

Health Insurance Act 1994 (Determination of Relevant Increase under section 7A and Provision of Information under section 7B) Regulations 2014 (as amended)



STATUTORY INSTRUMENTS.

**S.I. No. 312 of 2014**

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HEALTH INSURANCE ACT 1994 (DETERMINATION OF RELEVANT INCREASE  
UNDER SECTION 7A AND PROVISION OF INFORMATION UNDER SECTION 7B)  
REGULATIONS 2014

Health Insurance Act 1994 (Determination of Relevant Increase under section 7A and Provision of Information under section 7B) Regulations 2014 (as amended)

I, JAMES REILLY, Minister for Health, in exercise of the powers conferred on me by sections 7A and 7B (inserted by sections 6 and 7 respectively of the Health Insurance (Amendment) Act 2001 (No. 17 of 2001)) of the Health Insurance Act 1994 (No. 16 of 1994), hereby make the following Regulations:

*Citation*

1. These Regulations may be cited as the Health Insurance Act 1994 (Determination of Relevant Increase under section 7A and Provision of Information under section 7B) Regulations 2014.

*Commencement*

2. These Regulations shall come into operation on 1 August 2014.

*Interpretation*

3. (1) In these Regulations—

“age at entry”, in relation to an insured person, means his or her age, in years and complete months, at his or her contract start date, as that age is reduced by his or her credited period (if any);

“consecutive series of in-patient indemnity health insurance contracts” means a series of 2 or more in-patient indemnity health insurance contracts where the second and each subsequent contract in the series commences on a date that is not later than 13 weeks after the date on which the immediately preceding contract in the series ended;

“continuous period of cover”, in relation to an insured person named as an insured person in an in-patient indemnity health insurance contract, or in each in-patient indemnity health insurance contract comprised within a consecutive series of in-patient indemnity health insurance contracts, means the continuous period, in years and complete months, that—

(a) commences on the first day on which the insured person is so named in that contract or that series of contracts, as the case may be, and

(b) ends on the last day on which the insured person is covered, as an insured person, by that contract or that series of contracts, as the case may be;

“contract start date”, in relation to an insured person, means—

(a) if he or she has a current continuous period of cover, the date of commencement of that cover, and

(b) in any other case, the date of commencement of the in-patient indemnity health insurance contract for which the relevant increase in respect of the insured person is being determined;

“credited period”, in relation to an insured person, means, subject to paragraph (2) and regulation 6, the sum, in years and complete months, of any continuous periods of cover provided to him or her prior to his or her contract start date but does not include any excluded period;

“excluded period”, in relation to an insured person and the definition of “credited period”, means—

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- (a) any period during which the premium payable under the in-patient indemnity health insurance contract concerned, in respect of the cover provided by the contract to the insured person, was waived or reduced under section 7(5)(a) or (b)(i) of the Principal Act, and
- (b) any period during which such cover was not provided to the insured person due to the non-payment of the premium concerned or the suspension of that contract;

“in-patient indemnity health insurance contract” means a health insurance contract (not being a health insurance contract that falls within paragraph (b) of subsection (3) of section 10 of the Principal Act), effected by an undertaking, that provides for in-patient indemnity payments;

“insured person” has the meaning assigned to it by section 7A(1) of the Principal Act;

“Principal Act” means the Health Insurance Act 1994 ;

“relevant increase” means relevant increase within the meaning of section 7A of the Principal Act and as determined in the manner specified in Regulation 5;

“unadjusted net premium” shall be construed in accordance with section 7A(2) of the Principal Act;

“undertaking” means a registered undertaking.

(2) Where an insured person has, for the same period, been provided a continuous period of cover by 2 or more in-patient indemnity health insurance contracts, that same period may, for the purposes of the definition of “credited period”, only be counted once in so far as that definition applies to that insured person.

(3) Any period of 12 consecutive months shall be treated as a year in a determination (including a calculation) made for the purposes of these Regulations.

*Provision of certain information between undertakings*

4. (1) An undertaking (“the first-mentioned undertaking”) shall, for the purposes referred to in section 7B(3) of the Principal Act, provide another undertaking (“the requester”) which requests it to do so with a statement in writing of the information the subject of that request that falls within any of subparagraphs (i) to (iv) of section 7B(2) of the Principal Act that the first-mentioned undertaking has in its possession or that may reasonably be procured by it.

(2) The first-mentioned undertaking shall comply with the request as soon as is practicable but, in any case, not later than 30 days after receiving the request.

