

# Local Authority Mortgage Repayment Protection Plan Group Insurance Scheme ('MRPP')

## - Proposal Form Applicable to New Loans

**Important Note:**

**This Proposal Form is for all New Borrowers on or after 1 September 2021.**

Underwritten by Utmost PanEurope dac ('Utmost').

**Instructions**

This Proposal Form must be completed by all new applicants wishing to join the MRPP scheme.

**Notice:**

**It is important that applicants are made aware of the following:**

- Applicant(s) must answer all of the questions.
- Any fraudulent misstatement, misrepresentation or concealment by an Applicant(s), in respect of the benefits insured under the Master Policy, shall entitle the Insurer to refuse to pay the claim and terminate cover.
- **Meaning of material fact:** A material fact is an important fact about you or your circumstance that would influence the Insurer's decision in an application for insurance. Please note that non-disclosure or misrepresentation of such facts can result in Applicant(s)' policy being cancelled and/or a claim being declined.
- If Applicant(s)' health, circumstances, or answers to any of the questions in this Proposal Form change between the date they apply for cover and the date the cover starts (*date of drawdown*), they must let Utmost PanEurope and the Local Authority know immediately as failure to do this shall entitle Utmost to void cover.
- If accepted, cover will only commence on mortgage drawdown. In the event that mortgage drawdown is more than 5 months after signing this Proposal Form; the Applicant(s) will have to re-apply for entry into the MRPP.

## Local Authority Office Use

**Important:**

It is important that all information provided by the Local Authority is full and accurate. Where there is a misrepresentation of a material fact(s), or information provided by a Borrower or Creditor that is false or misleading in respect of an application for insurance coverage, the Insurer will evaluate such matters in accordance with the Consumer Insurance Contracts Act 2019.

The company will be entitled to terminate the insurance coverage for that member and/or decline a claim where there is a misrepresentation or false or misleading information provided.

A copy of this completed Proposal Form must be retained on the Applicant(s) file for the duration of the Mortgage Agreement. The Local Authority should recommend to the Applicant(s) that they seek independent advice in respect of this product and that it is appropriate to their circumstances prior to signing the Proposal Form. A copy of the Master Policy must be provided to the applicant at mortgage draw down and information on suitability of the Borrower must be retained.

Once the cover is in place the premium must be paid and the Borrower(s) must be listed on the next monthly return submitted to Marsh.

## Local Authority Office Use (continued)

### Applicant 1

Name: \_\_\_\_\_ Date of birth: 

D	D	M	M	Y	Y
---	---	---	---	---	---

Correspondence Address (if no email address available) \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email address: \_\_\_\_\_

### Applicant 2

Name: \_\_\_\_\_ Date of birth: 

D	D	M	M	Y	Y
---	---	---	---	---	---

Correspondence Address (if no email address available) \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email address: \_\_\_\_\_

Mortgage type: \_\_\_\_\_

Term: Years \_\_\_\_\_ Months \_\_\_\_\_

Address of property: \_\_\_\_\_

### Mortgage Details

Mortgage amount approved by Local Authority: \_\_\_\_\_

Interest rate type: \_\_\_\_\_ Percentage rate: \_\_\_\_\_

Monthly repayment agreed by Local Authority: \_\_\_\_\_

Date mortgage application received by Local Authority: 

D	D	M	M	Y	Y
---	---	---	---	---	---

Date of approval of mortgage: 

D	D	M	M	Y	Y
---	---	---	---	---	---

Draw down date: 

D	D	M	M	Y	Y
---	---	---	---	---	---

Loan amount to be drawn down: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y
---	---	---	---	---	---

Account number: \_\_\_\_\_

## Local Authority Office Use (continued)

<b>Authorised Local Authority Signatory:</b>  Refer for Tele-Interview: <b>Applicant 1</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Applicant 2</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state reason: _____ _____ _____	
<div style="border: 1px solid black; height: 60px; margin-bottom: 10px;"></div> <b>Authorised Local Authority Signatory:</b>  Print name: _____	

## Part 1 - To be completed by all new Applicants

<b>Eligibility entry criteria for cover Life and Disability cover:</b>  I wish to be covered for death and monthly disability benefit under this policy and I declare that on the date this Proposal Form was signed;	
1. I have attained the age of 18 years but not 55 years	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Applicant 1  Applicant 2	
<b>Note: If you answer No to criteria 1 above you are not eligible to enter the MRPP</b>	
2. I am at Work	
<b>Note: If you answer No to criteria 2 above you will only be eligible for life cover and not eligible for disability cover until you meet the Policy Work definition as follows:</b> <b>'Work'</b> means being gainfully employed by engaging in an activity for remuneration, reward or profit, and includes the following:	
i) the Work the Borrower normally does, ii) any Work his/her experience, education or training may reasonably qualify him/her to do, and iii) if the Borrower is self-employed: assisting, managing and/or carrying out any part, whatsoever, of the running of his/her business. iv) working or employed confirmed by a letter from employer on company letterhead and P60 or accounts/ tax returns if self-employed.	
Applicant 1  Applicant 2	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

## Part 1 (continued)

3. In the last 24 months, and for a period of more than 3 continuous weeks, I have been prescribed, taken or been advised to take medication/treatment for any physical or mental symptoms/conditions (colds, influenza and oral contraceptive pill may be ignored)

Applicant 1

Yes ☐ No ☐

Applicant 2

Yes ☐ No ☐

4. In the last 24 months

a) I have been under the care of a consultant, specialist or medical professional.

