ECCU ASSURANCE

Declarations & Group Risk Form
Loan Protection Insurance

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Ver 05.24

The Loan Protection Insurance Policy exists solely between ECCU Assurance and the Credit Union.
Credit Union staff should ensure the member completes the form in line with Loan Protection Summary Guidelines.

Credit Union Name	Contact Name

IMPORTANT – Informing ECCU about material facts

PLEASE REMEMBER THAT YOU MUST TELL US EVERYTHING RELEVANT IN ANSWERS TO ALL OF THE QUESTIONS ON THE DECLARATIONS FORM. IF YOU DO NOT OR IF ANY OF THE ANSWERS TO THESE QUESTIONS ARE NOT TRUE AND COMPLETE, ANY INSURANCE COVER PROVIDED COULD BE VOIDED. A MATERIAL FACT (RELEVANT INFORMATION) INCLUDES ANYTHING WHICH A REPUTABLE INSURER WOULD REGARD AS LIKELY TO INFLUENCE THE ASSESSMENT AND ACCEPTANCE OF AN APPLICATION FOR INSURANCE. IF THERE IS ANYTHING NOT COVERED BY THE QUESTIONS ON THIS FORM THAT YOU THINK WE SHOULD KNOW, PLEASE TELL US IN THE SECTION FOR ADDITIONAL MEDICAL INFORMATION ON PAGE 4.

Section A – Member Declaration (Parts 1 to 4 inclusive)

Part 1 Personal Details (please use block letters)

Member's Name	A/C Number	Date of Birth
		/ /

Occupation	Is there any manual work involved
	☐ Yes ☐ No

Present outstanding loan balance €/£	Additional loan now required €/£	Total loan balance for cover €/£

Part 2

Which of the statements below best describes your normal occupation or duties?

☐ **Working**
- means actively at work and regularly performing all the usual duties of your occupation; or
- not actively at work solely because of a temporary minor sickness or injury; or
- not actively at work solely because of maternity leave, parental leave, redundancy, unemployment or other lack of work, strike or holiday provided that you are at that time physically and/or mentally able to be active at work and can regularly perform all the usual duties of your occupation

☐ **Retired**
- means someone who is retired from paid employment (other than on ill health grounds) and able to carry out the normal duties of a retired person

☐ **Student**
- means a full time education student, aged 16 years or older actively and regularly performing all of the usual activities of a student of the same age

☐ **Homemaker**
- means a housewife, househusband or homemaker actively and regularly performing all of the usual duties of a homemaker

☐ **None of the above**

Part 3

I confirm I am fit to follow my normal occupation or duties (as indicated in Part 2). ☐ Yes ☐ No

Part 4

Are you receiving an illness or injury related benefit for more than 3 months? ☐ Yes ☐ No

ECCU Assurance DAC is regulated by the Central Bank of Ireland. Authorised by the Central Bank of Ireland.

Section B – Specialist Declaration

Have you been referred to or seen by a specialist or consultant at a hospital or clinic in the last 12 months with the exception of routine antenatal check-up's or routine orthopaedic treatments (except back conditions)? ☐ Yes ☐ No

*If you have answered "YES", please provide full details below.

If you have answered "YES" to Section B above, please provide details below.

Reason for referral:

Please provide details of any diagnosis made / follow up required:

Section C – Declaration of Health

1. Please supply your height and weight — Height | Weight

2. Country of birth

3. Have you ever suffered from or had treatment for:

   (a) heart disorder, chest pain, stroke? ☐ Yes ☐ No

   (b) rheumatic fever, high blood pressure or blood disorder? ☐ Yes ☐ No

   (c) asthma, bronchitis or another lung disorder? ☐ Yes ☐ No

   (d) numbness, epilepsy, blackouts, paralysis, double vision or multiple sclerosis? ☐ Yes ☐ No

   (e) kidney or bladder disorder? ☐ Yes ☐ No

   (f) diabetes or a stomach, liver or bowel disorder? ☐ Yes ☐ No

   (g) cancer or other growth or tumour? ☐ Yes ☐ No

   (h) disorder of the eyes or ears (other than wearing prescribed glasses or contact lenses?) ☐ Yes ☐ No

