

Declaration of health

For use with New Business Applications Only

Important Note – If the answers you have given to the health and other questions on your original application have changed, this form cannot be used and a full new application will have to be completed. This can be obtained from your financial adviser.

Important – Telling Irish Life about relevant information.

Please remember that you are obliged to answer your application form questions and this Declaration of Health, honestly and with reasonable care.

- **If your answers are not true and complete, we may be entitled to void the policy without return of premiums, refuse a claim, treat the policy as if it have been entered into on different terms or limits the amount on foot of the contract of insurance.**

Application Number

Name (s)

Declaration

I declare that there has been no change to the answers to the health and other questions on my original application for cover completed on _____ (date of original application form).

Please sign
and date

Signature of first person to be covered

Signature of second person to be covered

Date

Please be aware for all signatures typed herein, you are electronically certifying this document, just as if you were physically signing on paper.

Note : If your cover is not to commence immediately and in accordance with the Declaration signed as part of your original application for cover, you are obligated to inform us of any changes to the answers you have given to the health and other questions on that application form.