

# Online Apply

## Signature Free Income Protection




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Before you begin the application – be sure you have these essential items to hand.

1. A completed 'Data capture' (available from our site) OR your client on hand/on the phone to answer the application form as you type.
2. The correct email address and mobile number for your client. These are essential as they are used to approve the application.

# Beginning the Application






Advanced Client SearchPolicy

HomeSalesPipelineCommissionReportsDC Portal

Home > Sales


Sales

 Sales Options

View Previous Applications

Order Literature

Archived Products


 Products and New Business

Start a new application or view policy documents/profiles

For the best experience, we recommend that you use the Chrome browser

Product Group:Protection

Product:Income Protection Personal

 Income Protection

Income Protection Personal

Quote & Apply

Login to our secure site and navigate to the sales tab.

Select “Protection”

Followed by “Income Protection Personal”

Click “Quote and Apply “

## Data Protection Notice

Zurich Life Assurance plc is a member of Zurich Insurance Group ('the Group'). Zurich Life is the data controller for this contract under data protection legislation.

Zurich Life's Data Protection Notice ('Notice') for this product is detailed at the end of this form. Please read this carefully. By approving this application form, I confirm that I have read and understood the Data Protection Notice.

☐ I confirm

## Marketing Permissions

From time to time, we would like to contact you to keep you up to date with news, updates and offers from Zurich Life and those of the Zurich Group or third parties. If you are happy for us to do this, please choose the different ways you would like us to contact you:

For news, updates and offers from Zurich Life by:

☐ Post ☐ Email ☐ Phone ☐ Text/Digital message

For news, updates and offers from the Zurich Group or third parties by:

☐ Post ☐ Email ☐ Phone ☐ Text/Digital message

If at any time you would like to change your preferences or remove your permission, all you need to do is contact us by phone on 01 799 2711, by email at [customerservices@zurich.com](mailto:customerservices@zurich.com), or by writing to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, Blackrock, FREEPOST. Co. Dublin

To begin, agree to the Data Protection notice on behalf of your client and complete your clients' Marketing Permissions.

Next

## Protection For Your Income

### Life Insured Details

First Name	<input type="text" value="Irene"/>
Surname	<input type="text" value="Roberts"/>
Date of Birth	<input type="text" value="19/04/1983"/>
Retirement Age	<input type="text" value="65"/>
Occupation	<input type="text" value="Manager Catering"/>
Gross Annual Salary	<input type="text" value="60000"/>
In the last 12 months, which of the following best describes your smoking habits:	<div><div><input type="radio"/> I am a smoker</div><div><input type="radio"/> I am an occasional smoker or have smoked in the last 12 months</div><div><input type="radio"/> I have used nicotine replacement products including e-cigarettes in the last 12 months</div><div><input checked="" type="radio"/> I am a non-smoker</div></div>
Premium Frequency	<input type="text" value="Monthly"/>

Complete the life insureds details including occupation, salary and smokers status.

### Benefit Details

Maximum Income Protection Benefit	€45,000
Annual Income Protection Benefit	<input type="text" value="€"/>
Deferred Period	<input type="text" value="8 weeks"/>
Escalation Claim Option	<input type="text" value="Yes"/>
Tax Rate	<input type="text" value="20%"/>
Inflation Protection	<input type="text" value="Yes"/>

Back

Next

A maximum Income protection benefit will be calculated based on your clients personal circumstances.

Next let us know the specific details your client would like.

## Quote Results

Gross Monthly Premium,  
inclusive of levy

€332.65

Select promotion (if any)


Please Select



€ Re-calculate

## Your Details

Life Assured	Irene Roberts
Date of Birth	19/03/1983
Retirement Age	65
Occupation	Manager Catering - Class 2
Smoking Status	I am a non-smoker
Gross Annual Salary	€60,000
Total Income Protection Benefit	€45,000
Deferred Period	8 weeks
Escalation Claim Option	Yes
Tax Rate	20%
Inflation Protection Option	Applies

 Quote Details

Back

Next

A premium quote will be calculated.

Any discounts on the policy should be entered at this point.

A quote PDF can be produced by clicking “Quote Details”.



## Declarations

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### Consumer Disclosure

**Customer Guide:** I confirm that I have received the relevant Customer Guide, that the Customer Guide has been fully completed by my Financial Advisor and that my Financial Advisor has provided me with a signed statement of suitability.

**Authority:** I confirm that my Financial Advisor has my authority to complete the online application form on my behalf. I understand that it is my responsibility to check that this completed application form is answered honestly and with reasonable care before approving it. I declare that I have read the entire application form after it was fully completed and I am satisfied that all the answers and statements are answered honestly and with reasonable care (including those completed by my Financial Advisor).

**Electronic Means:** I agree and understand that Zurich Life's processes may involve electronic means including, but not limited to, data entered online, the use of electronic signature or the use of a signature-free process; Zurich Life's processes may also (even where commenced on-line) involve manual processes and/or require wet ink signing of documents at certain points.

