



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.

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 DAC ("ECCU") will process your personal details in accordance with its Data Protection Policy and all applicable Irish and EU data protection laws. Information about you will be lawfully processed by ECCU in its legitimate interests for purposes associated with your credit union's life assurance policy with ECCU. These include underwriting, retention and processing by computer and manual record systems, claims handling and fraud prevention. We collect special category personal data, i.e. information relating to your physical or mental health, to assess terms of insurance cover and to administer claims which may arise. We may share your information for these purposes with agents or service providers we have appointed, regulatory organisations, (re)insurance companies, those to whom we outsource certain business operations and as required by law. You have rights under the Data Protection Acts 1988, 2003 and 2018, including the right to object to the processing, to access and to rectify any errors in data we hold concerning you. By providing us with your information and signing Section A of this form, you affirm you have read the full ECCU Privacy Notice in Section F and agree to your information being 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

*If you have answered "YES", please provide full details on the next page

Member's Signature _____ Date ____ / ____ / ____

Section C – Declaration of Health

Member's Name

Height

Weight

1. In the last 5 years have you been diagnosed with or had treatment for:

- a. heart disease, stroke, circulatory problems, raised blood pressure or diabetes? Yes No
- b. stomach, bowel, liver, pancreas, kidney disease? Yes No
- c. lung conditions? Yes No
- d. cancer, tumours or other growths? Yes No
- e. anxiety state, depression, other mental nervous disorder or stress related condition? Yes No
- f. back pain, slipped disc, whiplash or back trouble? Yes No
- g. arthritis? Yes No
- h. multiple sclerosis, Parkinson's, Alzheimer's or other neurological disease? Yes No
- i. alcohol / drugs related problems? Yes No
- j. visual defect, other than one corrected by prescription glasses, or hearing problem? Yes No
- k. HIV/AIDS, Hepatitis B or C? Yes No
- l. other diseases/disorders? Yes No

2. Do you smoke or have you smoked in past 12 months? Yes No

3. Are you currently suffering from any medical condition or injury or are you currently being prescribed medication (e.g. tablets or medicine)? Yes No

4. 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 above, or Section B, please provide details below.

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

Section C continued on the next page

Section C – cont'd

Declaration

1. I have read over the replies to all questions and declare that the above statements, (including any statements written down at my dictation), are TRUE and COMPLETE. I have read and understand that I must tell ECCU about material facts and understand that if I have not revealed all material facts this cover could be rendered null and void.
2. I understand that I may be asked to undergo medical examination and that the information I give to the medical examiner acting on behalf of ECCU will form part of this Declaration of Health.
3. I understand that I must tell ECCU about any changes in my health and/or circumstances before my loan is drawn down.
4. I understand that insurance cover will not begin until this Declaration of Health has been accepted by ECCU.
5. I agree that ECCU, its servants and agents, may process and hold (on computer database and otherwise) the information disclosed by me, or on my behalf in relation to this declaration, (together with such other information as ECCU may obtain separately), including special category personal data, (namely medical details), and financial records for the purposes of my credit union's life assurance policy with ECCU.
6. I agree that ECCU, its servants and agents, may disclose my personal data to persons deemed necessary in connection with the above purposes, to regulatory authorities, to its reinsurers and health professionals, and as may otherwise be required by law.
7. I have read and understand the ECCU Privacy Notice in Section F.
I, the undersigned, agree to ECCU Assurance DAC, ("ECCU"), asking my present and previous doctors for information about my physical and mental health for the purpose of my credit union's life assurance policy with ECCU, so as to assess risk in providing loan protection insurance cover, and I ask these medical professionals to cooperate with ECCU by providing such information to ECCU as it may request in writing and I give my explicit informed CONSENT to them passing my health information to ECCU.

Member's Address _____

Member's 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)

Exclusion(s) from Death Cover Applied: _____

Signed for ECCU _____ Date _____ / _____ / _____

DISABILITY COVER DECISION:

(If the credit union has this insurance)

Disability cover approved

Disability cover excluded

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 form, and, sometimes, a more detailed 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 form, the 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 form, or 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 reinsurer 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 reinsurer 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 reinsurance 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