

Group Retirement Benefits Plan

Important Information for Customers

You must carefully read the statements below regarding your legal duty to answer questions honestly and with reasonable care together with all of the Consumer Declarations on pages 6 and 7 including (i) the Data Protection Notice, (ii) the Marketing Preferences, (iii) the Life Insured’s Declarations and (iv) the Permission to request further information. If you have read and understand each declaration, please sign at the end of page 7.

Important Notice: Legal duty to answer questions honestly and with reasonable care:

- I am aware that I have a legal duty to answer all questions asked honestly and with reasonable care. Failure to comply with these requirements and/or any negligent or fraudulent misrepresentation could invalidate the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced.
- 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 (see overleaf).
- I understand that Zurich Life will assess cover based on the information in this form. I understand that it is my responsibility to check that the completed questionnaire is answered honestly and with reasonable care before submitting it to Zurich Life.

Note:

Please complete in
BLOCK CAPITALS.

A Personal Details

Mr	Mrs	Ms	Forename		
Surname					
Address					
Date of Birth			Sex	M	F
Marital Status	Married/Civil Partner	Single	Separated	Widow(er)	Divorced/Former Civil Partner
Contact Number					
Email Address					
Nationality					
Country of Residence					
Annual Salary	€				
Employer					
Date of Entry into Employment					

Note:

Please answer carefully
giving full details and if
necessary use a separate
sheet for additional
information.

B Health Statement and Other Information

Important note

When answering the questions in this section you must answer all questions honestly and with reasonable care and failure to do so may lead to a claim being partially or fully declined and/or your cover as a whole being invalidated.

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.

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 Question 13.

B Health Statement and Other Information (continued)

Please give the name, address of and the number of years that you have attended your usual doctor.

Doctor's
Name

Address

For how many
years?

If you have been with this Doctor for more
than 5 years, when did you last visit them?

If you have changed your doctor in the last year, please also give the name and address of your previous doctor.

Doctor's
Name

Address

Most Zurich Life medical examinations are completed with your usual doctor. However, if an independent examination is required, please supply the name and address of a suitable doctor. Zurich Life will confirm which doctor you are required to attend for this examination.

Doctor's
Name

Address

Note:

Nicotine replacement products may include e-cigarettes, nicotine products or gum.

Smoking Habits

Life Insured

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

If you are a smoker, what amount of all tobacco products do you consume:

Cigarettes per day

Cigars per day

Pipe tobacco grams per day

Personal Details

Life Insured

Details

1. (i) What is your height?

(ii) What is your weight?

(Please specify stones, pounds or kilos.)

2. Do you drink alcohol?

What is your average weekly consumption in units?

Yes

No

(One pint = 2 units, a bottle of beer is 1½ units, a standard glass of wine or a single measure of spirits is one unit.)

Note:

Please answer carefully, giving full details and, if necessary, use a separate sheet for additional information. Tipp-ex should not be used on the application form. If you need to alter an answer please put a line through the incorrect part of the answer and initial the alteration.

Continued overleaf

B Health Statement and Other Information (continued)

Note

If your occupation is "Company Director"/"Partner" please advise the nature of the business.

Occupation/Activities/Travel

3. Please state your occupation.
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?
5. Do you have any intention of flying other than as a passenger on a public airline?
6. Have you travelled or resided outside the EU for more than 3 months in the last 5 years?
(Travel to UK, USA, Canada, Australia or New Zealand need not be disclosed.)
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 UK, USA, Canada, Australia or New Zealand need not be disclosed.)
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?
9. Have you received a conviction for drink driving or driving under the influence of a controlled substance in the past 5 years?

Life Insured

Life Insured

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Details

Health

10. Have you ever 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, hodgkin's disease, lymphoma or any cyst or tumour in the brain or spine?
 - (ii) Heart attack, angina, cardiac failure, cardiomyopathy, heart valve or structural disorders or other heart disease?
 - (iii) Stroke, brain haemorrhage, Transient Ischaemic Attack (TIA), Mini Stroke or brain injury through any cause?
 - (iv) Disease of the arteries or veins, aortic aneurysms, or poor circulation in the legs?
 - (v) Disease or disorder of the blood, including anaemia or Haemochromatosis or clotting disorders?
 - (vi) Multiple sclerosis, optic neuritis, Parkinson's disease, Alzheimer's disease, dementia or paralysis from any cause?
 - (vii) Epilepsy or any other disease of the nervous system (brain, spinal cord or nerves)?
 - (viii) Cirrhosis or any other illness affecting the liver?
 - (ix) Kidney failure or kidney disease including cystic kidney disease?
 - (x) Diabetes or raised blood sugars or sugar in the urine, thyroid disorders or any hormone abnormalities?
 - (xi) Any mental illness that required hospitalisation or inpatient treatment including psychosis, schizophrenia, bipolar disorder, an eating disorder or have you ever self-harmed or attempted suicide?