**Consumer Insurance Contracts Act:** I confirm that I am applying for Income Protection and the terms of this product will be set out in the policy conditions and policy certificate I receive from Zurich Life. I understand that I have a legal duty to answer all questions addressed by or on behalf of Zurich Life in relation to the application for this policy honestly and with reasonable care (including but not limited to questions asked in the application form and any medical exam (if requested) for Zurich Life, along with any answers to questions provided to Zurich Life). I understand that I must also ensure that any information voluntarily provided by me or on my behalf is provided honestly and with reasonable care. I understand that Zurich Life shall rely upon this information when deciding whether to accept this risk, what terms to apply to it and the premium to be charged. I understand that failure to comply with these requirements and/or any negligent misrepresentation or fraudulent misrepresentation could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced. I further understand that:

- any matter about which Zurich Life asks a specific question is material to the risk undertaken, or the calculation of the premium, by Zurich Life, or both.
- a fraudulent misrepresentation is a representation that is false or misleading in any material respect and which the person making the representation either (a) knows to be false or misleading or (b) consciously disregards whether it is false or misleading.
- a negligent misrepresentation is a representation made without reasonable care by the person making the representation, but which is not a fraudulent misrepresentation.
- any and all answers, representations and/or information given by me or any third party on my behalf, whether in the application documentation for this policy or via a separate medical examination or otherwise, are provided by me and/or third party as agent for and on my behalf, by which I will be bound.

Ensure you read and understand the Declaration.

**Changes to answers arising after completion of Application Form:** I agree to notify Zurich Life if there is any change in the answers to any questions addressed in relation to this application for a policy between the date of completion of this application form and the date that the policy issues. Any failure on my part to do so could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced.

**Smoking Habits:** I understand that I am expected to answer honestly and with reasonable care in relation to my smoking habits. I understand that if I provide incorrect or false information about my smoking habits, this may be considered by Zurich Life to constitute misrepresentation and it may refuse to pay all or part of my claim.

**Copy of application:** I understand Zurich Life will send me a copy of the application submitted by the relevant Financial Advisor. If any answers or statements in the application are incorrect or inaccurate, I will advise Zurich Life in writing within ten days of receiving the copy of the online application submitted by the Financial Advisor, or payment of the first premium, whichever is later.

**Exclusions:** I understand that the policy of insurance contains specific conditions and exclusions relating to the cover provided as summarised in Appendix A of the Zurich Life Income Protection Customer Guide and the policy document, a copy of which is available on request.

#### Replacements

Are you replacing an existing policy in whole or in part?

Not a Replacement



**Warning:** If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or Financial Advisor.

Where this policy is replacing an existing policy you must answer all the questions in this application honestly and with reasonable care. Failure to comply with these requirements and / or any negligent or fraudulent misrepresentation could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced.

#### Policy Sales

Was this policy sold, signed or completed outside Ireland?



Yes



No

☒ I accept and confirm all of the declarations and statements in this Declarations section

Confirm whether the policy is a replacement.

Confirm if it was signed or sold outside of Ireland.

Accept the Declarations and statements in this section

## Declarations and Questions

### Important note: legal duty to answer questions honestly and with reasonable care.

When answering the questions in this section you must answer all questions honestly and with reasonable care. Failure to comply with these requirements and/or any negligent or fraudulent misrepresentation could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced.

These questions are designed to identify factors that may influence the assessment and acceptance of an application for insurance or may increase the possibility that you will make a claim. If you are in any doubt in relation to giving details to a question then you should provide these details.

☒ I accept

### Health Statement - Important Note

However, it is important that you are aware that in accordance with the provisions of Part 4 of the Disability Act 2005 you should **NOT** disclose the result of any **Genetic (DNA or RNA) test**.

You must disclose if you are having treatment for, experiencing symptoms of, or having investigations (other than a genetic test) for a genetic condition as well as disclosing all other conditions. You must also give us full information about your family history (without disclosing the name of any relatives), including all genetic conditions as requested in the family history set of questions.

☒ I accept

### Permission To Request Further Information

I agree to give Zurich Life permission to request medical information from any doctor, hospital or clinic that I have attended and to request relevant information from any other insurance office that I have applied to for life insurance cover. I agree that this authority will remain in force after my death.

☒ I accept

Read and accept all three Declarations and Questions.

