



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 ANSWER TO ALL OF THE QUESTIONS ON THE DECLARATION 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.**

## 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

/ /

Present outstanding loan balance €/£

Additional loan now required €/£

Total loan balance for cover €/£

### Data Protection Disclosures and Consents

ECCU Assurance Company Limited, ("ECCU"), will hold 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. This includes underwriting, storage and processing by computer and manual record systems, claims handling and fraud prevention. We may also collect sensitive 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. You have a right of access to and a right to rectify data concerning you under the Data Protection Acts 1988 and 2003, for which a small fee is chargeable. By providing us with your information and signing Section A of this form, you consent to all of your information being used, processed, disclosed, transferred and retained by ECCU and your credit union.

### 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

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 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

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_