   (i) any other illness, injury or condition for which you have had medical advice in the last five years? ☐ Yes ☐ No

4. Have you had a surgical operation in the last five years? ☐ Yes ☐ No

Section C – cont'd

5. Have you in the last five years had or been advised to have any special investigations blood or laboratory tests? ☐ Yes ☐ No

6. Are you currently taking prescribed drugs, medicines, tablets or other treatment? ☐ Yes ☐ No

7. Are you currently unwell or receiving medical treatment of any kind which you have not mentioned in the answers given above? ☐ Yes ☐ No

8. Have you ever tested positively for HIV or AIDS, Hepatitis B or Hepatitis C or are you awaiting the results of such a test? ☐ Yes ☐ No

9. Have you ever taken drugs for other than medicinal purposes? ☐ Yes ☐ No

10. Have you ever had symptoms of or suffered from any of the following:-

(a) depression, anxiety, nervous breakdown or mental disorder? ☐ Yes ☐ No

(b) lumbago, slipped disc, whiplash or back trouble? ☐ Yes ☐ No

11. Have you been absent from work through illness or injury for more than 30 consecutive days in the last 4 years? ☐ Yes ☐ No
If yes, please state when and the duration and nature of incapacity on page 4.

12. What is your average weekly consumption of alcohol? _____ units per week

13. How much tobacco do you smoke, on average each day? _____ per day

14. Do you use electronic cigarettes / vaping ☐ Yes ☐ No

15. Have you ever received compensation or made an insurance claim for any injury or illness? If yes, please give details. ☐ Yes ☐ No

16. Have you any intention or prospect of:

(a) living or travelling outside the EU other than for holidays? ☐ Yes ☐ No
If yes, please give details.

(b) taking part in any kind of dangerous activity as a result of your hobbies or pastimes eg. Private Flying, Motor Sport etc? If yes, please give details. ☐ Yes ☐ No

17. Have you ever applied to an insurer and been refused, postponed or accepted on special terms for life cover, disability or illness cover? ☐ Yes ☐ No

Section C – cont'd

18. Have either of your parents or any of your brothers or sisters suffered or died from heart disease including cardiomyopathy, stroke, kidney disease, cancer, multiple sclerosis, Huntington's chorea, polycystic kidneys, polyposis of the colon or other hereditary disorder before age 60? ☐ Yes ☐ No

If yes, please fill in the sections below for relatives who are or were affected by the above illnesses, stating age at onset. If your relative had cancer, tell us which part of their body was affected first.

		Condition Suffered	Age When It Started
If living	Father		
	Mother		
	Brothers		
	Sisters		
If dead	Father		
	Mother		
	Brothers		
	Sisters		

Note to question 18: *Cardiomyopathy is a disease affecting the heart muscle. Huntingtons chorea is a hereditary disorder which affects the central nervous system. Polycystic kidneys is a disease where cysts develop in the kidneys. Polyposis of the colon is a disease where growths occur in the bowel.*

19. Has a disability benefit EVER been paid on your behalf by ECCU Assurance? ☐ Yes ☐ No

If you have answered "YES" to any of the questions (3-19 above), please provide details below (Additional Medical Information)

Nature of Illness / treatment	**Dates and times off work**

Name and address of present GP	**Please provide the details of your previous GP, if you changed your doctor within last two years**

Declaration

This form forms part of my credit union application for cover under the Loan Protection normal terms and conditions. I understand that the cover with ECCU will be based on this form and any information I give to a medical examiner acting on behalf of ECCU. I understand that I must tell ECCU of any changes in my health or circumstances before this insurance starts. I understand that this cover will not start until ECCU has confirmed acceptance of the cover.

I have read over the replies to all the questions in this application and declare that all statements (including any statements written down at my dictation) are true and complete. I have read and understand the note concerning disclosure of material facts and understand that failure to disclose all material facts could render the cover void.