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Next

# Policy Owner Details



## Policy Owner Details - Irene Roberts

Title	<div>Ms</div>
First Name	<div>Irene</div>
Surname	<div>Roberts</div>
Surname at birth if different	<div>Surname at birth</div>
Date of birth	<div>19/03/1983</div>
Gender	<div>Female</div>
Country of Nationality	<div>Australia</div>
Country of Residency	<div>Ireland</div>
Search Eircode or Address	<div>Enter the Address or Eircode</div>
Residential Address	<div>14 Summer Bay</div> <div></div> <div></div> <div></div> <div></div> <div>Eircode</div>
Type of Address	<div><div><input type="radio"/></div>PO Box<div><input type="radio"/></div>Care of<div><input checked="" type="radio"/></div>Standard</div>
Occupation	<div>Manager Catering</div>
Employment Status	<div>Employed</div>
Are you (or have you been within the last 12 months), a PEP or an RCA of a PEP?	<div><div><input type="radio"/> Yes</div><div><input checked="" type="radio"/> No</div></div>

If your client is already with Zurich simply search for them using the search functionality.

If they are a new client fill in their details.

## Telephone

Mobile

0836399811

## Web

Email Address

Irene@email.com

Validate Email Address

Irene@email.com

Fill in your clients mobile number and email address. Please ensure these are correct as they will be used in the customer approval step of the application.

## Smoking Habits

In the last 12 months, which of the following best describes your smoking habits:

- ☐ I am a smoker
- ☐ I am an occasional smoker or have smoked in the last 12 months
- ☐ I have used nicotine replacement products including e-cigarettes in the last 12 months
- ☒ I am a non-smoker

Back

Save

Next

Health Statement and Other Information

*Ms Irene Roberts*

1 (i) Height:

ft  ins

or

cm \*

(ii) Weight:

st  lbs

or

kg \*

2(i). In the last 12 months, which of the following best describes your smoking habits:

- ☐ I am a smoker
- ☐ I am an occasional smoker or have smoked in the last 12 months
- ☐ I have used nicotine replacement products including e-cigarettes in the last 12 months
- ☒ I am a non-smoker \*

(ii) Do you drink alcohol?

- ☐ Yes
- ☒ No \*

save

prev

next

Complete height, weight, smoker status and alcohol consumption questions.

Please answer every question and then click *next*. The information gathered allows an immediate response on the application.

Question	Answer	Select
COVID-19 DECLARATION		
In the last 3 months have you tested positive for COVID-19?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
In the last 1 month have you:		
(i) Been advised to self isolate due to COVID-19 (excluding mandatory Government orders to remain at home)?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
(ii) Had a new continuous cough, fever or raised temperature?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
(iii) Been, to your knowledge, in contact with an individual suspected or confirmed to have COVID-19? (Please answer 'NO' if the only contact is related to working as a medical professional)	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
OCCUPATION / ACTIVITIES / TRAVEL		
3. Please state your occupation	Entered	<input type="button" value="Add"/> <input type="button" value="Cancel"/>
4. Does your occupation involve any of the following: working externally at heights greater than 40 feet / 12 metres, offshore in oil, gas or fishing industries, underground, handling explosives, flying, diving or are you in the armed forces?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
5. Do you have any intention of flying other than as a passenger on a public airline?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
6. Have you travelled or resided outside the EU for more than 3 months in the last 5 years? (Travel to the UK, USA, Canada, Australia or New Zealand need not be disclosed)	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
7. Do you have any intention or prospect of travelling or residing outside the EU other than on a holiday of less than 3 months duration? (Travel to the UK, USA, Canada, Australia or New Zealand need not be disclosed)	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
8. Do you take part or intend to take part in any hazardous pastimes such as motor racing, diving, private aviation or flying, mountaineering or off piste snow sports?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
9. Have you received a conviction for drink driving or driving under the influence of a controlled substance in the past 5 years?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
<input type="button" value="save"/> <input type="button" value="Trigger none"/> <input type="button" value="prev"/> <input type="button" value="next"/>		

Answer medical questions

Ensure you confirm client occupation

If all answers are “No” you can simply click “Trigger no” at the bottom which will set everything to “No”

Ms Irene Roberts

Please answer every question and then click *next*. The information gathered allows an immediate response on the application.

Question	Answer	Select
HEALTH		
10. Have you suffered from or received treatment, medical advice or had investigations for any of the following:		
(i). Cancer, including less advanced early or in situ cancer, tumour, leukaemia, hodgkins disease, lymphoma or any cyst or tumour in the brain or spine?	<input type="text"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>
(ii). Heart attack, angina, cardiac failure, cardiomyopathy, heart valve or structural disorders or other heart disease?	<input type="text"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>
(iii). Stroke, brain haemorrhage, Transient Ischaemic Attack (TIA), mini stroke or brain injury through any cause?	<input type="text"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>
(iv). Disease of the arteries or veins, aortic aneurysms or poor circulation in the legs?	<input type="text"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>
(v). Disease or disorder of the blood, including anaemia or haemochromatosis and clotting disorders?	<input type="text"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>
(vi). Multiple sclerosis, optic neuritis, Parkinsons disease, Alzheimers disease, dementia or paralysis from any cause?	<input type="text"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>
(vii). Epilepsy or any other disease of the nervous system (brain, spinal cord or nerves)?	<input type="text"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>
(viii). Cirrhosis or any other illness affecting the liver?	<input type="text"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>
(ix). Kidney failure or kidney disease including cystic kidney disease?	<input type="text"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>
(x). Diabetes or raised blood sugars or sugar in the urine, thyroid disorders or any hormone abnormalities?	<input type="text"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>
(xi). Any mental illness that required hospitalisation or in patient treatment including psychosis, schizophrenia, bipolar disorder, an eating disorder or have you ever self-harmed or attempted suicide?	<input type="text"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>
<div><div>save</div><div>Trigger none</div><div>prev</div><div>next</div></div>		

Complete medical questions



Ms Irene Roberts

Please answer every question and then click *next*. The information gathered allows an immediate response on the application.

