

Health Insurance Application Form

1 Health Scheme Details

Group Name/Employer (if applicable)

Intermediary Name (if applicable)

Quote Number (if applicable)

2 Personal Details

Title	First Names	Surname
PPS Number	Gender	Date of birth D M Y
Address		
Telephone Numbers	Home	Mobile
Email		
Date you wish to commence cover	D	M Y

You must include your PPS number and your dependants PPS numbers in the section below in order to avail of tax relief at source on your premiums

3 Previous Health Insurance Details

Please complete this section where applicable. This information is used to ensure continuity of cover and prompt claim settlement for you and your dependants

Previous Health Insurer	Previous Level of Cover
Last Renewal Date D M Y	Previous Policy Number

Have you, or any of your dependants had a break in health insurance cover of more than 13 weeks in the last 10 years?

If yes, please include details on a separate sheet of paper

Please note that if this is the first time you are buying health insurance, if you are increasing the level of your cover, or you have a pre-existing condition, certain exclusion periods may apply before you can make a claim.

4 Plan and Level of Cover Required

5 Dependants

1	First Name	Surname	Date of Birth D M Y
	Relationship (e.g. Spouse/Child)	Gender	PPS Number
	Tick if full time student between age 18 and 20 <input type="checkbox"/>	Last Renewal Date D M Y	Previous Insurer
	Previous Plan	Previous Policy Number	
2	First Name	Surname	Date of Birth D M Y
	Relationship (e.g. Spouse/Child)	Gender	PPS Number
	Tick if full time student between age 18 and 20 <input type="checkbox"/>	Last Renewal Date D M Y	Previous Insurer
	Previous Plan	Previous Policy Number	
3	First Name	Surname	Date of Birth D M Y
	Relationship (e.g. Spouse/Child)	Gender	PPS Number
	Tick if full time student between age 18 and 20 <input type="checkbox"/>	Last Renewal Date D M Y	Previous Insurer
	Previous Plan	Previous Policy Number	
4	First Name	Surname	Date of Birth D M Y
	Relationship (e.g. Spouse/Child) <input type="checkbox"/>	Gender	PPS Number
	Tick if full time student between age 18 and 20	Last Renewal Date D M Y	Previous Insurer
	Previous Plan	Previous Policy Number	