(3) With effect from 1 August 2014, an undertaking shall, in respect of each in-patient indemnity health insurance contract effected by it and for the purpose of facilitating compliance by the requester with section 7A of the Principal Act, retain records of—

- (a) the date of commencement of cover,
- (b) the date of commencement of the most recent period of cover,
- (c) each prior credited period (if any),
- (d) each renewal,
- (e) the levels of cover,
- (f) each suspension (if any) of the contract and the dates thereof, and

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(g) the date of termination of the contract,

for a period of not less than 20 years from the date of termination of the contract.

(4) Nothing in this section shall be construed to prejudice the generality of the means by which a person may provide evidence as to any information relating to his or her, or another person's, credited period.

*Determination of relevant increase, etc.*

5. (1) If, on and from 1 May 2015, one or more of the circumstances set out in paragraph (a), (c) or (cc) of section 7A(4) of the Principal Act apply, the undertaking concerned shall determine the relevant increase in respect of the insured person concerned in the manner specified in paragraphs (2) and (3).

(2)(a) Subject to paragraph (b), the relevant increase in respect of an insured person shall be nil if, on 1 May 2015, he or she has a continuous period of cover that commenced prior to that date.

(b) Paragraph (a) ceases to apply to an insured person on and from the first day (if any) after 1 May 2015 on which he or she ceases to have a continuous period of cover.

(c) The relevant increase in respect of an insured person—

(i) whose principal residence was, on 1 May 2015, outside the State,

(ii) subject to subparagraph (d), who has, on a date ("relevant date") after 1 May 2015, his or her principal residence in the State, and

(iii) who is named as an insured person in an in-patient indemnity health insurance contract on the expiration of the period of 9 months immediately following the relevant date,

shall, subject to subparagraph (e), be nil.

(d) Subparagraph (c)(ii) only applies to the first date on which an insured person has, after 1 May 2015, his or her principal residence in the State.

(e) Subparagraph (c) ceases to apply to an insured person on and from the first day (if any) after the expiration of the 9 months period referred to in subparagraph (c)(iii) on which he or she ceases to have a continuous period of cover.

(3) Subject to paragraph (2), the relevant increase in respect of an insured person shall be his or her unadjusted net premium (less the reduction (if any) made to that premium under section 7(5)(b)(iii) of the Principal Act) multiplied by 2% for each year by which his or her age at entry exceeds 34 years, subject to a maximum of 70%, as set out in the following table:

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Table

| Age at entry in years of Insured Person | Percentage Rate of Loading |
|---|----------------------------|
| 34                                      | 0%                         |
| 35                                      | 2%                         |
| 36                                      | 4%                         |
| 37                                      | 6%                         |
| 38                                      | 8%                         |
| 39                                      | 10%                        |
| 40                                      | 12%                        |
| 41                                      | 14%                        |
| 42                                      | 16%                        |
| 43                                      | 18%                        |
| 44                                      | 20%                        |
| 45                                      | 22%                        |
| 46                                      | 24%                        |
| 47                                      | 26%                        |
| 48                                      | 28%                        |
| 49                                      | 30%                        |
| 50                                      | 32%                        |
| 51                                      | 34%                        |
| 52                                      | 36%                        |
| 53                                      | 38%                        |
| 54                                      | 40%                        |
| 55                                      | 42%                        |
| 56                                      | 44%                        |
| 57                                      | 46%                        |
| 58                                      | 48%                        |
| 59                                      | 50%                        |
| 60                                      | 52%                        |
| 61                                      | 54%                        |
| 62                                      | 56%                        |
| 63                                      | 58%                        |
| 64                                      | 60%                        |
| 65                                      | 62%                        |
| 66                                      | 64%                        |
| 67                                      | 66%                        |
| 68                                      | 68%                        |
| 69+                                     | 70%                        |

(4) The undertaking concerned shall add the relevant increase, as calculated in accordance with paragraphs (2) and (3), in respect of an insured person to the unadjusted net premium to determine the annual net premium payable in respect of the insured person.

*Periods to be treated as credited periods*

6. [(1) Subject to paragraphs (1A) and (1B), an undertaking shall treat as being a credited period of an insured person or formerly insured person (“relevant person”) any period in respect of which the relevant person, or another person on behalf of the relevant person, satisfies the undertaking that it falls within paragraph (2) or (2A).]<sup>1</sup>

[(1A) Any period which an undertaking treats as being a credited period of a relevant person, or another person on behalf of the relevant person, by virtue of the fact that the relevant person has satisfied the undertaking in accordance with paragraph (2) shall not be treated as a credited period of

<sup>1</sup> Reg. 6(1) substituted by *Health Insurance Act 1994 (Determination of Relevant Increase under section 7A and Provision of Information under section 7B) (Amendment) Regulations 2018* (S.I. No. 224 of 2018), reg. 4(a).