Question	Answer	Select
11. In the last 5 years have you suffered from or received treatment, medical advice or had investigations for any of the following:		
(i). Attendance with a GP, doctor or any mental health service for any of the following: anxiety, depression, low mood, stress or any mental health issue including addiction?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(ii). Chronic fatigue syndrome or fibromyalgia or myalgic encephalomyelitis (ME), fatigue or persistent tiredness?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(iii). Lump, growth, cyst, mole or freckle that has bled, changed shape, colour or size or become painful?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(iv). High blood pressure, raised cholesterol, chest pain or irregular heart beat?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(v). Any form of numbness or tingling, temporary loss of muscle power or tremor, severe headaches, dizziness, seizure, fit, fainting or backout or any other symptom that may be due to a nervous system disorder?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(vi). Ulcers or any disorder of the oesophagus, stomach, intestine, pancreas, bowel, bladder or urinary system including blood or protein in the urine?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(vii). Asthma, bronchitis, emphysema, shortness of breath, sleep apnoea or any other respiratory disorder?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(viii). Blurred or double vision or any disorder affecting the eye (and not wholly corrected by spectacles or contact lenses), ear, nose or throat?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(ix). Arthritis or joint disorders, gout, back, neck or muscular disorder?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(x). If MALE - prostate or any other urinary disorders? If FEMALE - abnormal mammogram, abnormal cervical smear or any other gynaecological or urinary disorder?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(xi). Other than for the conditions you have already disclosed, are you taking any prescribed drugs, medicines, tablets or any other treatment at present? (Please give the name of the condition for which you are taking this treatment for)	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(xii). Other than the conditions disclosed above have you sought medical advice, treatment or had investigations for any other condition in the past 5 years?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(xiii). Are you awaiting the results of any tests / investigations or referral to any hospital, clinic or doctor or do you have any medical condition, pain or other symptoms for which you have not yet sought medical advice?	<input type="button" value="Yes"/>	<input type="button" value="No"/>

Complete medical questions

12(i). Have you ever been treated for alcohol misuse, or advised / counselled to reduce your consumption of alcohol?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(ii). Have you taken cocaine, cannabis, heroin, anabolic steroids or any drugs other than for medicinal purposes within the last 10 years?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(iii). Have you ever tested positive for HIV / AIDS or are you awaiting the results of such a test?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(iv). Have you tested positive for Hepatitis B or C or are you awaiting the results of such a test?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(v). In the past 5 years have you been accepted with special terms, postponed or declined by Zurich Life or any other insurance company for Life Cover, Serious Illness or Income Protection benefit?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(vi). Have you any medical condition which you know or suspect to be hereditary or for which you have received or advised to receive follow up screening?	<input type="button" value="Yes"/>	<input type="button" value="No"/>

<input type="button" value="save"/>	<input type="button" value="Trigger none"/>	<input type="button" value="prev"/>	<input type="button" value="next"/>
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13. Have any of your parents, brothers or sisters ever had one or more of the following medical conditions at age 60 or less? (Please specify age of diagnosis of the relevant medical history):

(i) Breast or ovarian cancer?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(ii). Multiple Sclerosis, Motor Neurone disease or Parkinsons disease?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(iii). Bowel or colon cancer?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(iv). Stroke or heart disease (for example heart attack or angina)?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(v). Cardiomyopathy?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(vi). Muscular Dystrophy of any kind?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(vii). Polycystic kidney disease?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(viii). Huntingtons disease or Alzheimers disease?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
(ix). Any type of cancer that has occurred in the same site in two or more family members? (Note there is no need to repeat any disclosure given in Q13i or 13iii above)	<input type="button" value="Yes"/>	<input type="button" value="No"/>

<input type="button" value="save"/>	<input type="button" value="Trigger none"/>	<input type="button" value="prev"/>	<input type="button" value="next"/>
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Complete medical questions

