

Group Risk

Note:
Please complete in BLOCK CAPITALS.

Note:
Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts, Zurich Life is required to obtain certain documentation and information. Scheme Members must provide certified copy of photo ID and certified copy of proof of address when making a claim, before any payment can be made.

Additional Information

A

Intermediary Name

Financial Advisor Name

Scheme Name

Contact Name in Company for this Scheme

Intermediary Number

B

Principal Employer Details

Full Name of Principal Employer

Country of Incorporation

Address

Nature of Business

Registered Address (if different from above)

Registered Company Number

Principal Employer Tax Reference No.

Policyholder Category

Limited Company

PLC

Charity

Partnership

Trust

Note:
Please complete appendices 2 and 3 as appropriate for each of your associated employers.

For multiple associated employers, please provide the details requested in section B1 for each company.

B1

Associated Employer Details

If any person you wish to include in this plan is not employed directly by you, please provide the following information:

Registered Employer Name

Registered Company Number

Address of Registered Office

How are they associated with you? (For example, sister company, direct/indirect subsidiary, etc.)

(If there is more than one employer, please give details on a separate sheet.)

Note:
ZTSL (Zurich Trustee Services Ltd) or ZIMT (Zurich Ireland Master Trustee DAC) will not act as Trustees to a new Group Life Scheme.

C Documentation Details (Group Life)

Who is acting as Trustee?

Please provide names of trustee(s)

Trustee Address

If applicable:

Country of Incorporation

Registered Company Number

If there is more than one Trustee, please give details for each on a separate sheet if necessary.

Please complete one of the three choices below:

1. Existing Documentation

If an existing Trust is to apply to the Group Life Scheme, please attach a copy of the Trust Deed and Rules and any relevant scheme details, including the names of the Trustees.

Title of Trust

Revenue Reference Number

S F -

Exempt

Approval Date

Pensions Authority Registration Number

P B -

2. New Documentation

If a group pension scheme is being established with a Trust that covers the Group Life Scheme, please provide details.

3. Principal Employer's Declaration of Trust

If a Group Life Scheme is to be established with Zurich Life Assurance plc, please complete the Declaration of Trust attached as Appendix 1 hereto.

D Scheme Details

Annual Renewal Date Required

0 1

(01/MM)

Premium Payment Frequency (tick as required)

Annual

Half-yearly

Quarterly

Monthly

Premiums are paid by Direct Debit Mandate. Please complete the DDM at the end of this application.

Is a Continuation Option required? If so, please tick the appropriate boxes - only complete if quoted for:

Group Life (Lump Sum only)

Group Permanent Health Insurance

1. For Group Life, complete Section D1

2. For Spouse's Pension Death-in-Service, complete Section D1 and Section D2

3. For Group Permanent Health Insurance, complete Section E

4. For Serious Illness, complete Section F

Note:
A continuation option adds an additional 3% to the cost.

Note: **D1 Scheme Details - Group Life**

Please fully complete this section if you wish to apply for Group Life Cover.

Exclusion of employees should be considered in light of any legislative obligations.

What Eligibility Conditions should apply?
(E.g. full and/or part-time, permanent and/or temporary employees.)

Are new entrants to be added: During the year? OR Only at the annual renewal date?

Occupation of Members

(Please attach a separate sheet if there are multiple occupation types.)

Is Membership of the scheme compulsory for all eligible employees?

Take Up Rate
(for voluntary/
discretionary basis)

%

OR Are new entrants included on a voluntary/discretionary basis?

Lump Sum Life Assurance Benefit*

(i.e. formula for calculation e.g. 4 x Salary, 2 x Salary, etc.)

Ceasing Age for Membership

(Maximum ceasing age is member's normal retirement age.)

Are benefits based on actual salary at the date of death?

OR The salary that was in place at the last annual renewal date?

Who will pay the premiums?

Definition of Salary

Basic annual salary excluding fluctuating emoluments.

OR

Other - Please give details below.

Note:

* Please also fill in Section D2 if Spouse's Pension Death-in-Service Cover is required.

D2 Scheme Details - Spouse's Pension Death-in-Service Cover
Please only complete if requested at quote stage.

What Eligibility Conditions should apply?
(E.g. full and/or part-time, permanent and/or temporary employees.)