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the relevant person, or another person on behalf of the relevant person, for the purposes of paragraph (2A)(a).

(1B) Any period which an undertaking treats as being a credited period of a relevant person, or another person on behalf of the relevant person, by virtue of the fact that the relevant person has satisfied the undertaking in accordance with paragraph (2A)(a) shall not be treated as a credited period of the relevant person, or another person on behalf of the relevant person, for the purposes of paragraph (2).]<sup>2</sup>

(2) Any periods, commencing on or after 1 January 2008, in total not exceeding 3 years, during which the relevant person ceased to be an insured person by reason of—

(a) the relevant person, or another individual named in the in-patient indemnity health insurance contract concerned in which the relevant person (being a person who has attained the age of 18 years or over) was named as an insured person and on whom the relevant person is wholly or mainly financially dependent, being unemployed for a period of not less than 6 months, and

(b) the relevant person, or that other individual referred to in subparagraph (a), being in receipt of a relevant social welfare payment.

[(2A)(a) Any period or periods commencing on or after 1 February 2019 in respect of which the relevant person, having been an insured person for a period of not less than 3 years, ceases to be an insured person for a period or periods (each of which period is not less than 6 months) totalling not more than 3 years.

(b) Any period of not less than 6 months commencing on or after 1 November 2018 in respect of which a relevant person resides outside the State, provided he or she becomes an insured person within 9 months of ceasing to reside outside the State.

(c) In respect of a person who was formerly a member of the Permanent Defence Force, any period during which he or she was such member, provided he or she becomes an insured person within 9 months of ceasing to be such member.

(d) In respect of a person who resides in the State and is insured under the Joint Sickness Insurance Scheme of the European Union, the period during which the person concerned has been a member of that scheme, provided he or she becomes an insured person within 9 months of ceasing to be insured under that scheme.]]<sup>3</sup>

(3) An undertaking shall treat as being a credited period of an insured person or formerly insured person (“person concerned”) the period from and including the day on which the person concerned attained 23 years of age up to and including 30 April 2015 if the person concerned, or another person on behalf of the person concerned, satisfies the undertaking that—

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<sup>2</sup> Reg. 6(1A), (1B) inserted by *Health Insurance Act 1994 (Determination of Relevant Increase under section 7A and Provision of Information under section 7B) (Amendment) Regulations 2018* (S.I. No. 224 of 2018), reg. 4(b).

<sup>3</sup> Reg. 6(2A) inserted by *Health Insurance Act 1994 (Determination of Relevant Increase under section 7A and Provision of Information under section 7B) (Amendment) Regulations 2018* (S.I. No. 224 of 2018), reg. 4(c).

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(a) subject to subparagraph (b), the person concerned had a continuous period of cover that included the period from and including 1 May 2009 up to and including 30 April (“relevant period”), and

(b) if the person concerned did not have a continuous period of cover for any part of the relevant period, that part is a credited period of the person concerned by virtue of the operation of paragraphs (1) and (2).

(4) In this regulation—

“Act of 2005” means the Social Welfare Consolidation Act 2005;

“relevant social welfare payment” means a payment of—

(a) a benefit referred to in subsection (1) of section 39 of the Act of 2005 other than a benefit referred to in paragraph (m) or (n) of that subsection,

(b) an assistance described in subsection (1) of section 139 of the Act of 2005,

(c) [working family payment]<sup>4</sup> within the meaning of Part 6 of the Act of 2005, or

(d) an allowance, the rate of which is related to the rates of unemployment assistance jobseeker’s allowance payable under section 142 of the Act of 2005 or unemployment jobseeker’s benefit payable under section 65 or 66 of that Act, in respect of participation in a scheme—

(i) administered by the Minister for Social Protection, and

(ii) known as—

(I) the Back to Education Allowance,

(II) the Back to Work Allowance,

(III) the Back to Work Enterprise Allowance,

(IV) the Part-Time Job Incentive, or

(V) the National Internship Scheme.

*Review of these Regulations*

[7. The Minister may, from time to time, whenever he or she considers it appropriate to do so, request the Authority to review the operation of these Regulations.]<sup>5</sup>

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<sup>4</sup> Reference to “family income supplement” construed as reference to “working family payment” by *Social Welfare Act 2017* (Act No. 38 of 2017), art. 8(.

<sup>5</sup> Reg. 7 substituted by *Health Insurance Act 1994 (Determination of Relevant Increase under section 7A and Provision of Information under section 7B) (Amendment) Regulations 2018* (S.I. No. 224 of 2018), reg. 4(c).

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GIVEN under my Official Seal,



7 July 2014.

JAMES REILLY,

Minister for Health.