I consent to ECCU seeking information from any doctor who at any time has attended me concerning anything which affects my physical or mental health or seeking information from any insurance company on my life and I authorise the giving of such information. I agree that this authority shall remain in force after my death as well as prior thereto.

Member's Address _____

_____

Member's Signature _____ **Date:** _____ / _____ / _____

Section C – cont'd

Data Protection Disclosures and Consents

ECCU Assurance DAC, ("ECCU"), will process your details in accordance with its Data Protection Policy and all applicable data protection laws and principles. Information you supply will be used for the purposes of administering your credit union's insurance policy with ECCU in its Legitimate Interests and in accordance with the Privacy Notice set out in Section F of this Form you have completed in association with your loan application. This includes underwriting, storage and processing by computer and manual record systems, claims handling and fraud prevention. We also collect special category personal data, e.g. information relating to your physical or mental health, to assess the terms of insurance cover or to administer claims which arise. We may share the information for these purposes with agents or service providers we have appointed, regulatory organisations, other insurance and reinsurance companies, those to whom we outsource certain business operations and as required by law. As your aggregate loan amount is over €100,000/STG£75,000 we might send your special category data to our reinsurer. Our reinsurer operates on a global basis and may transmit your data outside the EU. Our reinsurer has implemented "Model Clauses" in order to safeguard your rights and freedoms in relation to personal data processing.

Signature _____ **Date:** _____ / _____ / _____

Section D – Cover Decision (for ECCU use only)

BMI

CMO opinion (where applicable): On the Medical Evidence submitted it is my opinion that cover CAN / CANNOT be granted in this instance subject to the following exclusions from cover:

_____

_____

Signed _____ **Date:** _____/_____ / _____

LIFE COVER DECISION:

Life cover approved ☐

Life cover NOT approved ☐

Life cover approved with exclusions (see below) ☐

DISABILITY COVER DECISION: (If the credit union has this insurance)

Disability cover approved ☐

Disability cover excluded ☐

Exclusion(s) from Death Cover Applied: _____

_____

_____

Signed for ECCU _____ **Date:** _____/_____ / _____

Section E – Members Acknowledgement & Acceptance of Terms of Cover

I understand and accept the terms of the cover as stated in Section D.

Signed _____ **Date:** _____/_____ / _____

Section F – Privacy Notice issued in accordance with the General Data Protection Regulation (Points 1 to 7 below)

Protection of your Personal Data

1. INTRODUCTION

Your credit union, ("your CU"), has purchased a group life assurance policy from ECCU Assurance DAC, ("ECCU"), a life assurance company owned by the Irish League of Credit Unions, ("ILCU").

ECCU insures your life when you borrow money from your CU. Your CU is the policyholder, pays the insurance premium and receives the benefits we pay when it makes successful claims.

Some credit unions take out additional cover from us but all credit unions affiliated to the ILCU subscribe to a minimum level of cover which aims to pay off an outstanding loan upon the death of a borrower, (subject to the terms and conditions of each credit union's policy).

Your CU and ECCU, and others described below, need to process your personal data for the purposes of the life assurance policy your CU has with ECCU. The personal data we process includes information relating to your health which we obtain from you directly and, in some cases, from your doctor or other medical advisors, ("your Doctors"), to whom we ask you to provide your consent in Section C of this form. We go into that in more detail below.

When you apply for a loan your CU will collect personal data from you and, if necessary, ask you to complete this form, called the ECCU Declarations and Group Risk form.

It may be necessary for your CU to pass the form(s) securely to ECCU, who may pass them, in turn, to ECCU's chief medical officer, a medical doctor contracted to ECCU, and/or ECCU's reinsurer, for underwriting purposes. Upon review of these we may ask you or your Doctors to complete a Private Medical Attendant's Report, or Specialist Questionnaire, which explore your medical history in greater depth.

