

# LIFESTYLE PROTECTOR PLAN

## BROKER APPLICATION FORM



### PREVIOUS APPLICATIONS

Have you applied for a medically underwritten life, critical illness or income protection policy in the past twelve months through any other insurer, and been declined?

Yes  No

If you have answered Yes to this question, please note that you are not eligible for this plan.

### PERSONAL DETAILS

Title: *(please tick)*

Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Surname:

Forename(s):

Date of Birth:

Address:

Eircode:

Tel (mobile):

Tel (home):

Email:

### YOUR OCCUPATION

Occupation:

Start date of occupation (mm/yy):

Monthly earnings: (Employed – gross salary, overtime, bonus. Self employed – pre-tax profit)

€ \_\_\_\_\_

Employment status:

Employed  Self Employed

If 'Employed' the number of contracted hours:

Do you have a second occupation to cover:  Yes  No  
(If Yes, please answer the questions below)

Occupation:

Start date of occupation (mm/yy):

Monthly earnings: (Employed – gross salary, overtime, bonus. Self employed – pre-tax profit)

€ \_\_\_\_\_

Employment status:

Employed  Self Employed

If 'Employed' the number of contracted hours:

## POLICY

Monthly income benefit: *Cannot exceed 60% of Monthly Earnings stated on page 1*

€ \_\_\_\_\_

Deferred period:

14 days  30 days  90 days

Total monthly premium:

€ \_\_\_\_\_

Start date:  Immediately (please note that this could lead to a double Direct Debit collection)

As soon as possible without incurring a double Direct Debit collection

Specified Date (depending on date chosen, this could lead to a double Direct Debit collection).

Please state date:

## DECLARATION (Please read carefully)

I hereby apply for insurance to Maiden Life Försäkrings AB and Maiden General Försäkrings AB (the insurers) under their usual terms and conditions. I confirm that the information supplied by me in connection with this proposal is complete and correct to my knowledge and belief.

### Please tick the boxes after each statement:

I understand that claims relating to any medical condition which I am aware of, am experiencing symptoms of or which I have been aware of and/or have received treatment for in the last two years, or any associated conditions, shall not be payable under this Lifestyle Protector Plan unless I have been free from symptoms and not received treatment, medication, diagnostic tests or advice for the condition for at least two years preceding the claim.


I understand that claims relating to any chronic condition which I currently know about, or of which I am /have been exhibiting the symptoms whether specifically diagnosed or not or for which I am /have been receiving medical treatment or advice during the

last five years, shall not be payable under this Lifestyle Protector Plan. A chronic condition is a condition which has symptoms that are constant or recur, or which requires long-term monitoring, treatment, consultations, check-ups, examinations or tests.

I understand that at claim stage, medical records showing my medical history relevant to the condition I am claiming for and any associated conditions must be available to the insurers in English from an Irish-registered GP for review, and that if I am unable to evidence medical history in English from Irish-registered GP then this policy is unlikely to be suitable for me. I note that I 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 have been provided with details of the procedure to follow in the event of a complaint.

**Warning:** The current premium may increase with 30 days notice.

Signature: 


Date:

## THIRD PARTY DECLARATION

*Please note:* This section is only to be completed if the person paying for the plan is not the policyholder

I declare that I will pay the Direct Debit for the policy in the name of: \_\_\_\_\_ and this level of financial commitment is affordable now and in the future. Should a claim arise, I understand that I am not eligible to benefit in any way from the policy.

My relationship to the customer is: \_\_\_\_\_

Signature of account holder: 

## DISCOUNT FUEL CARD

As a Hive member, you're also eligible to apply for a Discount Fuel Card provided by DCI, Ireland's leading fuel management provider. The card gives you an exclusive discount on every litre of fuel you purchase at participating stations plus a host of amazing benefits. Tick this box to consent to us acting as an introducer and passing your contact details to DCI, who will provide you with more details.

## PLEASE HELP US TO GO GREEN

Each year we send policyholders an annual review letter and an Insurance Product Information Document, which is a summary of key information relating to your plan. As an environmentally responsible company, we would like to ask for your permission to send you this information by email - not only will this reduce the amount of paper we use, it will also make it easier for you to manage your policy paperwork.

Please can you tick the box below to confirm you are happy to receive this correspondence by email. Sincere thanks for your support in helping us to make a difference to the environment.

