



# Sovereign Income Assistance Plan Application Form

Applicant's Address:	
Home tel number:	Work tel number:
Mobile tel number:	E-mail address:

FIRST APPLICANT

Title: <i>(Mr/Mrs/Ms/Miss/Other)</i>
Surname:
Forenames:
Date of Birth:
Occupation:
Monthly earnings: <i>(Employed - gross salary, overtime, bonuses)</i> € <i>(Self Employed - pre-tax profit)</i>
Employment Status: Employed <input type="checkbox"/> Self Employed <input type="checkbox"/>

SECOND APPLICANT (Partner)

Title: <i>(Mr/Mrs/Ms/Miss/Other)</i>
Surname:
Forenames:
Date of Birth:
Occupation:
Monthly earnings: <i>(Employed - gross salary, overtime, bonuses)</i> € <i>(Self Employed - pre-tax profit)</i>
Employment Status: Employed <input type="checkbox"/> Self Employed <input type="checkbox"/>

**Children to be insured (if applicable):**

Full Name	Date of Birth

# Policy

## Sovereign Income Assistance Plan

Sovereign Plan

Sovereign Plan with 25% cash back

On the following basis:

Single

Joint

Family

Single Parent

Group

Upgrade? (If so, please indicate the amount to be upgraded below)

Existing policy number:

### FIRST APPLICANT

Type of Plan:

Accident/Sickness

Optional Unemployment/Business Failure

(14 days deferred period and 24 months benefit period NOT available)

Deferred Period:

14 Days

30 Days

13 Weeks

26 Weeks

Benefit Period:

12 Months

24 Months

Indexation:

Yes

No

Monthly Income Benefit:

€

Premium:

€

### SECOND APPLICANT (Partner)

Type of Plan:

Accident/Sickness

Optional Unemployment/Business Failure

(14 days deferred period and 24 months benefit period NOT available)

Deferred Period:

14 Days

30 Days

13 Weeks

26 Weeks

Benefit Period:

12 Months

24 Months

Indexation:

Yes

No

Monthly Income Benefit:

€

Premium:

€

### PAYMENT INFORMATION

Payment Frequency:

Monthly

Quarterly

Half Yearly

Annually

Start Date:

Preferred Direct Debit Date:

## Declaration

I/We hereby apply for insurance to London General Insurance Company Limited Irish Branch (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

I/We confirm and agree that information about me/us and this Proposal may be retained on paper and computer by APRIL Insurety and used:

A) by APRIL Insurety, London General Insurance Company Limited Irish Branch 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 Insurety 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 Insurety that might interest you. If you do not wish to receive this information please tick this box.

Signature First Applicant:

Date:

Signature Second Applicant:

Date:

### For Broker's use only

Brokers's Name:

Broker's Signature:

Broker's Agency No:

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

# Instructions to your Bank to pay Direct Debits



Originators Identification NO.(OIN)	3	5	0	0	2	4
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Please complete parts 1 to 4 to instruct your Bank to make payments directly from your account. Then return the form to:-

**Insurety (Ireland) Limited, Insurety House, Port Road, Letterkenny, County Donegal**

Originators Reference (Max 18 chars)
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**1** Please write the name & full address of your bank & branch)

Bank Branch
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**2** Name of account holder

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**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 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 Insurety (Ireland) Limited of such cancellation.

## 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
  - ◆ 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 a prompt refund by your Bank of the amount so charged.
- You can cancel the Direct Debit Instruction in good time by writing to your Bank

Signature (s) \_\_\_\_\_ Date \_\_\_\_\_



APRIL Insurety is a trading name of Insurety (Ireland) Limited.  
Insurety (Ireland) Limited (Company Registration No 360638) is an Insurance Intermediary regulated by the Irish  
Financial Regulator and a wholly owned subsidiary of Insurety Plc - a member of the APRIL Group.  
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