2. WHY DO WE PROCESS YOUR PERSONAL DATA?

Underwriting means we assess the information to identify any risk factors which would impact the terms on which ECCU provides cover, (e.g. impose exclusions), or cause us to decline cover altogether. The result of our assessment is an underwriting decision which will be communicated by ECCU to your CU. Your CU can provide more information to you about our underwriting decision and what effect an exclusion, if any, might have on your loan application.

We may also need your personal data, in the event of a claim by your CU against its policy with ECCU, and therefore we may keep it, to include your health data and our underwriting decision, for claims administration and statistical purposes.

3. WHICH DATA DO WE COLLECT AND PROCESS?

Some of the personal data we ask you to provide on the ECCU Declarations and Group Risk form and Specialist Questionnaire is health related data. This is a special category of personal data which we are allowed to process because, in the Republic of Ireland, it is necessary for the purposes of a life assurance policy and, in Northern Ireland, because the UK Government has provided that, with the provision of insurance and payment of claims being in the substantial public interest, the processing of health related personal data necessary for an insurance purpose is lawful. We take very good care of it either way.

We ask you to give us your current doctor's, (and any previous doctor's), name and address. This is so that we can contact them if we need further health related information about you in connection with your answers to the questions on this ECCU Declarations and Group Risk form.

We ask you to consent to your Doctors providing us with your health information, which we may seek from them should it be necessary. If we need this information we will send your Doctors a standard

Private Medical Attendant's Report form, ("PMAR"), and/or Specialist Questionnaire for completion, or we may ask them to send more detailed medical information to us.

You indicate your desire for them to provide that information to us, and your consent to them doing so, by giving us your signature on section C of the ECCU Declarations form. We will provide your Doctors with a copy of your instruction and your signature so they can be assured of acting in accordance with your wishes if we need to ask them to send more detailed information to us.

4. HOW LONG DO WE KEEP YOUR DATA?

ECCU and your CU, and ECCU's reinsurance provider, (if reinsurance should be necessary), process and retain the information on your ECCU Declarations and other forms, your health information and underwriting decision until after your death, or until after your loan is paid off, whichever comes first.

5. WHAT IS THE LAWFUL BASIS FOR US PROCESSING YOUR DATA?

Legitimate Interests

We need this information for the purposes of a life assurance policy, i.e. for underwriting and claims administration and statistical purposes, and it is in ECCU and our reinsurance provider's legitimate interests to process your personal data in this way. You have the right to object to processing on the lawful basis of legitimate interests and we discuss that further, along with how you might make such an objection and the consequences of it, below.

Legal Obligations

ECCU also needs your personal data for the purposes of fraud prevention and to comply with our legal obligations under Section 35(3) of the Criminal Justice (Anti Money Laundering and Prevention of Terrorism) Act 2010, as amended, and to establish, exercise or defend legal claims in the courts or before the Data Protection Commission and to respond to complaints made to the Financial Services and Pensions Ombudsman's Bureau of Ireland, in the Republic of Ireland, or to the Financial Ombudsman Service in the UK.

Consent

Your Doctors need your consent in order to provide us with your health related data. If you do not provide your consent then your Doctors will not provide us with your health related data and, in the circumstances where we would need it, we would not be able to provide insurance cover to your CU. Your CU can advise on the options available to you if this should arise. You may withdraw your consent at any time however if you should withdraw your consent after your health related data has been supplied to ECCU by your Doctors then ECCU will continue to retain it and process it, this being within its legitimate interests, for the purposes of its life assurance policy with your CU. If you wish to withdraw any consent you provided to your Doctors then you should contact your Doctors to advise them of this.

6. WHO HAS ACCESS TO YOUR DATA AND TO WHOM IS IT DISCLOSED?

Your CU, ECCU and its reinsurer, where applicable, are Joint Controllers of your personal data which are processed in connection with your CU's life assurance policy with ECCU.

In addition to the appropriate staff of your CU and ECCU, its Chief Medical Officer, and reinsurer, it is possible that we might need to make your personal data available to the Financial Services and Pensions Ombudsman's Bureau of Ireland, (or the Financial Ombudsman Service in the UK), the Data Protection Commission and/or our legal advisors in the course of the investigation of a complaint. The Central Bank of Ireland and the UK's financial regulators, the PRA and FCA, may also require access to your personal data in the course of their regulatory activities.

