

## Declaration

I declare that the statements and particulars given in this proposal are, to the best of my knowledge and belief, true and complete and that this proposal will form the basis of my contract with DAS Legal Expenses Insurance Company Ltd.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Please return this fully completed form and your payment to:  
**Legal Expenses Insurance Cover,**  
IFCA Office,  
Pharmacy Corner,  
Mayfield Tce.,  
Ballinteer Rd.,  
Dublin 16.

Tel. No.: 01 296 1083  
Fax No.: 01 296 1078

## Method of Payment

**NB - DO NOT SEND CASH**

Cheque/Bank Draft  PO/MO

Credit/Debit Card  Direct Debit

Credit/Debit Card Details:

\_\_\_\_\_  
Credit/Debit Card No.  
Exp.Date

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Security Code

## Legal expenses insurance direct debit **mandate**

### INSTRUCTIONS TO YOUR BANK TO PAY DIRECT DEBITS

Complete parts 1-4 to instruct your bank to make payments directly from your account. Then return this form with your Application/Renewal form to the IFCA Office.

Originator's Identification No: **ID301909**  
Originator's Reference: **I.F.C.A.**

1. Name and full address of your Bank.

\_\_\_\_\_  
\_\_\_\_\_

2. Name of Account Holder:

\_\_\_\_\_

3. Sort Code: \_\_\_\_\_

Account No.: \_\_\_\_\_

Banks will only accept instructions to pay direct debits from **Current Accounts**.

4. Your instructions to the Bank & Signature:

- I instruct you to pay direct debits from my account at the request of the Irish Fostercare Association Ltd.
- The amounts are variable and may be debited on various dates.
- I understand that the Irish Fostercare Association Ltd. may change the amount and dates only after giving me prior notice.
- I will inform the bank in writing if I wish to cancel this instruction.
- I understand that if any direct debit breaks the terms of the instruction, the bank will make a refund.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

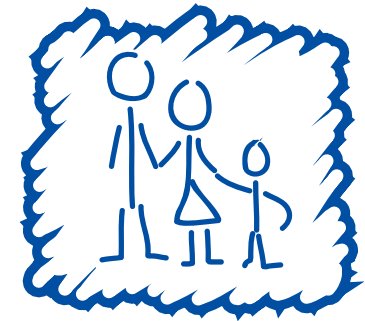


**Irish Fostercare Association**

The Pharmacy Corner, Mayfield Terrace,  
Ballinteer Road, Dublin 16.

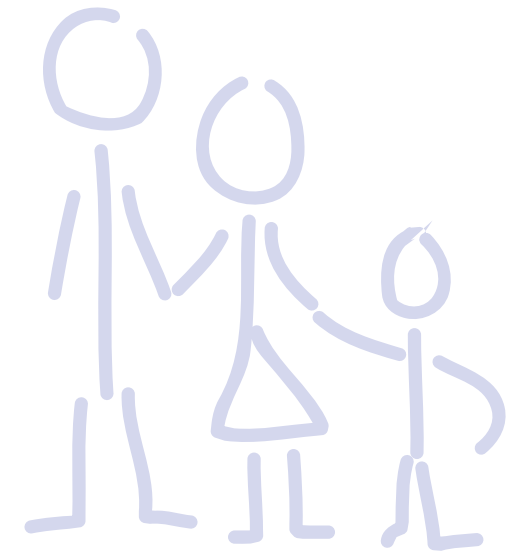
Tel: 01 296 1094 Fax: 01 296 1078

Email: ifcaannette@eircom.net Website: www.ifca.ie



**IRISH FOSTER CARE  
ASSOCIATION**

## Legal Expenses Insurance



**For Foster/Relative Carers and Members of their  
families permanently residing with them.**

What does this

### Insurance Cover?

This policy is designed to give cover for legal expenses in the event of an allegation being made against foster/relative carers or members of their family permanently residing within the household. (Limit of cover is €65,000).

The policy must be active when the alleged incident occurs to avail of the legal cover. Claims made for an alleged incident taking place while the policy is active can be made at any subsequent date. Claims made for an alleged incident taking place prior to the inception of the policy or after it lapses are not covered.

### Additional Cover

In the event of a claim, the policy also provides a 24hr legal advice help line. (Telephone number to be advised when cover affected)

### Where can you get this cover?

Only from the Irish Foster Care Association by completing this form and sending it with your premium to:

**Legal Expenses Insurance Cover  
IFCA Office,  
Pharmacy Corner,  
Mayfield Tce.,  
Ballinteer Rd.,  
Dublin 16.**

The cover has been arranged with DAS Legal Expenses Insurance Company Ltd., by our brokers O'Driscoll O'Neill Insurance Brokers Ltd.

N.B. This brochure does not give the full details and conditions and exclusions of the policy. These may be obtained from the IFCA Office.

### Disclaimer

The Irish Foster Care Association will not accept any responsibility for forms and premiums lost or mislaid in transit and can only effect cover from the date the fully completed documentation and correct premium are received.

### What is the Cost?

The cost for a family unit is: €46 per year.

- This premium applies as of 1st November '06 only and may be subject to review at any time
- This includes the cost of the premium and administration of the scheme.
- The insurance is renewable on 1st November each year and any premium paid mid-term will not be on a pro-rata basis.

This cover is another important additional benefit of membership of the Irish Foster Care Association. The number of claims being made against foster/relative carers is increasing and this insurance will help give further support to those families who need legal advice and peace of mind for the costs involved. The Irish Foster Care Association also provides support to such families through contact with our office.

For information on any of our services contact:

**Irish Foster Care Association Office,  
Pharmacy Corner,  
Mayfield Tce.,  
Ballinteer Rd.,  
Dublin 16.**

**Tel. No.: 01 296 1083**

**Fax No.: 01 296 1078**

**Email: ifcaannette@eircom.net**

# PROPOSAL FOR LEGAL EXPENSES INSURANCE

(use block capitals)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone

No: \_\_\_\_\_

IFCA Membership No. \_\_\_\_\_

Please print the names of all members of your family permanently residing in your household.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

All Applications will be acknowledged.