I request that my annual reviews and Insurance Product Information Documents are sent to me by email:

# LIFESTYLE PROTECTOR PLAN

## HIVE INSURANCE SERVICES

### SEPA DIRECT DEBIT MANDATE



Unique Mandate Reference:

Creditor Identifier: **IE79API303578**

Legal text: By signing this mandate form, you authorise

- a) Hive Insurance Services DAC to send instructions to your bank to debit your account and
- b) your bank to debit your account in accordance with the instruction from Hive Insurance Services DAC.

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

Name:

Address:

Eircode:

County:

IBAN (International Bank Account Number):

Swift BIC:

Hive Insurance Services DAC, Office 15, Lakeview Point, Unit 24 Claregalway Corporate Park, Claregalway, Co. Galway, H91 PX38

Type of payment is recurrent/repeated

Date of signing:

Signature(s):

**Please return this mandate to:**

Hive Insurance Services DAC, Office 15, Lakeview Point, Unit 24 Claregalway Corporate Park, Claregalway, Co. Galway, H91 PX38.

Person on whose behalf payment is made:  
*(Name of policyholder, if different to above)*

## DATA PRIVACY

Please visit [www.maidenlg.com/privacy\\_notice](http://www.maidenlg.com/privacy_notice) for further information about how and when we process your personal information under our full Privacy Notice. You can also request a hard copy of our privacy notice by contacting our Data Protection Officer at [dataprotection@maideniis.com](mailto:dataprotection@maideniis.com).

### HOW WE USE YOUR INFORMATION

The personal information, provided by you (or anyone acting on your behalf), is collected by or on our behalf and may be used by us, our employees, agents and service providers acting under our instruction for the purposes of insurance administration, underwriting, claims handling, research or for statistical purposes.

We may process your information for a number of different purposes. For each purpose we must have a legal ground for such processing. When the information that we process is classed as 'special category data', we must have a specific additional legal ground for such processing.

Generally, we will rely on the following legal grounds:

- › It is necessary for us to process your personal information to provide this policy and services related to it. We will rely on this for activities such as assessing your application, managing your policy, handling claims and providing other services to you
- › We have an appropriate business need to process your personal information and such business need does not cause harm to you. We will rely on this for activities such as maintaining our business records and developing, improving our products and services, and providing information about our products and services to you
- › We have a legal or regulatory obligation to use such personal information
- › We need to use such personal information to establish, exercise or defend our legal rights

### HOW WE SHARE YOUR INFORMATION

In order to sell, manage and provide our products and services, prevent fraud and comply with legal and regulatory requirements, we may need to share your information with the following types of third parties:

- › Reinsurers, Regulators and Authorised/Statutory Bodies including but not limited to the Irish Revenue Commissioner

- › Credit reference agencies
- › Fraud prevention agencies
- › Crime prevention agencies, including the police
- › Hive Insurance Services Limited
- › Suppliers carrying out a service on our behalf
- › Other insurers, business partners and agents
- › Other companies within the Maiden Insurance Group

### MARKETING

We will not use your information or pass it on to any other person for the purposes of marketing further products or services to you unless you have consented to this.

### FRAUD PREVENTION AND DETECTION

In order to prevent or detect fraud and money laundering we may check your details with various fraud prevention agencies, who may record a search. Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes.

### AUTOMATED DECISIONS

We may use automated tools with decision making to assess your application for insurance and for claims handling processes. If you object to an automated decision, we may not be able to offer you an insurance quotation.

### HOW TO CONTACT US

You can ask for more information about our use of your personal information or complain about its use, by contacting our Data Protection Officer at [dataprotection@maideniis.com](mailto:dataprotection@maideniis.com), or by writing to us at the following address: The Data Protection Officer, Maiden Life Försäkrings AB, c/o Maiden Global Holdings Ltd, Albion House, The Valley Centre, Gordon Road, High Wycombe, Bucks, HP13 6EQ.

For more information on the General Data Protection Regulation you may also write to The Data Protection Commission at:

### DATA PROTECTION COMMISSION

21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland. Tel 0761 104 800.

074 9161868 | [www.hiveinsure.ie](http://www.hiveinsure.ie)

OFFICE 15, LAKEVIEW POINT, UNIT 24 CLAREGALWAY CORPORATE PARK, CLAREGALWAY, CO. GALWAY, H91 PX38

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All covers under this insurance are underwritten by Maiden Life Försäkrings AB, registered in Sweden under number 516406-0468. Registered office Klarabergsviadukten 70, Box 70396, 107 24, Stockholm, Sweden. Maiden Life Försäkrings AB is authorised and regulated by Finansinspektionen, the Swedish financial services regulator, and is authorised in Ireland via the European Union Freedom of Services regime. LPIBRAPP 01/2022