Applicant 1

Yes ☐ No ☐

Applicant 2

Yes ☐ No ☐

b) I am due to attend a hospital, consultant, specialist or medical professional.

Applicant 1

Yes ☐ No ☐

Applicant 2

Yes ☐ No ☐

c) I am awaiting any medical referral, medical investigation, medical test results or surgical procedure.

Applicant 1

Yes ☐ No ☐

Applicant 2

Yes ☐ No ☐

5. Have you ever had a proposal for Life, Disability or Private Medical Insurance cover declined?

Applicant 1

Yes ☐ No ☐

Applicant 2

Yes ☐ No ☐

6. I will be residing in the property covered by the Mortgage Agreement

Applicant 1

Yes ☐ No ☐

Applicant 2

Yes ☐ No ☐

**Note: If you answer No to criteria 6 above you are not eligible to enter the MRPP**

## Part 1 (continued)

### Further Eligibility Information

If an Applicant answers yes to criteria 3, 4 or 5 above, please note that the Applicant will be required to undergo a tele-interview with one of our nurses who will contact the Applicant by phone. Following this interview,

- The Applicant will either be advised of any additional requirements, or
- Utmost will assess the application and a decision on eligibility will be communicated to both the Local Authority and the Applicant.

The decision will be either

- **Application Accepted** - If an Applicant is accepted as a member of the MRPP Plan, cover will begin from the date the of mortgage draw down subject to Policy terms and conditions
- **Application Declined** - This means that Utmost are unable to offer cover to the Applicant under the Plan.

### Warning and Declaration

When deciding whether to enter into this Policy, and when setting the terms and Premium, Utmost will rely on the information given to it by the Applicant in this Proposal Form. All questions that we ask in this Proposal Form or any other document seeking information must be answered honestly and with reasonable care. Where we ask a specific question, the subject matter of the question is material to the risk we are undertaking or the calculation of the premium or both.

I/We understand, that the decision regarding entry into the MRPP will be based on the information provided on this Proposal Form and any supplementary information or statements made to Utmost, in writing or by telephone.

I/We declare that to the best of my/our knowledge and belief, all information given on this form and my/our answers to questions in part 1 are true and include all material facts.

Please refer to definition of material fact on page 1.

I/We understand the requirement to disclose/inform to the Local Authority and Utmost of any changes in health or personal circumstances in respect of entry into the MRPP prior to the mortgage drawdown. It is important to note that failure to disclose or any concealment of any material facts can result in my/our policy being cancelled and/or a claim being declined.

### Applicant 1

Signed:

Print name: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y
---	---	---	---	---	---

Name and address of current GP: \_\_\_\_\_

\_\_\_\_\_

## Part 1 (continued)

### Applicant 2

Signed:

Print name: \_\_\_\_\_

Date:

D	D	M	M	Y	Y
---	---	---	---	---	---

Name and address of current GP: \_\_\_\_\_

## Part 2 - Please read

### Data Protection:

Utmost PanEurope dac recognises that protecting your personal information, including special categories of data (sometimes referred to as sensitive personal data) is very important to you and that you have an interest in how we collect, use store and share such information.

To provide our services, Utmost PanEurope dac needs to collect and use information about individuals such as their name, address and date of birth as well as other necessary information. The purposes for which we use personal data may include arranging insurance cover, handling claims and for crime prevention. More information about our use of personal data is provided in the Utmost PanEurope dac Privacy Notice at [www.utmostinternational.com/privacy-statements](http://www.utmostinternational.com/privacy-statements).

Hard copies are available on request by emailing or writing to:

Data Protection Officer, Utmost Pan Europe dac, Ashford House, 18 – 23 Tara Street, Dublin 2 D02 VX67 or email [dataprotection@utmost.ie](mailto:dataprotection@utmost.ie)

Providing the services may involve the disclosure of personal data to third parties such as insurers, reinsurers, loss adjusters, premium finance providers, sub-contractors, our affiliates and to certain regulatory bodies who may require your information themselves for the purposes described in the Utmost PanEurope dac Privacy Notice.


Depending on the circumstances, the use of personal data described in this notice may involve a transfer of data to countries outside the European Economic Area that have less robust data protection laws. Any such transfer will be done with appropriate safeguards in place.


In some circumstances, we (and other insurance market participants) may need to collect and use special categories of personal data (e.g. health information) and/or information relating to criminal convictions and offences. Unless another legal ground applies, your consent to this processing may be necessary for us to provide you with the relevant services. Where your consent is relied upon to process data, you have the right to withdraw that consent at any time but, if it is withdrawn, we may be unable to continue to provide our services and this may mean that we are unable to process an enquiry or claim and we may have to cease providing the applicable insurance cover.


# WE'RE HERE TO HELP

---

For further information on the  
underwriting process,  
please contact:

 +353 (0)46 909 9760

 +353 (0)46 909 9848

 [underwriting@utmost.ie](mailto:underwriting@utmost.ie)

 Utmost PanEurope dac  
Navan Business Park  
Athlumney  
Navan  
Co. Meath  
C15 CCW8  
Ireland

 [utmostinternational.com](http://utmostinternational.com)

**utmost**<sup>™</sup>  
CORPORATE SOLUTIONS

A WORLD *of* DIFFERENCE

Utmost Corporate Solutions is a trading name used by Utmost PanEurope dac.

Utmost PanEurope dac is regulated by the Central Bank of Ireland. Utmost PanEurope dac is a designated activity company registered in Ireland (number 311420), with a registered office at Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland.

UPE\_CS | 05327 | 1121