Spouse's Pension Benefit

(i.e. formula for calculation e.g. 25% of Salary)

Spouse's Escalation Rate

Fixed

Subject to CPI

Children's Pension Benefit

(i.e. formula for calculation e.g. 50% of Spouse's Pension for one or more children.)

When will the Children's Pension Benefit cease?

(E.g. when children reach age 18.)

Coverall

Dependants

Please only complete if quoted for

Orphan's Pension Benefit

Escalation on above Pensions

(i.e. the percentage at which the pension in payment will increase each year (e.g. flat 0, 2, 3, 5% or Consumer Price Index-Max. 3, 5%))

Note:

Please complete Section D2 in addition to Section D1 if Spouse's Death-in-Service Cover is required.

Note: **E** **Scheme Details - Group Permanent Health Insurance - PHI**

Please fully complete this section if you wish to apply for Group Permanent Health Insurance Cover.

Exclusion of employees should be considered in light of any legislative obligations.

What Eligibility Conditions should apply?

(E.g. full and/or part-time, permanent and/or temporary employees.)

Are new entrants to be added: During the year? OR Only at the annual renewal date?

Occupation of Members

(Please attach a separate sheet if there are multiple occupation types.)

Is Membership of the scheme compulsory for all eligible employees?

OR Are new entrants included on a voluntary/discretionary basis?

Take Up Rate
(for voluntary
discretionary
basis)

%

Income Benefit

(i.e. formula for calculation e.g. 75% of salary less State Single Disability Benefit.)

Premium

Protection Benefit

(i.e. formula for calculation e.g. 10% of salary.)

The rate of increase while the benefit is paid is % a year.

Escalation Rate

Fixed

Subject to CPI

Deferred Period
to Apply

(E.g. 13 weeks, 26 weeks, 52 weeks.)

Ceasing Age for
Membership

(Maximum ceasing age is the earlier of the member's normal retirement age or 68th birthday.)

Are benefits based on actual salary at the date of disablement?

OR The salary that was in place at the last annual renewal date?

Who will pay the
premiums?

Definition of
Salary

OR

Basic annual salary excluding fluctuating emoluments.

Other - Please give details below.

Note:

Please fully complete this section if you wish to apply for Group Serious Illness Cover.

Exclusion of employees should be considered in light of any legislative obligations.

F Scheme Details - Group Serious Illness**Eligibility Conditions**

(E.g. age or service requirements.)

Are new entrants to be added: During the year? OR Only at the annual renewal date?

Occupation of Members

(Please attach a separate sheet if there are multiple occupation types.)

Is Membership of the scheme compulsory for all eligible employees?

OR Are new entrants included on a voluntary/discretionary basis?

Take Up Rate
(for voluntary/
discretionary
basis)

%

Serious Illness Benefit

(E.g. 1 x salary, 2 x salary, etc.)

Maximum Serious Illness Benefit**Ceasing Age for Membership**

(Maximum ceasing age is member's normal retirement age.)

Are benefits based on actual salary at the date of claim? OR The salary that was in place at the last annual renewal date?

Who will pay the premiums?**Definition of Salary**

Basic annual salary excluding fluctuating emoluments.

OR

Other - Please give details below.

G Actively At Work Declaration - to be completed by schemes NOT currently insured AND schemes currently insured that are switching insurer and increasing the scheme benefits.

If a Free Cover Limit (non-selection limit) has been quoted to you and this scheme is not currently insured, please complete below:

We, (Insert name of Principal Employer)

hereby apply on behalf of the employees listed below (or on a separate sheet) to be included in the Group Life/PHI/ Serious Illness Scheme.

Were all employees listed below
(or on a separate sheet) actively at work on

and not absent due to illness or injury for more than three consecutive working days in the previous six months, or since joining service, if shorter? Yes No

If yes, please advise below in this respect:

1. The nature of the illness/injury.
2. The duration of the illness and date of return to work. (Please attach a separate sheet if necessary.)

We confirm that we have answered this question honestly and with reasonable care.

Signature

X

Date

Please Print Name

Position

Please list below the employees that the 'Actively at Work Declaration' represents or alternatively attach a separate sheet.