Question	Answer	Select
<b>OCCUPATIONAL DUTIES SECTION</b>		
Do any of the following activities form an essential part of your work:		
1. Manual or physical activity?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
2. Use of machinery or tools?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
3. Annual business mileage greater than 16,000kms (10,000 miles)?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
4. Working at heights?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
<b>INCOME PROTECTION</b>		
1. Do you have or are you applying for PHI / Income Protection Benefit with another Insurance Office?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
2. Have you ever made a PHI claim or any other claim resulting from an accident, illness or disability?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
3. In the last 2 years have you had to take any days off work due to sickness or injury?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
4. Are you currently off work, working reduced hours or have you altered your duties due to sickness or injury?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
<b>PANDEMIC SUPPORT SCHEME</b>		
1. Are you currently in receipt of a temporary Covid 19 wage subsidy?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
2. Are you currently on a temporary leave of absence by your employer?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
3. Are you self-employed and your business is on hold and / or ceasing to trade as a result of coronavirus (Covid-19)?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
4. Have you returned to work in the last month?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
5. Have you returned to work on a reduced income, hours or with altered duties?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
<b>CONCURRENT or SIMULTANEOUS COVER WITH ZURICH LIFE</b>		
Is this application being submitted as part of two or more simultaneous applications to Zurich Life which have not yet been issued?	No	<input type="button" value="Yes"/> <input type="button" value="No"/>
<div> <input type="button" value="save"/> <input type="button" value="Trigger none"/> </div> <div> <input type="button" value="prev"/> <input type="button" value="next"/> </div>		

Complete medical questions

## Life Insured Doctor Details - Irene Roberts

### Current Doctor

Please search for and select your current doctor

Search for Doctor

Or tick here if you have no doctor ☐

Back Save Next

Provide the relevant Doctor details

# Policy start date and banking info



## Quote Details

Gross Monthly Premium,  
inclusive of levy

€332.65

€ Re-calculate

## Proposal Details

Hold Policy Start Date

☐ Yes ☒ No

Start Date

01/07/2022

Select promotion (if any)

Please Select

## Payment Details

Payment Method

Direct Debit

Payment Frequency


Monthly

Who is paying the premium

☒ Irene Roberts  
☐ 3rd Party

Direct Debit collection date

☒ 1st ☐ 7th ☐ 15th

Use existing mandate 

☐

Account Holder Name

Name

IBAN

IBAN

Validate IBAN

## Additional Details

Remuneration Structure

Please Select

Back

Save

Next

Let us know the policy start date and the client's banking information.

Remember we do not require a signed direct debit mandate to be uploaded.

Select your commission options

# Sending Application for Approval



## Step One - Confirmation

Please review your application

[📄 Application Summary](#)

Or return to the start of the application where you can amend your details

[✎ Edit Application](#)

## Step Two - Agent Declaration

- ☒ I hereby declare that the pre-contractual information requirements set out in the Central Bank of Ireland Consumer Protection Code ("CPC"), the Life Assurance (Provision of Information) Regulations, 2001, the Insurance Act, 1989, the European Union (Insurance Distribution) Regulations 2018 has been provided to the applicant(s) (the Zurich Life Income Protection Personal Plan Customer guide) and that I have advised the applicant(s) as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement. I have provided the applicant with a signed Statement of Suitability.

## Step Three - Customer Approval

If you are happy to proceed, please submit for Customer Approval.

The applicant(s) will receive an automated email and SMS from Zurich Life requesting approval. Once approval has been provided by all parties, the application will automatically be submitted to Zurich Life for processing.

Back

Save

Customer Approval

You can view a summary of the application details here and if you need to change any details, simply click "Edit application".

Next you will need to accept the agent declaration. This is the equivalent of you signing the application form.

Finally you will send the application to your client to review and approve.

### Approval Warning

#### Warning

I declare that the information provided by me on behalf of the applicant, with their authority, accurately reflects the information that was provided to me by the applicant (including any information provided to me on a data capture form) and that Zurich Life can rely on the information provided once the applicant has provided their approval.

I confirm that the applicant has consented to his/her personal data being disclosed to me and to Zurich Life.

An automated email to Irene Roberts (patrick.jordan@zurich.com) will be issued to the applicant to request approval.

If you are not ready to request customer approval then please choose cancel.

On receipt of the applicant approval the application will be automatically submitted to Zurich Life.

You can track the status of this application using your pipeline within the broker centre.

Cancel

Request Customer Approval

### Step One - C

Please review your

[Application Summary](#)

Or return to the start

[Edit Application](#)

### Step Two - A

☒ I hereby declare that the information provided is accurate and reflects the information that was provided to me by the applicant (including any information provided to me on a data capture form) and that Zurich Life can rely on the information provided once the applicant has provided their approval.

### Step Three -

If you are happy to proceed, please submit for Customer Approval.

The applicant(s) will receive an automated email and SMS from Zurich Life requesting approval. Once approval has been provided by all parties, the application will automatically be submitted to Zurich Life for processing.

Back

Save

Customer Approval

This is the final step before the client receives the email.

Once you click 'request customer approval', the email is automatically issued.

## Approval Requested

Your reference number is **82326679**

The application will be processed by Zurich once the applicant(s) approval has been received.

