PRIVATE WEALTH PORTFOLIO



HEALTH DECLARATION

HOW TO COMPLETE THIS FORM

Complete this form using **blue or black ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. Do not use correction fluid.

SIGNATURE This symbol highlights the signature sections within this form which need to be signed by the Applicant.

WHAT TO DO WHEN YOU HAVE COMPLETED THIS FORM

Once complete, forms that are digitally signed and/or scanned can be emailed to us at ccsfrontoffice@utmost.ie. Alternatively, return this form by post to: Utmost PanEurope dac, Navan, Co. Meath, C15 CCW8, Ireland.

HOW WE USE YOUR INFORMATION

Our Privacy Notice explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customers have about how we use that information. You can find a copy at utmostinternational.com/privacy-statements or you can request a copy from our Customer Service team.

Collecting and processing your personal data in this form is required for underwriting decisions. This will determine whether we can offer you cover and on what terms. We also need to process your personal data including health data to assess and pay claims. If necessary, we may share your personal data including health data with reinsurers for underwriting and claims decisions.

We recognise that personal information about health is particularly sensitive. We will only collect and use your health data where we need to and where it is proportionate for the purposes of providing you with a policy of insurance or life assurance.

Irish Data Protection law allows Utmost PanEurope dac to process your personal health data for the purposes of providing you with an insurance policy.

By signing this form, you are confirming that you have been informed about our data protection privacy notice.

USING THE EDITABLE FIELDS?

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

To be signed by the Applicant if they wish to appoint themselves as a Life Assured of the Policy.			
1 2 3 4	Title (Mr, Mrs, Miss or Other) Forenames (in full) Surname Date of birth		
I declare that I am currently in good health and of sound mind and that I do not currently suffer from a life threatening illness, including by not limited to:			
Any form of cancer, tumour, lymphoma, leukaemia, or any growth or cyst of either the brain or spine			
Heart disease or disorder of the aorta			
> Stroke, brain haemorrhage or surgery to the blood vessels in the brain or neck			
Any neurological disorder of any kind (including motor neurone disease and any form of dementia)			
A positive test for HIV/AIDS or Hepatitis B or Hepatitis C.			
I declare that I am not receiving, nor due to receive, hospital treatment for such illness.			
I declare that I am not awaiting test results or diagnosis related to such illness.			
I declare that I have not received a prognosis of life expectancy from a health professional, which is less than five years from the date of my Utmost PanEurope dac Policy application.			
SI	GNATURE	Life Assured (Applicant)	
JIC	GIVATORE		
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A WEALTH of DIFFERENCE

www.utmost international.com

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Utmost PanEurope dac is regulated by the Central Bank of Ireland (No 311420).

Its registered office is Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland.

Utmost PanEurope dac is a Category A Insurance Permit holder with the Jersey Financial Services Commission.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.

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