

MEDICAL INSURANCE (RELIEF AT SOURCE) REGULATIONS 2001
(S.I. No. 129 of 2001)

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The Revenue Commissioners, in exercise of the powers conferred on them by section 470 of the Taxes Consolidation Act, 1997 (No. 39 of 1997), hereby make the following Regulations:

PART 1

General

Citation and
commencement.

1. (1) These Regulations may be cited as the Medical Insurance (Relief at Source) Regulations, 2001.

(2) These Regulations shall come into operation on 6 April 2001.

Interpretation.

2. (1) In these Regulations, except where the context otherwise requires—

“annual claim” and “interim claim” have, respectively, the meanings given by paragraphs (3) and (4) of Regulation 4 of these Regulations;

“authorised insurer” has the meaning assigned to it by subsection (1) of the principal section;

“notice” means notice in writing;

“principal section” means section 470 of the Taxes Consolidation Act, 1997;

“PPS Number”, in relation to an individual, means that individual’s Personal Public Service Number within the meaning of section 223 of the Social Welfare (Consolidation) Act, 1993 (No. 27 of 1993);

“relevant contract” has the meaning assigned to it by subsection (1) of the principal section;

“year” means year of assessment.

(2) A word or expression that is used in these Regulations

and is also used in the Income Tax Acts has, except where the context otherwise requires, the same meaning in these Regulations that it has in those Acts.

Refund of payment to individual.

3. Where and for whatever reason an authorised insurer, to which a payment is made in respect of which relief has been given in accordance with subsection (3) of the principal section, makes a refund of that payment to the individual who made it—

- (a) the amount of that refund shall not exceed the payment actually made to the authorised insurer by that individual, and
- (b) the authorised insurer shall thereupon repay to the Revenue Commissioners any amount which that insurer had recovered from the Revenue Commissioners on a claim under subsection (3)(b)(ii) of the principal section in respect of the amount deducted from that payment.

PART 2

Claims by authorised insurers

Claims by authorised insurers - introductory.

4. (1) A claim made under subsection (3)(b)(ii) of the principal section by an authorised insurer to which payments are made for the purpose of recovering amounts from the Revenue Commissioners shall be made in accordance with this Regulation and Regulations 5 and 6.

(2) Before any claim referred to in paragraph (1) of this Regulation can be made, an authorised insurer shall, for the purpose of making such a claim, register with the Revenue Commissioners on a form provided for that purpose and which form shall—

- (a) provide for the designation of a person or persons authorised to make claims on behalf of the authorised insurer,
- (b) contain the signature or signatures of the person or persons referred to in subparagraph (a) of this

paragraph, and

(c) be completed and signed by—

- (i) where the authorised insurer is a company, the secretary of the company, or
- (ii) where the authorised insurer is an unincorporated body, the person who is, or performs the duties of, secretary of the body.

(3) Subject to paragraph (4) of this Regulation, a claim shall be made to the Revenue Commissioners for a period of a year and is referred to in these Regulations as an “annual claim”.

(4) A claim may also be made in the manner prescribed by Regulation 5 for such period shorter than a year as the Revenue Commissioners may allow and is referred to in these Regulations as an “interim claim”.

(5) A claim shall be in such form and contain such particulars as the Revenue Commissioners may prescribe.

Interim claims.

5. (1) The Revenue Commissioners shall establish procedures with each authorised insurer in relation to the making of interim claims and, without prejudice to the generality of the foregoing, such procedures shall govern the method by which the claim is to be satisfied, including either or both the debiting by an authorised insurer of a specified bank account set up by the Revenue Commissioners for that purpose and the crediting by the Revenue Commissioners of a bank account within the State nominated by the authorised insurer for that purpose.

(2) If the Revenue Commissioners are satisfied that the amount claimed was deductible in the period for which the claim is made they shall pay the amount to the authorised insurer and, if they are not so satisfied, they shall pay any lesser amount which they are satisfied was deductible.

(3) Where the amount paid by the Revenue Commissioners in accordance with paragraph (2) of this Regulation exceeds the amount actually deducted for the period of the claim, the authorised insurer shall bring the amount of the excess into

account in the interim claim next made by that insurer after the actual amount has been ascertained and, if that amount exceeds the amount deducted in respect of the period for which that interim claim is made—

- (a) the authorised insurer shall repay the amount of the excess to the Revenue Commissioners with the claim, and
- (b) if the authorised insurer fails to do so, the amount shall be immediately recoverable by the Revenue Commissioners in the same manner as tax charged on the authorised insurer which has become final and conclusive.