Life Insured

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Details

Note: B Health Statement and Other Information (continued)

Please answer carefully, giving full details and, if necessary, use a separate sheet for additional information.

Tipp-ex should not be used on the application form. If you need to alter an answer please put a line through the incorrect part of the answer and initial the alteration.

Health (continued)

	Life Insured		Details
11. In the last 5 years have you suffered from or received treatment, medical advice or had investigations for any of the following:			
(i) Have you required 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?	Yes	No	
(ii) Chronic fatigue syndrome or fibromyalgia or myalgic encephalomyelitis (ME), fatigue, long covid, or persistent tiredness?	Yes	No	
(iii) Lump, growth, cyst, mole or freckle that has bled, changed shape, colour or size or become painful?	Yes	No	
(iv) High blood pressure, raised cholesterol, chest pain or irregular heart beat?	Yes	No	
(v) Any form of numbness or tingling, temporary loss of muscle power or tremor, severe headaches, dizziness, seizure, fit, fainting or blackout or any other symptom that may be due to a nervous system disorder?	Yes	No	
(vi) Ulcers or any disorder of the oesophagus, stomach, intestine, pancreas, bowel, bladder or urinary system including blood or protein in the urine?	Yes	No	
(vii) Asthma, bronchitis, emphysema, shortness of breath, sleep apnoea or any other respiratory disorder? (Colds, influenza, hay fever and simple respiratory tract infections can be omitted.)	Yes	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?	Yes	No	
(ix) Arthritis or joint disorders, gout, back, neck or muscular disorder?	Yes	No	
(x) If male - prostate or any other urinary disorders? If female - abnormal mammogram, abnormal cervical smear or any other gynecological or urinary disorder?	Yes	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 and not the medication itself.)	Yes	No	
(xii) Other than the conditions disclosed above have you sought medical advice, treatment, been hospitalised, or had investigations for any other condition in the past 5 years? (Colds, influenza and hay fever can be omitted.)	Yes	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, discomfort or other symptoms for which you have not yet sought medical advice?	Yes	No	

Continued overleaf

Note:

Please answer carefully, giving full details and, if necessary, use a separate sheet for additional information. Tipp-ex should not be used on the application form. If you need to alter an answer please put a line through the incorrect part of the answer and initial the alteration.

B Health Statement and Other Information (continued)**Health (continued)**

12. (i) Have you ever been treated for alcohol misuse, or advised/counselled to reduce your consumption of alcohol?
- (ii) Have you taken cocaine, cannabis, heroin, anabolic steroids or any drugs other than for medicinal purposes within the last 10 years?
- (iii) Have you ever tested positive for HIV/AIDS or are you awaiting the results of such a test?
- (iv) Have you ever tested positive for Hepatitis B or C or are you awaiting the results of such a test?
- (v) In the past five 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?
- (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 or screening?

Life Insured

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Details**Family History**

13. Have any of your **parents, brothers or sisters** ever had one or more of the following medical conditions at the ages specified: *(Please specify age at diagnosis of the relevant medical history.)*

Family member(s) age 60 OR less

- (i) Breast or ovarian cancer?
- (ii) Multiple Sclerosis, Motor Neurone disease or Parkinson's disease?
- (iii) Bowel or colon cancer?
- (iv) Stroke or heart disease (for example heart attack or angina)?
- (v) Cardiomyopathy?
- (vi) Muscular dystrophy of any kind?
- (vii) Polycystic kidney disease?
- (viii) Huntington's disease or Alzheimer's disease?
- (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 disclosure given in question 13 (i) and (iii) above.

Life Insured

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Details**Existing Cover**

14. Does the Serious Illness sum insured on this application and any other Serious Illness cover you have with any other company exceed €500,000?

Yes No

C Occupational Duties (PTD Own and PHI/Income Protection only)

1. Do any of the following activities form an essential part of your work?

(a) Manual or physical activity?

If YES:

Percentage of time

Please give nature of this activity.

(b) Use of machinery or tools?

If YES:

Percentage of time

Please give nature of this activity.

(c) Annual business mileage greater than 16,000 kms (10,000 miles)?

(d) Working at heights? If YES:
Average height worked

Life Insured

Yes

No

%

Yes

No

%

Yes

No

Yes

No

Prior and Current Risk Applications/Cover (PHI/Income Protection only)

2. Do you have or are you applying for PHI/Income Protection Benefit with another insurance office? If YES, please give full details.