Name	Sex	Date of Birth	Salary	Occupation	Employer (if not Principal Employer)

H Travel Abroad and Occupation Information

1. Does any Insured Person intend to change occupation?
2. Does any Insured Person intend to go on business trips to places other than the UK, EU, North America, Australia, New Zealand, Switzerland, Norway, Hong Kong, Singapore, Japan, Canada, Liechtenstein and Andorra?
3. Does any Insured Person fly or intend to fly on business trips other than as a passenger on a regular public airline?

Yes No

Yes No

Yes No

If you have answered yes to any of the three questions, please provide details here including nature of new occupation, countries where Insured Person will travel, planned duration of stay and frequency:

We agree to give notice to Zurich Life if the above information changes at any subsequent reviews of the rates/terms. Zurich Life reserves the right to impose special terms in respect of these Insured Persons.

Note:
Please fully complete
this section.

1 Principal Employer's Declaration

We, (Insert name of Principal Employer

and the name of the Trustees where applicable)

hereby request you to issue a Group Life, PHI and/or Serious Illness policy/policies (together the "Policy") to cover those employees who shall be admitted to membership of the Scheme(s), (the "Insured Persons") on the terms agreed, in accordance with the Rules (if applicable) and the relevant policy documentation.

- i. Zurich Life Assurance plc ('Zurich Life') reserves the right to call for evidence of age at any time.
- ii. No benefit is payable in respect of any claim occurring before the commencement date as confirmed by Zurich Life.
- iii. For serious illness, no benefit is payable in respect of any claim for a pre-existing condition present on or before the Member's start date.
- iv. A new associated company cannot be added without the prior consent of Zurich Life.

We understand that we 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 this Group Risk Application Form, Employee Questionnaire(s), Actively At Work Declaration(s), On Risk Requirement Form and any medical exam (if requested) for Zurich Life, along with any answers to questions provided by Zurich Life).

We understand that we must also ensure that any information voluntarily provided by us or on our behalf is provided honestly and with reasonable care. We understand that Zurich Life shall rely upon this information when deciding whether to accept this policy, what terms to apply to it and the premium to be charged. We 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.

We 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 Life/Lives Insured, or any third party on behalf of the Policy Owner, whether in the application documentation for this policy or via a separate medical examination or otherwise, are provided by the Life/Lives Insured and/or third party as agent for and on behalf of the Policy Owner, by which the Policy Owner will be bound.
- the policy of insurance contains specific conditions and exclusions relating to the cover provided as summarised in the relevant Policy Document.

We confirm that all Insured Persons are resident in the Republic of Ireland and should an Insured Person reside or intend to reside outside the Republic of Ireland, we will notify Zurich Life.

The undermentioned has been appointed as our Financial Advisor for purposes of the Group Risk Policy/Policies.

Zurich Life will check the data supplied by the Principal Employer in this application form against international trade/ economic or financial sanctions, laws or regulated listings.

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



Data Protection

Zurich Life Assurance plc ('Zurich Life', 'we', 'our') is a member of Zurich Insurance Group ('the Group'). Zurich Life and the Principal Employer are each separate data controllers for this contract and shall each comply with all their respective obligations under data protection law.

Zurich Life's Data Protection Notice ('Notice') for this policy is detailed at the end of this form. If you give Zurich Life personal data relating to insured persons under this policy, please ensure that those persons know their personal data will be used by Zurich Life.

By signing this form the Principal Employer confirms that it has read and understood the Notice and that it shall use all reasonable endeavors to ensure the information supplied to Zurich Life relating to insured persons and beneficiaries is and shall be accurate and up to date.

Declaration on Duty of Disclosure

The Principal Employer and the Trustee(s) of the Scheme(s) have answered all questions honestly and with reasonable care and we 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.

Details:



**Authorised to sign
on behalf of the
Principal Employer:**

Please sign and date.

Signature

X

Date

Please Print Name

Position



**Please sign and date
if Group Life and/or
Spouse's Death-in-
Service is chosen:**

Authorised to sign on
behalf of the Trustee(s).

Signature

X

Date

Please Print Name

Signature

X

Date

Please Print Name

Signature

X

Date

Please Print Name

Signature

X

Date

Please Print Name

K Associated Employers

1. Each Associated Employer whose employees will participate in a Group Life scheme to be established with Zurich Life Assurance plc, should complete the Associated Employer Form for the Group Life Scheme attached hereto at Appendix 2.
2. Each Associated Employer whose employees will be included for Group Permanent Health Insurance and/or Group Serious Illness, should complete the Associated Employer Form for Group Permanent Health Insurance and/or Group Serious Illness attached hereto at Appendix 3.

