

# Claim for Medical Insurance Relief & Age-Related Tax Credit

To be completed only where the premium is paid in whole or in part by your employer.

Please read the notes over leaf before completing this form



## Section A

Name of Claimant

Address

PPS Number

Year of Claim

## Section B

### Insured person(s) aged under 60

The full Premium payable on the policy €

The amount of Tax Relief at Source €

Amount paid by you (if applicable) €

Amount paid by employer €

## Section C

### Insured person(s) aged 60 and over

Where the medical insurance policy covers one or more persons aged 60 years and over, please state:

Date of Birth

The full premium payable on the policy €

The reduction applied for any Age-Related Tax Credit €

The amount of Tax Relief at Source €

The net premium to be paid to the insurance provider €

Amount paid by you (if applicable) €

Amount paid by employer €

## Section D

If you wish to have any refund paid directly to your Irish bank account, please supply your bank account details below.

Sort Code

Account Number

Note: Any subsequent Revenue refunds will be made to this bank account until otherwise advised.

Declaration: I declare that all the particulars in this form are correct to the best of my knowledge and belief.

Signature

Date

Phone No.

Email

## Notes

### Completing the claim form

- ♦ Where all the insured person(s) on the policy are under 60 (50 for the years 2009 - 2010) years of age at the date of entry or renewal please complete Sections A,B and D.
- ♦ Where one or more of the insured persons on the policy are aged 60 (50 for the years 2009 - 2010) years and over at date of entry or renewal please complete Sections A, C and D.

### PPS number

This number is available from any correspondence which you have received from your local Revenue office.

### The following information is available from the annual invoice/statement issued by your insurance provider.

- ♦ The full premium payable on the policy
- ♦ The amount of Tax Relief at Source (TRS)
- ♦ The reduction applied for any Age-Related Tax Credit (ARTC)
- ♦ The net premium to be paid to the insurance provider

### Date of Birth

If your claim refers to more than one insured person aged 60 (50 years for the years 2009 - 2010) years and over please attach a list stating dates of birth and their ages at date of renewal or date of entry.

### Amount paid by you

If you have paid any part of the premium yourself, please enter the amount paid in the boxes provided. If you have not made any payments please write 0 in the boxes provided.

### Amount paid by your employer

Please state the amount paid by your employer in the boxes provided.

### 4-year time limit

A claim for tax relief must be made within 4 years after the end of the tax year to which the claim relates.

### Further information

Please see leaflet IT5 on [www.revenue.ie](http://www.revenue.ie)