

MEDICAL CASH PLAN

APPLICATION FORM



HIVE
Insurance Services

APPLICANT'S ADDRESS

Address:

Eircode:

Tel (mobile):

Tel (home):

Tel (work):

Email:

FIRST APPLICANT

Title: *(please tick)*

Mr Mrs Miss Ms Other _____

Surname:

Forename(s):

Date of Birth:

Occupation:

Employment status:

Employed Self-employed Not employed

SECOND APPLICANT

Title: *(please tick)*

Mr Mrs Miss Ms Other _____

Surname:

Forename(s):

Date of Birth:

Occupation:

Employment status:

Employed Self-employed Not 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 Annually

Start date:

Preferred Direct Debit date:

Premium:

€

DECLARATION (Please read carefully)

I/We hereby apply for insurance to Cowen Insurance Company 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/us.

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.

I/We 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:
(First applicant)

X

Signature:
(Second applicant)

X

Date:

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:

X

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:

For broker use only:

Broker's name:

Broker's signature:

Broker's agency number:

Cheque / credit card / direct debit mandate attached?: Yes No

Amount: €

MEDICAL CASH 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 the Privacy Policy page on our website, www.hiveinsure.ie, for further information about how and when we process your personal information.

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 providing you with information about your quote, 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, 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
- ▶ You have provided your consent to our use of your personal information, including special category data

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

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.

We may also conduct credit reference checks in certain circumstances. You can find further details in our full Privacy Policy explaining how the information held by fraud prevention agencies may be used or in which circumstances we conduct credit reference checks and how these checks might affect your credit rating.

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

Please contact us if you have any questions about our privacy policy or the information we hold about you:

The Data Protection Officer, Hive Insurance Services, Office 15, Lakeview Point, Unit 24 Claregalway Corporate Park, Claregalway, Co. Galway, H91 PX38.

074 9161868 | www.hiveinsure.ie

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