Approval has been requested from the applicant(s) using the email address and mobile phone number provided. Once the applicant(s) approval has been received the application will be submitted to Zurich Life automatically.

Underwriting will only commence once this application has been approved by the applicant(s).

You can monitor the status of this application using the search function in the broker centre.

## Underwriting Decision

### Life Insured - Irene Roberts

Accepted at Standard Rates. These terms apply until **11 September 2022**.


Any additional non-medical requirements will be detailed on our website shortly after applicant(s) approval. On receipt of these (if any) we will issue your policy documentation.


Please note that your client has a duty to notify Zurich Life if there is any change in the answers to any questions addressed in relation to this application for a policy between the date of completion of this application form and the date that the policy issues. Failure to do so may result in any subsequent claim being declined or the amount payable in respect of a claim being reduced.


If you have any further queries please contact the Risk New Business Team on 01 799 2825 or by email at [newbusinessrisk@zurich.com](mailto:newbusinessrisk@zurich.com)

## Documentation

It is a good idea to print the documentation you require now. The only way to access this after leaving the screen will be through the 'search' facility.

 [Application Summary \(PDF\)](#)

 [Customer Guide](#)

 [Policy Document](#)

The approval request has now been issued to the client.

The application summary and other sales documents can be downloaded directly from this screen if required.



# Checking Application Status



Advanced Client Search

Policy

[Home](#) [Sales](#) [Pipeline](#) [Commission](#) [Reports](#) [DC Portal](#)

Home > Sales

Sales

Sales Options

View Previous Applications

Order Literature

Archived Products

Products and New Business

Start a new application or view policy documents/profiles

For the best experience, we recommend that you use the Chrome browser

Product Group: 

Please Select...

To view the applications approval status, click ‘view previous applications’

And search for your application.

Advanced Client Search

Policy

[Home](#) [Sales](#) [Pipeline](#) [Commission](#) [Reports](#) [DC Portal](#)

Home > Sales > Search > Results

Online Application Search Results

Results 1 - 4 of 4

1

REF. NO.	NAME	DATE OF BIRTH	PRODUCT TYPE	POLICY NO
82326679	Roberts, Irene	19/03/1983	Income Protection Personal	N/A

Home > Sales > Search > Results > Application Details

## Application Details

Application Overview			
<b>Reference No:</b>	82326679	<b>Product Type:</b>	Income Protection Personal
<b>Agent No:</b>	00007	<b>Policy No:</b>	N/A
<b>Name:</b>	Roberts, Irene		
<b>Date of Birth:</b>	19/03/1983		

Application History			
TYPE	CREATED	STATUS	OPTIONS
Proposal	13/06/2022 11:34	Awaiting Customer Approval	<a href="#">Edit</a>

## Application Approval

First Owner - Irene Roberts	
<b>Status:</b>	<input checked="" type="radio"/> Awaiting Customer Approval
<b>Mobile:</b>	+353876398991
<b>Email:</b>	patrick.jordan@zurich.com
<a href="#">Edit</a> <a href="#">Resend</a>	

## Application Documentation

[Proposal](#)

## Options

[Delete Application](#)

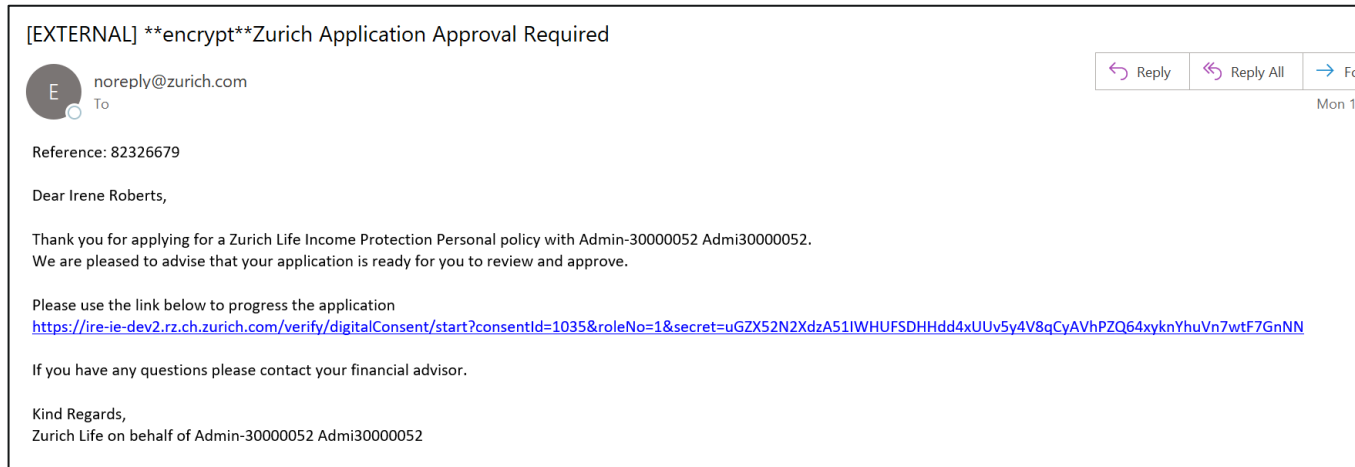
Here you will see this sample is awaiting approval from the client.