Annual claims and
information returns.

6. (1) Within 2 months after the end of each year, an authorised insurer shall make an annual claim to the Revenue Commissioners for the year in such form and manner as shall be prescribed by them, in respect of all payments in respect of premiums under relevant contracts received by that insurer and in respect of all such premiums refunded by that insurer in that year and in respect of the amounts deductible from those payments and recoverable from the Revenue Commissioners in accordance with subsection (3) of the principal section.

(2) Within 6 months after the end of a year, an authorised insurer shall make an information return to the Revenue Commissioners in relation to each individual making a payment of premiums in that year to that insurer under a relevant contract and being in such form and manner as shall be prescribed by them, showing in relation to each such individual—

- (a) his or her name, address and, where available to the authorised insurer, PPS Number,
- (b) the authorised insurer's membership number relating to that individual,
- (c) the total amount of premiums paid by the individual for that year, and
- (d) the amount deducted and retained by that individual

under subsection (3)(a) of the principal section.

(3) Where the aggregate of the amounts paid by the Revenue Commissioners in respect of interim claims for the year exceeds the amount recoverable from the Revenue Commissioners shown on the annual claim, the authorised insurer shall repay the amount of the excess to the Revenue Commissioners with the claim.

(4) If an authorised insurer fails to make an annual claim and information return within the time limited by this Regulation, the Revenue Commissioners may refuse to make interim payments to that insurer until such time as that claim and return are both received.

(5) Where an annual claim and information return have been made and the authorised insurer which made them subsequently discovers that an error or mistake has been made in either the annual claim or the information return, or both, the insurer shall make either a supplementary annual claim or information return, or both, as the case may require, within 2 months of discovering the error or mistake.

Payments to authorised insurers - Revenue Commissioners discretion.

7. An authorised insurer in respect of which the Revenue Commissioners are not satisfied in relation to any one or more of the matters specified in Regulations 4, 5 and 6 shall, nevertheless, for the purposes of the making of payments to that insurer in respect of claims under subsection (3)(b)(ii) of the principal section, be treated as an authorised insurer in respect of which they are so satisfied if the Revenue Commissioners are of the opinion that in all the circumstances such insurer's failure to satisfy them in relation to such matter or matters ought to be disregarded for those purposes.

Validity of claims.

8. (1) The Revenue Commissioners shall be entitled, in respect of any claim under subsection (3)(b)(ii) of the principal section, to make all such enquiries as they consider necessary to establish whether a repayment arising from such a claim is or was properly due.

(2) An authorised insurer shall—

(a) keep sufficient records to enable the requirements of this Regulation to be satisfied and shall make these

available for inspection within the State, and

- (b) furnish such information about the claim as may reasonably be required.

PART 3

Miscellaneous

Provision of
information to the
Revenue
Commissioners.

9. (1) The Revenue Commissioners may by notice require an authorised insurer to furnish, within such time as may be specified in the notice, such information about any relevant contract provided by that insurer as may reasonably be required by them for the purposes of these Regulations.

(2) An authorised insurer shall keep sufficient records to enable the requirements of this Regulation to be satisfied and shall make those available for inspection within the State.

Discharge of
functions, etc.

10. The Revenue Commissioners may nominate any officer of the Revenue Commissioners to perform any acts and discharge any functions authorised by these Regulations to be performed or discharged by the Revenue Commissioners.

Given this 5th day of April, 2001.

**D. B. Quigley,
Revenue Commissioner.**

Explanatory Note

(This note is not part of the Instrument and does not purport to be a legal interpretation).

These Regulations relate to the scheme of tax relief at source for medical insurance premiums introduced in the Finance Act, 2001. They provide the machinery whereby medical insurers can recover from Revenue amounts (representing income tax at the standard rate) which have been deducted by persons paying medical insurance premiums which qualify for tax relief.

In addition, the Regulations also provide for the making of annual information returns by medical insurers in relation to each person paying premiums to them as well as information relating to contracts of insurance and they also enable the validity of any claim for repayment to be checked.

The Regulations take effect from 6 April, 2001.

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