As described in this Privacy Notice, ECCU may in some instances disclose your personal data to third parties. ECCU has contracts in place with any third parties to whom your personal data may be disclosed containing measures that provide for the protection and security of your personal data when within their care.

Staff of the ILCU Information & Communications Technology department, and its outsourced suppliers, ILCU Monitoring and Insurance departments may have access to your personal data in the course of their work as outsourced data processors of ECCU.

ECCU also uses the services of a document storage and retrieval company, as a data processor, for safe and secure storage of documents that are not needed for lengthy periods.

ECCU is required by law to operate an internal audit function to review its internal control system and to undergo statutory external audit as well. These audit functions are supplied to ECCU by specialist external professional services firms. ECCU is also required to have an actuarial function which has a role in determining ECCU's reassurance and capital requirements, statistical analysis and regulatory reporting. ECCU outsources this function to a specialist firm of actuaries. ECCU may be required to make your personal data available to these firms in the course of their work.

Keeping Your Personal Data Secure

In all cases ECCU takes very good care of your personal data and uses appropriate measures to safeguard your interests and your fundamental rights and freedoms with respect to protection of your private information.

ECCU has security measures in place, to include physical, technical and administrative safeguards to protect the confidentiality and security of your personal data. We combine these measures with a qualified staff whom we have equipped with appropriate annual training, technical and organisational policies, procedures and practices, so as to protect your personal data from loss, misuse and unauthorised access.

What are your rights and how can you exercise them?

You have specific rights in relation to the personal data we collect and process, including the right, where relevant, to:

- Be kept informed. This includes details on how your data is collected, used and secured. This Privacy Notice aims to inform you on these matters.
- Request a copy of your personal data by making a subject access request to the data controller(s);
- Rectification of errors, if any, in our records of your personal data;
- Request erasure of your personal data;
- Withdraw consent that you provided previously, for continued processing of your personal data. Please note this only applies where your consent is the lawful basis for the processing;
- Object to the processing of your personal data on the lawful basis of legitimate interests, see next section;
- Not be subject to automated decision making without human intervention being available;
- Request a portable machine readable copy of any personal data provided by you by electronic means.

Please see details on how to contact us in order to exercise any of these rights, below.

You also have the right to lodge a complaint with the relevant supervisory authority in Ireland, the Data Protection Commission at info@dataprotection.ie in respect of matters pertaining to ECCU, its reinsurer or your CU, if your CU is resident in the Republic of Ireland, and, alternatively, the Information Commissioner's Office, see www.ico.org.uk, if your CU is resident in the UK.

Objecting to processing on the lawful basis of Legitimate Interests of the Data Controller

ECCU and its reinsurer both process your personal data, to include your special category, health related data on the lawful basis of it being in their legitimate interests to do so. ECCU and its reinsurer need to process this data for the purposes of a life assurance policy, to perform underwriting and claims administration, and for the prevention of fraud. These grounds are in the legitimate interests of these assurance and reinsurance companies. You may object to such processing at any time and unless we can demonstrate compelling legitimate grounds for continuing, which override your interests, rights and freedoms, or unless the data is needed in connection with legal claims then we must discontinue the processing of your data on these grounds. If you wish to object to the processing of your data in this way please contact the Data Protection Officer at ECCU, see details below.

7. CONTACT INFORMATION

The Data Protection Officer,
ECCU Assurance DAC,
33-41 Lower Mount Street, Dublin, D02 Y489.
Tel: +353 1 614 6700
Email: DPO@eccu.ie

The Data Protection Officer,
(of the credit union to which you are applying for this loan)

The Data Protection Officer,
Arch Reinsurance Europe Underwriting Designated Activity Company, 160 Shelbourne Road, Ballsbridge, Dublin 4, Ireland
Tel: +353 1 669 9700