You can edit the application here, bare in mind once you do edit the application, the previous application sent for approval becomes invalid.

If for any reason you need to resend the email or edit the contact details, this can be done here also.

Once an application is approved by the client it will no longer be available in this section – it will instead move to your pipeline.

# Sample approval email



Here is a sample of the email your client will receive.

They'll simply need to click the link to view and approve the application in their browser.

# Client Application Approval steps

Zurich Life - Application Approval

Reference: **82326679**

Policy Owner(s): **Irene Roberts**

Welcome Irene Roberts

0836399811

In order to protect your data please verify the mobile phone number you provided to your financial advisor.

Before continuing, please ensure that you have access to the phone, as we will be sending you an SMS code in the next step.

Verify Phone Number

The link will open to a page similar to this.

They need to enter their phone number (the same number you provided during the application).

And click to Verify their number.

## Zurich Life - Application Approval

Reference: **82326679**

Policy Owner(s): **Irene Roberts**

Welcome Irene Roberts

Please click below to receive a code by SMS to your mobile phone number +\*\*\*\*\*8991.

Note this code is for your use only. If there are other applicants they will receive a separate email and SMS.

Send Code to Phone

## Zurich Life - Application Approval

Reference: **82326679**

Policy Owner(s): **Irene Roberts**

Welcome Irene Roberts

We have sent a code to your mobile number +\*\*\*\*\*8991

When you have received the code, please input it here and validate

575515

Validate Code

If you do not receive the verification code SMS message:

- Verify that the mobile number is correct. If it isn't please contact your broker
- Click on "Resend Code" to get a new verification code. Note that if you request more than one verification code, only the most recent code will work

Resend Code

Next, they need to click  
'Send code to phone'

This will send a 6-digit code to their mobile via text message.

Note: Once they receive the code, the client will have ten minutes to input the code.



## Zurich Life - Application Approval

Reference: **82326679**

Policy Owner(s): **Irene Roberts**

Welcome Irene Roberts

Please review the application form PDF below, by clicking on the "Review your application details" button.

Please save a copy of the application for your records using the "Download PDF" button. Note that Zurich will issue you with policy documentation once the policy has issued.



### Very Important - Please Read

Once you have downloaded the PDF, a number of declarations will be shown. These must be completed before your application is approved.

**The declarations shown on screen MUST be completed before your application is approved.**

 [Review your application details](#)

Once they enter the code, they next click "review your application details".

## Zurich Life - Application Approval

Reference: **82326679**

Policy Owner(s): **Irene Roberts**

Welcome Irene Roberts

Please review the application form PDF below, by clicking on the "Review your application details" button.

**Please review the application form PDF below and download a copy for your records by clicking on the "Download PDF" button.**

Once you have finished reviewing the PDF, you MUST complete the declarations on this page to approve your application.



1

of 10



Application Form



### Income Protection Personal

For Application Approval

#### Note to Policy Owner

You have applied for an Income Protection Personal policy and this is a copy of your application which was submitted online by your Financial Advisor. The main purpose of an Income Protection Personal policy is to provide cover in the event that the Life Insured is unable to carry out the main duties of their occupation, due to illness or injury.

Your Financial Advisor will have entered information on your behalf into the Zurich Life online application system and this document is a copy of your online application form. Any data capture form you may have completed for your Financial Advisor to enable your Financial Advisor to complete your application online will not be submitted to Zurich Life.

It is very important that you review all of this application carefully as once it has been approved by you, it shall be relied upon by Zurich Life. It is your responsibility to make sure the data in this application is honest and has been completed with reasonable care before approving it. If you do not answer all questions honestly and with reasonable care, then Zurich Life may not pay out if you need to make a claim in the future. Zurich Life may not get a report from your doctor, so it is vital that you answer all questions honestly and with reasonable care.

#### Note to Financial Advisor

As you are submitting online we do not need to receive the data capture form and it should NOT be sent to Zurich Life as we will process the application entirely based on the details you provide online.

In submitting an application online, you declare that:

- 1) The information provided online by you on behalf of the Policy Owner is provided with their authority;
- 2) The information that you are submitting accurately reflects the information that was provided to you by the Policy Owner and
- 3) Once the Policy Owner has reviewed this application form and provided their approval, Zurich Life can rely on the information provided and it will form the basis of the Policy Owner's Risk assessment.

The application form will include all the details you entered and look like this sample extract.

Important Notice

Legal duty of Policy Owner / Life Insured to answer questions honestly and with reasonable care:

I am aware, as the Policy Owner and the Life Insured, that I have a legal duty to answer all questions asked in relation to the application for this policy honestly and with reasonable care. Failure to comply with these requirements and / or any negligent or fraudulent misrepresentation could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced.