For the avoidance of doubt, an Associated Employer whose employees will participate in a Group Life scheme AND be included for Group Permanent Health Insurance and/or Group Serious Illness should complete both Associated Employer Forms attached at Appendix 2 and 3.

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.

Continued overleaf

Data Protection Notice (continued)

- 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.

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.

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.

Appendix 1
Principal Employer's Declaration of Trust
Please request additional signature pages, if necessary.

Note:

To be signed by,
or on behalf of, the
Principal Employer
and each trustee
(including any
corporate trustee)
being appointed
pursuant to this
declaration.

The **Principal Employer** has decided to effect a Group Life scheme (the "Scheme") with Zurich Life Assurance plc (**Zurich Life**). The **Scheme** is hereby established under irrevocable trust as a retirement benefits scheme for the purpose of providing relevant benefits capable of approval by the Revenue Commissioners as an exempt approved scheme under Part 30 of Chapter 1 of the Taxes Consolidation Act, 1997.

The **Principal Employer** hereby appoints the **Trustee(s)** to be the first trustee(s) of the Scheme, and by signing this declaration, the Trustee(s) agree to act in that capacity. The Scheme is governed by this Declaration of Trust and by the rules of the Scheme, a copy of which will be issued pursuant to this application (the **Rules**).

Principal Employer Declaration

We confirm that the policy effected in pursuance of this application will be held by the Trustee(s) under irrevocable trust for the purpose of providing relevant benefits as defined by Chapter 1, Part 30 of the Taxes Consolidation Act, 1997 to or in respect of the Employee as set out in the Rules (defined above).

We agree that the policy shall be based upon the statements and declaration made by the Principal Employer as part of the application for the establishment of the Scheme which establishment will be conditional on the approval by the Revenue Commissioners of the trust as an exempt approved scheme under Chapter 1, Part 30 of the Taxes Consolidation Act, 1997.

We acknowledge that in order to administer the scheme, it may be necessary for Zurich Life Assurance plc or the Trustee(s) to seek information and benefit details from the administrator or trustees, other group company employers or any other relevant insurance company of any scheme, arrangement or contract of the lives insured/beneficiaries in the Scheme.

Between (the **Principal Employer**) and (the **Trustee(s)**):

Signature

X

Date

Please Print Name

Position

Signature

X

Date

Please Print Name

Position

Signature

X

Date

Please Print Name

Position

Signature

X

Date

Please Print Name

Position

Signature

X

Date

Please Print Name

Position

**Authorised to sign
on behalf of the
Principal Employer:**

Please sign and date.

**Authorised to sign
on behalf of the
Trustee(s):**

Please sign and date.

**Authorised to sign
on behalf of the
Trustee(s):**

Please sign and date.

**Authorised to sign
on behalf of the
Trustee(s):**

Please sign and date.

**Authorised to sign
on behalf of the
Trustee(s):**

Please sign and date.

Appendix 2

Associated Employer Form for the Group Life Scheme Please request additional Associated Employer Form(s), if necessary.

To be completed by each company (other than the Principal Employer) whose employees will participate in the

(insert name of scheme) (the "Scheme") established by

(insert name of principal employer) (the "Principal Employer") by way of Declaration of Trust dated

(insert date of declaration of trust) (the "Declaration of Trust")
and the rules issued pursuant to same (the "Rules").

We

(insert name of participating employer) hereby:

1. confirm that we are directly or indirectly controlled by or associated in business with the Principal Employer;
2. confirm that we wish for our employees to be admitted to participation in the Scheme with effect from

(insert date);

3. acknowledge that in order to administer the scheme, it may be necessary for Zurich Life Assurance plc or the Trustee(s) to seek information and benefit details from the administrator or trustees or any other relevant insurance company of any scheme, arrangement or contract of the lives insured/beneficiaries in the Scheme;
4. agree to be bound by, to comply with and to observe the provisions of the Declaration of Trust and the Rules of the Scheme so far as such provisions are applicable to an Employer (as therein defined) other than the Principal Employer;

Zurich Life Assurance plc ('Zurich Life', 'we', 'our') is a member of Zurich Insurance Group ('the Group'). Zurich Life and the Principal Employer are each separate data controllers for this contract and shall each comply with all their respective obligations under data protection law.

