



# Avalon Healthcare & Hospitalisation Cash Plan Application Form



## Address

Applicant's Address:

Home tel number:

Work tel number:

Mobile tel number:

E-mail address:

## First Applicant

Title:  
*(Mr/Mrs/Ms/Miss/Other)*

Surname:

Forenames:

Date of Birth:

Occupation:

Monthly earnings:  
*(Employed - gross salary, overtime, bonuses)*  
*(Self Employed - pre-tax profit)*

€

Employment Status:

Employed

Self Employed

## Second Applicant

Title:  
*(Mr/Mrs/Ms/Miss/Other)*

Surname:

Forenames:

Date of Birth:

Occupation:

Monthly earnings:  
*(Employed - gross salary, overtime, bonuses)*  
*(Self Employed - pre-tax profit)*

€

Employment Status:

Employed

Self Employed

## Children to be insured (if applicable)

| Full Name | Date of Birth |
|-----------|---------------|
|           |               |
|           |               |
|           |               |
|           |               |

## Policy

On the following basis: Single  Joint  Family  Single Parent

Level of Cover: Bronze  Silver  Gold  Platinum

## Payment Information

### Payment Frequency:

Monthly  Quarterly  Half Yearly  Annually

Start Date:

Preferred Direct Debit Date:

Premium:

€

## Declaration - please read carefully and complete

I/We hereby apply for insurance to Axeria Life International PCC Limited (the insurer) under their usual terms and conditions. I/We confirm that the information supplied by me/us in connection with this proposal is correct to my knowledge and belief. I/We note that I/We should keep a record of all information supplied for the purpose of this proposal and that a copy of such information will be supplied if requested by me.

I/We consent to the seeking of information from other insurers and I/We authorise the giving of such information for such purposes. I/We also consent to the insurer or their agents seeking medical information from any doctor who at any time has attended me concerning anything

which affects my physical or mental health and I/We authorise the giving of such information.

### Notice under the Data Protection Act 1988 & 2003

I/We confirm and agree that information about me/us and this Proposal may be retained on paper and computer by APRIL Ireland and used: A) by Axeria Life International PCC Limited, APRIL Ireland and other businesses that provide insurance services relating to the proposal as may be necessary for the administration of my/our policy and dealing with claims. In dealing with claims under my/our policy I/We agree that it may be necessary for APRIL Ireland to obtain and use sensitive personal information

about me/us.

B) to provide information about me/us (whether provided in the proposal or claim form) to other insurers for the prevention of fraud and to other third parties for the purpose of administration of their policy or any claim. Details of such third parties and other insurers will be made available on request.

I/We have been provided with details of the procedure to follow in the event of a complaint. Your contact information may be used to send you details about other products and services available from APRIL Ireland that might interest you. If you do not wish to receive this information please tick this box.

Signature First Applicant:

X

Date:

Signature Second Applicant:

X

Date:

## For Broker's use only

Broker's Name:

Broker's Signature:

Broker's Agency No:

Cheque/Credit Card/Direct Debit Mandate attached? Yes / No Amount: €

# Direct Debit Form

## Instructions to your Bank to pay Direct Debits



|                                     |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|
| Originators Identification NO.(OIN) | 3 | 0 | 6 | 2 | 1 | 3 |
|-------------------------------------|---|---|---|---|---|---|

Please complete parts 1 to 4 to instruct your Bank to make payments directly from your account. Then return the form to:-  
**APRIL (Insurety) Ireland Limited, Suite 211, Unit 3013, Lake Drive, Citywest Business Campus, Dublin 24**

|                                      |
|--------------------------------------|
| Originators Reference (Max 18 chars) |
|--------------------------------------|

**1** Please write the name & full address of your bank & branch)

|        |
|--------|
| Bank   |
| Branch |

**2** Name of account holder

|  |
|--|
|  |
|--|

**3** Sort Code

&

Account Number

|  |  |   |  |  |   |  |  |
|--|--|---|--|--|---|--|--|
|  |  | - |  |  | - |  |  |
|  |  |   |  |  |   |  |  |

**4** Your instructions to the Bank, and your Signature

- I instruct you to pay Direct Debits from my account at the request of APRIL (Insurety) Ireland Limited.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also so notify APRIL (Insurety) Ireland Limited of such cancellation.

**Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### The Direct Debit Guarantee

- This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate.
- If you authorise payment by Direct Debit, then
  - ◆ APRIL (Insurety) Ireland Limited will notify you in advance of the amounts to be debited to your account.
  - ◆ Your Bank will accept and pay such debits, provided that your account has sufficient available funds.
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed an immediate refund by your Bank of the amount so charged where you notify your bank without undue delay on becoming aware of the unauthorised Direct Debit, and in any event no later than 13 months after the date of debiting of such Direct Debit to your account.
- You are entitled to request a refund of any Variable Direct Debit the amount of which exceeded what you could have reasonably expected, subject to you so requesting your Bank within a period of 8 weeks from the date of debiting of such Direct Debit to your account.
- You can instruct your Bank to refuse a Direct Debit payment by writing in good time to your Bank.
- You can cancel the Direct Debit Instruction by writing in good time to your Bank.

april | Ireland



Registered Office: APRIL (Insurety) Ireland Limited, Suite 211, Unit 3013, Lake Drive, Citywest Business Campus, Dublin 24 - Tel: 0749 161868 - Fax: 01 469 3339 - [www.april-ireland.com](http://www.april-ireland.com)

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