As the Policy Owner, I understand that any answers and information provided in relation to the application for this policy will be treated as if they were provided by me. This means that I am ultimately responsible for all answers and information provided to Zurich Life.

I understand that Zurich Life will not necessarily obtain a report from my doctor, so it is vital that I answer all questions honestly and with reasonable care.

I understand that Zurich Life will assess the application based on the information in this form.

I understand that it is my responsibility to check that the completed application is answered honestly and with reasonable care before submitting it to Zurich Life.

A. Plan Summary

Plan Type

Income Protection Personal

Reference Number

Intermediary Name

Financial Advisor Name

Financial Advisor Email

Intermediary Number

Life Insured

Name

Ms Irene Roberts

Date of Birth

19/03/1963

Ref: 82326679

Created: 13 June 2022 12:49:38

Page: 1 of 10

B. Data Protection

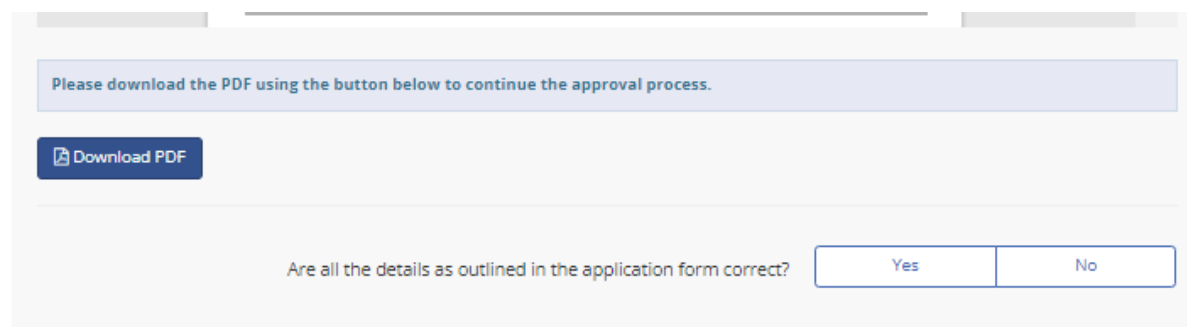
Data Protection Notice

They next need to click “download pdf”. This can be saved for their files.

Please download the PDF using the button below to continue the approval process.

[Download PDF](#)



A screenshot of a web interface for an approval process. It features a light blue header bar with the text 'Please download the PDF using the button below to continue the approval process.' Below this is a dark blue button with a white PDF icon and the text 'Download PDF'. At the bottom, there is a question 'Are all the details as outlined in the application form correct?' followed by two buttons: 'Yes' and 'No'.

After Downloading they will be prompted to confirm if all the details entered were correct.

If any of the details were incorrect, they simply hit “no” and are given the option to send you a message outlining any errors/confusion.

If any changes are to be made it will need to be edited and resent for approval.

Please download the PDF using the button below to continue the approval process.

[Download PDF](#)

Are all the details as outlined in the application form correct? Yes No

I Irene Roberts understand that it is my responsibility to check that my application is **completed honestly and with reasonable care** before approving it and Zurich Life will assess my application based on the information in this application. I understand that any Data Capture Form I may have completed will not be submitted to Zurich Life.

I confirm that I have read the entire completed application and all of the answers and statements in the application are completed honestly and with reasonable care. **I am aware that if I do not answer all questions honestly and with reasonable care then Zurich Life may not pay out if I need to make a claim in the future.** I understand that Zurich Life may not obtain a report from my doctor so it is vital that I fully answer all questions honestly and with reasonable care.

☒ Tick to confirm

I Irene Roberts give Zurich Life permission to request medical information from any doctor, hospital or clinic that I have attended and to request relevant information from any other insurance office that I have applied to for life insurance cover. I agree that this authority will remain in force after my death.

☒ Tick to confirm

I Irene Roberts confirm that I have read, fully understood and accept all of the declarations in the application including: Consumer Insurance Contract Act, Data Protection Notice and Consumer Disclosure and I now wish to approve this application.

☒ Tick to confirm

Where the premium is to be paid by direct debit, I authorise (A) Zurich Life to send instructions to my bank to debit my account (detailed in the application) and (B) my bank to debit such account in accordance with the instructions from Zurich Life.

☒ Tick to confirm

[Approve Application](#)

If all the details are correct and they click “Yes”, they finally need to confirm all four statements and “Approve Application”

## Zurich Life - Application Approval

Reference: **82326679**

Policy Owner(s): **Irene Roberts**



Thank you for approving your application.

Your application has been submitted to Zurich Life for processing.

Your Reference Number is: **82326679**

You may now close this window.

The Application is now complete and has been submitted to Zurich Life

## For More Information

.Please contact your Dedicated Broker  
Consultant who would be happy to assist you.