Yes

No

3. Have you ever made an PHI/Income Protection claim or any other claim resulting from an accident, illness or disability? If YES, please give full details, including duration and cause.

Yes

No

4. In the last 2 years have you had to take any days off work due to sickness or injury? If YES, please confirm the number of days.

Yes

No

5. Are you currently off work, working reduced hours or have you altered your duties due to sickness or injury? If YES, please give full details.

Yes

No

Details

D Declarations

(i) Data Protection Notice

Zurich Life Assurance plc ('Zurich Life', 'we', 'our') is a member of Zurich Insurance Group ('the Group'). Zurich Life is the data controller for this contract under data protection legislation. Our Data Protection Notice ('Notice') for this product is detailed at the end of this form. Please read this carefully.

By signing this form I confirm that I have read and understood the Data Protection Notice.

(ii) Marketing Preferences

From time to time, we would like to contact you to keep you up to date with news and offers from Zurich Life and those of the Zurich Group or third parties that we recommend. If you are happy for us to do this, please choose how 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, or by writing to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

Continued overleaf

D Declarations (continued)

(iii) Declarations by Employee

- **This questionnaire:** I declare that I have read the entire questionnaire form after it was fully completed and I am satisfied that all the answers and statements in this form are answered honestly and with reasonable care.
- **Consumer Insurance Contracts Act:** 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 benefits 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 by 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 to cover the benefits, 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 the employee on behalf of the Policy Owner, whether in this employee questionnaire or via a separate medical examination or otherwise, are provided by me on behalf of the Policy Owner, by which the Policy Owner will be bound.
- **Changes to answers arising after completion of Questionnaire:** I agree to notify Zurich Life if there is any change in the answers to any questions addressed in relation to this questionnaire between the date of completion of this questionnaire and the date that the cover of the benefits is accepted. Any failure on my part to do so could invalidate or affect the insurance benefits. 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.

(iv) 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.

If the policy was sold, signed or completed outside Ireland, insert the name of the country where it sold, signed or completed.

I confirm that I have read and fully understand:

- 1. parts (i), (ii), and (iii) of the above declaration;**
- 2. the legal duty to answer questions honestly and with reasonable care on page 1**

I have read, fully understand and agree to part (iv) of the above declaration.

I am aware that if I do not answer all questions honestly and with reasonable care, Zurich Life may decline to pay a future claim.



Life Insured:

Please sign and date.

Signature of Life Insured/Employee

X

Date

Data Protection Notice

About this Notice

Everyone has rights with regard to the way in which their personal data is handled. During the course of our activities we will collect, store and process personal data about you. The purpose of this Notice is to set out some information on the collection and processing of your personal data. Further information can be obtained in our Privacy Policy which is available at www.zurich.ie/privacy-policy.

The Data we collect

We collect the following personal data ('Data') from you (unless you are a member of a group scheme, in which case we may collect the Data from your employer or the trustee of the scheme):

- **Contact and identifying information** such as title, name, address, email, telephone number, gender, marital status, date of birth, occupation, PPS number, nationality, country of residence and photographic identification. We require this Data to identify you, contact you, conduct a suitability assessment (in the event of a sale via a financial advisor employed by or tied to Zurich Life), to fulfil our contract with you and to comply with legal obligations (e.g. performance of anti-money laundering checks). For investment products we also collect your US citizen status and your Tax Identification Numbers from other countries (if applicable) which we require to comply with Revenue law. If you are a member of a group scheme, we may also collect your employer's details.
- **Financial information** such as bank details, credit/debit card details (where needed) and income details (where applicable). We require this Data so we can assess the premium to be paid, to fulfil our contract with you and to comply with legal obligations.
- **Medical condition and health status** for protection products and some pension and investment products which also offer life and serious illness benefits, we collect medical information relating to: personal habits (e.g. smoking or consumption of alcohol), prescription information and medical history. For pension products we may collect disability information (e.g. if you apply for an early retirement due to ill health). We require this Data so that we can fulfil our contract with you.
- **Other sensitive information** - in certain cases, we may receive sensitive information from which it may be possible to infer your trade union membership, religious or political beliefs (e.g. if you are a member of a group scheme through a professional, trade, religious, community or political organisation). In addition, we may obtain information about your criminal record or civil litigation history in the process of preventing, detecting and investigating fraud. We may obtain your PEP (politically exposed person) status, which is necessary for compliance with anti-money laundering legislation.

Data collected from third parties

We may collect Data from third parties if you engage with us through a third party e.g. through a financial broker/advisor or, in the case of a group scheme, through your employer. We do this in order to fulfil our contract and provide services to you. We may also obtain Data from third parties so that we can assess a claim.

