member's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Section D – Cover Decision (for ECCU use only)

BMI

CMO approval (where applicable): On the Medical Evidence submitted it is my opinion that cover CAN / CANNOT be granted in this instance subject to the following exclusions from cover:

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Disability Cover Approved

Disability Cover NOT Approved

Life Cover Approved

Life Cover NOT Approved

Life Cover Approved with exclusion (see below)

Exclusion(s) from Death Cover Applied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed for ECCU \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Section E – Members Acknowledgement & Acceptance of Terms of Cover.

I understand and accept the terms of the cover as stated in Section D.

Signed \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**NB For Credit Union:**

*This form should be filled in by the member in accordance with Loan Protection Summary Guidelines.*

## Declaration of Own Use

Loans to Members over 80 years of age

**Credit Union Name:** \_\_\_\_\_

**Account No:** \_\_\_\_\_

I hereby declare that the loan granted to me of €/£ \_\_\_\_\_  
on \_\_\_\_\_ is for my own personal use

**Member's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_