



STATUTORY INSTRUMENTS.

S.I. No. 343 of 2009

MEDICAL INSURANCE (AGE-RELATED TAX CREDIT RELIEF AT
SOURCE) REGULATIONS 2009

(Prn. A9/1225)

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The Revenue Commissioners, in exercise of the powers conferred on them by section 470B(7)(a) (inserted by section 22 of the Health Insurance (Miscellaneous Provisions) Act 2009 (No. 24 of 2009)) of the Taxes Consolidation Act 1997 (No. 39 of 1997), hereby make the following Regulations:

PART 1

GENERAL

Citation.

1. These Regulations may be cited as the Medical Insurance (Age-Related Tax Credit Relief at Source) Regulations 2009.

Interpretation.

2. (1) In these Regulations—

“annual claim” has the meaning assigned to it by Regulation 4(3);

“authorised insurer” has the same meaning as it has in section 470B(1) of the Principal Act;

“authorised officer” has the same meaning as it has in section 904E(1) of the Principal Act;

“insured person” has the same meaning as it has in section 470B(1) of the Principal Act;

“interim claim” has the meaning assigned to it by Regulation 4(4);

“PPS number” has the same meaning as it has in section 470B(1) of the Principal Act;

“Principal Act” means the Taxes Consolidation Act 1997;

“relevant contract” has the same meaning as it has in section 470B(1) of the Principal Act;

“relevant year of assessment” has the same meaning as it has in section 470B(1) of the Principal Act.

(2) Subject to paragraph (1), a word or expression that is used in these Regulations and is also used in the Income Tax Acts has, except where the context

*Notice of the making of this Statutory Instrument was published in
“Iris Oifigiúil” of 1st September, 2009.*

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 under section 470B(6)(a) of the Principal Act, 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 recovered from the Revenue Commissioners on a claim under section 470B(6)(b)(ii) of the Principal Act 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 section 470B(6)(b)(ii) of the Principal Act 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) 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), 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), a claim shall be made to the Revenue Commissioners for the 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 approve or authorise.

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 interim 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 interim 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 is deductible.

(3) Where the amount paid by the Revenue Commissioners in accordance with paragraph (2) exceeds the amount actually deducted (including any amount deemed to have been deducted in accordance with section 470B(6)(c) of the Principal Act) 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 (including any amount deemed to have been deducted in accordance with section 470B(6)(c) of the Principal Act) 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 relevant year of assessment, an authorised insurer shall make an annual claim to the Revenue Commissioners for the year in respect of all payments in respect of premiums under relevant contracts as are attributable to insured persons aged 50 years or over, 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 section 470B(6)(b) of the Principal Act.

(2) Within 6 months after the end of each relevant year of assessment, 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 in respect of an insured person

aged 50 years or over and being in such form and manner as shall be approved or authorised by them, showing—

- (a) the name, address and PPS Number, of the individual making the payment,
- (b) the authorised insurer's membership number relating to that individual,
- (c) the name and PPS Number of each insured person, aged 50 years or over, to whom the premium or part of the premium, as the case may be, relates,
- (d) the total amount of premiums paid by the individual for that year as are attributable to insured persons aged 50 years or over,
- (e) the total number of insured persons in each class specified in column (1) of the Table to section 470B(4) of the Principal Act, and
- (f) the total amount deducted and retained by the individual making the payment under section 470B(6)(a) of the Principal Act.

(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 annual claim.

(4) If an authorised insurer fails to make an annual claim or an information return within the time limits prescribed by this Regulation, the Revenue Commissioners may refuse to make interim payments to that insurer until such time as that claim or return is 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, not later than 2 months after 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 section 470B(6)(b)(ii) of the Principal Act, 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 section 470B(6)(b)(ii) of the Principal Act, to make all such enquiries as they consider necessary to establish whether such a claim is or was properly due.

(2) An authorised insurer shall—

- (a) keep sufficient records to enable the requirements of these Regulations to be satisfied and shall make these available for inspection within the State by an authorised officer, and
- (b) furnish such information about the claim as may reasonably be required by the Revenue Commissioners.

PART 3

MISCELLANEOUS

Provision of information to Revenue Commissioners.

9. (1) The Revenue Commissioners may by notice in writing 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 records available for inspection within the State by an authorised officer.

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 under my hand,

26 August 2009

MICHAEL O'GRADY
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 age-related tax credit on medical insurance premiums paid under contracts renewed or entered into on or after 1 January 2009 and before 1 January 2012 in respect of insured persons aged 50 years and over. They provide the machinery whereby medical insurers can recover from Revenue, amounts representing the age-related tax credit which have been deducted by persons paying medical insurance premiums in respect of persons aged 50 years and over which qualify for tax relief. The regulations allow for interim claims to be made by authorised insurers (e.g. monthly).

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.

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