Zurich Life's Data Protection Notice ('Notice') for this policy is detailed at the end of this form. If you give Zurich Life personal data relating to insured persons under this policy, please ensure that those persons know their personal data will be used by Zurich Life.

By signing this form the Principal Employer confirms that it has read and understood the Notice and that it shall use all reasonable endeavors to ensure the information supplied to Zurich Life relating to insured persons and beneficiaries is and shall be accurate and up to date.

 **Signature
of behalf of the
Associated Employer**
Please sign and date.

Signature

X

Date

Please Print Name

Position

Appendix 3

Associated Employer Form for Group Permanent Health Insurance and/or Group Serious Illness Please request additional Associated Employer Form(s), if necessary.

To be completed by each company (other than the Principal Employer) whose employees will be included for Group Permanent Health Insurance and/or Group Serious Illness.

We

(insert name of participating employer) hereby:

1. confirm that we are part of the same group of companies as

(insert name of principal employer) (the "Principal Employer");

2. confirm that we wish for our employees to be included under the policy for Group Permanent Health Insurance and/or Group Serious Illness (as applicable);
3. request the Principal Employer to arrange cover for our employees under the policy for Group Permanent Health Insurance and/or Group Serious Illness (as applicable);
4. acknowledge that in order to administer the scheme, it may be necessary for Zurich Life Assurance plc or the Trustee(s) to seek information and benefit details from the administrator or trustees or any other relevant insurance company of any scheme, arrangement or contract of the lives insured/beneficiaries under the policy for Group Permanent Health Insurance and/or Group Serious Illness (as applicable);

Zurich Life Assurance plc ('Zurich Life', 'we', 'our') is a member of Zurich Insurance Group ('the Group'). Zurich Life and the Principal Employer are each separate data controllers for this contract and shall each comply with all their respective obligations under data protection law.

Zurich Life's Data Protection Notice ('Notice') for this policy is detailed at the end of this form. If you give Zurich Life personal data relating to insured persons under this policy, please ensure that those persons know their personal data will be used by Zurich Life.

By signing this form the Principal Employer confirms that it has read and understood the Notice and that it shall use all reasonable endeavors to ensure the information supplied to Zurich Life relating to insured persons and beneficiaries is and shall be accurate and up to date.


**Signature
of behalf of the
Associated Employer**
Please sign and date.

Signature

X

Date

Please Print Name

Position

SEPA Direct Debit Mandate

Zurich Life Unique Mandate

Reference Number (to be
completed by the creditor)

Creditor Identifier

IE43ZZZ992829



Important Note: By signing this mandate form, you authorise (A) Zurich Life Assurance plc to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Zurich Life Assurance plc. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields below:

Account Holder Name	
Account Holder Address	
City/Postcode	Country

IBAN (International Bank
Account Number)

Signature(s)
of Account
Holder(s)

X

X

Please Return to:

Creditor Name	ZURICH LIFE ASSURANCE PLC
Creditor Address	ZURICH HOUSE, FRASCATI ROAD, BLACKROCK
	CO. DUBLIN, IRELAND
Type of Payment	RECURRENT

SWIFT BIC

(Bank Identification Code)

Date of Signing

Mandate Declaration

Direct debits will be collected from your bank on the chosen date* of the month the contribution is due. Under Single Euro Payments Area (SEPA) legislation, you are entitled to 14 calendar days prior notice of: (i) the commencement of a direct debit collection from your bank account by Zurich Life or (ii) where there is a change in the direct debit amounts or bank account details. However, SEPA also allows for a shorter notification period and to ensure timely collection of your contributions, Zurich Life operates a three day notification period. This does not affect your rights as outlined in the SEPA Direct Debit Mandate.

*The default chosen date is 1st of the month; the 7th and 15th of the month are available with agreement.

By signing this mandate form you are agreeing to a three day notification period before Zurich Life can collect contributions from your bank account.

Please note: Your IBAN and BIC details are included on your bank statement.

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.

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