What do we do with your Data?

We collect and process this Data to manage and administer our relationship with you. We may use, process and store the Data, for the following purposes:

- Risk evaluation, product suitability, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, to provide annual statements, to create trustee annual reports (in the context of group schemes), for statistical evaluation, for survey purposes or to otherwise ensure the Group service delivery. Zurich Life or other members of the Group may contact you in connection with these purposes. We do this in order to provide you with the services for which you have contracted with us.
- We may check the Data you have provided against international/economic or financial sanctions laws or regulated listings to comply with legal obligations (e.g. anti-fraud and anti-money laundering requirements) or otherwise to protect our legitimate interests and/or the legitimate interests of others.

Sharing of Data

In order to provide a seamless service, we may share your Data (where appropriate):

- With other companies in the Group such as branches, subsidiaries, affiliates within the Group, partners of the Group, coinsurance and reinsurance companies located in Ireland and abroad, including outside the European Economic Area ('EEA').
- If you apply for, or purchase, one of our products through a financial broker/advisor or another third party (e.g. your employer if you are a member of a group scheme), we will, as appropriate, correspond with that third party in relation to your products: this may result in us sharing your Data with that third party.
- Without your consent or without consulting you, when we believe that it is appropriate to comply with our legal obligations, a Court Order or to cooperate with State bodies (e.g. Revenue, the Central Bank, The Pensions Authority and law enforcement agencies).
- On the sale, transfer or reorganisation of our or our Group's business (or any part of it).
- With business partners, suppliers and sub-contractors with whom we work and/or engage (e.g. auditors, cloud service providers, medical professionals, third-party claim administrators and outsourced service providers) to assist us in carrying out business activities which are in our legitimate business interest and where such interests are not overridden by your interests.
- In order to enforce this Notice or other legal rights, to protect the security and safety of others, and to prevent fraud.

For further information with respect to the third parties that we may share Data with, please see our Privacy Policy which is available at www.zurich.ie/privacy-policy.

Continued overleaf

Data Protection Notice (continued)

Where transfers of Data take place outside the European Economic Area ("EEA"), we ensure that they are undertaken lawfully and in accordance with appropriate safeguards. Data may be transferred to, and stored outside the European Union ("EU") or EEA and in a country for which there is no adequacy decision relating to the safeguards for Personal Data from the European Commission. In such instances, appropriate safeguards are put in place to protect your Data. For further information with respect to the non-EU or non-EEA countries to which your Data may be transferred and for which there is no adequacy decision relating to the safeguards for Personal Data from the European Commission or for a copy of the safeguards put in place to protect your Data, please see our Privacy Policy which is available at www.zurich.ie/privacy-policy.

If you have any questions about your Data, you can contact our Data Protection Officer, free of charge, using the contact details below.

Marketing

Depending on the marketing preferences you have expressed in any application forms for our products or services, we may send you details of offers and news that we would like to share with you. Please note that you have the right to change your preferences at any time by contacting us by phone on 01 799 2711, by email at customerservices@zurich.com, or by writing to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

Data Retention

The time periods for which we retain your Data depend on the purposes for which we use it. We will keep your Data for no longer than is required or permitted. For more detail, see our Data Retention Policy at www.zurich.ie/privacy-policy.

Data Subject Rights

You have the following rights in relation to your Data which is held by Zurich Life:

1. To ask for details of your Data held by us.
2. To ask for a copy of your Data.
3. To have any inaccurate or misleading Data rectified.
4. To have your Data erased.
5. To restrict the processing of your Data in certain circumstances.
6. To object to the processing of your Data.
7. To transfer your Data to a third party.
8. A right not to be subject to automated decision making.
9. The right to receive notification of a Data breach.
10. Where processing is based on consent, the right to withdraw such consent.
11. The right to lodge a complaint to the Data Protection Commission.

If you wish to avail of these rights, a request must be submitted in writing to our Data Protection Officer. In order to protect your privacy, you may be asked to provide suitable proof of identification before we can process your request.

Our Data Protection Officer is contactable by phone, email, or post via:

- Zurich Life Customer Services on 01 799 2711
- dataprotectionofficer@zurich.ie
- Data Protection Officer, Zurich Life, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

Privacy Policy

Please note that this Notice is not a stand-alone document and should be reviewed in conjunction with our Privacy Policy which is available at www.zurich.ie/privacy-policy.

Zurich Life Assurance plc

Zurich House, Frascati Road, Blackrock, Co. Dublin, A94 X9Y3, Ireland.

Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurich.ie

Zurich Life Assurance plc is regulated by the Central Bank of Ireland.