



S.I. No. 312 of 2014

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

REVISED

Updated to 1 July 2024

This Revised Statutory Instrument is an administrative consolidation of *Health Insurance Act 1994 (Determination of Relevant Increase under section 7A and Provision of Information under section 7B) Regulations 2014*. It is prepared by the Law Reform Commission in accordance with its function under *Law Reform Commission Act 1975 (3/1975)* to keep the law under review and to undertake revision and consolidation of statute law.

All Acts up to and including *Health (Assisted Human Reproduction) Act 2024 (18/2024)*, enacted 2 July 2024, and all statutory instruments up to and including *International Protection Act 2015 (Safe Countries of Origin) (Amendment) (No. 2) Order 2024 (S.I. No. 327 of 2024)*, made 1 July 2024, were considered in the preparation of this Revised Statutory Instrument.

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S.I. No. 312 of 2014

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

REVISED

Updated to 26 June 2024

Notice of the making of this Statutory Instrument was published in "Iris Oifigiúil" of 11th July, 2014.

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:

Annotations

Modifications (not altering text):

- C1** References to "family income supplement" construed (1.01.2018) as references to "working family payment" by *Social Welfare Act 2017* (37/2017), s. 8(2), in effect as per s. 8(3).

Renaming of family income supplement

8. ...

(2) Any reference in any Act, or in any instrument made under any Act, passed or made before the commencement of this section to "family income supplement" shall be construed as a reference to "working family payment".

(3) This section comes into operation on 1 January 2018.

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—

(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
- (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:

Table

Applicable Relevant Increase by Age

| 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. F1[(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).]

F2[(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 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).]

(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.

F3[(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.]

F4[(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.]

F5[(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.]

(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—

(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) family income supplement 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.

Annotations**Amendments:**

- F1** Substituted (1.09.2018) 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), in effect as per reg. 2(a).
- F2** Inserted (1.09.2018) 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), in effect as per reg. 2(a).
- F3** Inserted (1.02.2019) 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), in effect as per reg. 2(b)(i).
- F4** Inserted (1.11.2018) 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), in effect as per reg. 2(b)(ii).
- F5** Inserted (1.09.2018) 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), in effect as per reg. 2(a).

F6 *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.]

Annotations**Amendments:**

- F6** Substituted (1.09.2018) 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. 5, in effect as per reg. 2(a).

L.S.
 GIVEN under my Official Seal,
 7 July 2014.
 JAMES REILLY,
 Minister for Health.

EXPLANATORY NOTE

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

These Regulations provide for premium loadings to be applied to in-patient indemnity health insurance contracts purchased on and from 1 May 2015 and require registered undertakings to set different premium prices depending on the age at which an individual takes out health insurance. The Regulations provide that the loading in respect of an insured person shall be his or her premium before tax relief multiplied by 2% for each year by which his or her age at entry exceeds 34 years, subject to a maximum loading of 70%. The specified date of 1 May 2015, on and from which loadings will apply, will facilitate a grace period from 1 August 2014 (9 months) during which time people who are not currently members of the health insurance market can join without incurring loadings. A 9 month grace period will also apply for anybody

who has his or her principal residence outside the State on 1 May 2015 and who has, after 1 May 2015, his or her principal residence in the State.

The Regulations set out the circumstances when the loadings will be reduced, where the member has a qualifying "credited period". A "credited period" will apply where individuals previously had health insurance. A "credited period" of up to 3 years will also apply for individuals who previously had health insurance prior to the introduction of premium loadings and ceased to be an insured person on or after 1 January 2008 by reason of being in receipt of a relevant social welfare payment. The individual's "age of entry" will be reduced by the "credited period", in years and complete months, thus reducing the applicable level of loadings. For example a 50 year old who had health insurance previously for 10 years, and has three years qualifying periods of unemployment, taking out private health insurance after 1 May 2015 will pay loadings as follows:

| | |
|--------------------------------------|----------|
| Chronological age | 50 years |
| Less any qualifying credit periods | |
| - Prior PHI cover | 10 years |
| - Qualifying period of unemployment | 3 years |
| Age at entry | 37 years |
| Applicable loading (3 x 2% per year) | 6.00% |

The Regulations also include a requirement for registered undertakings to provide another undertaking with a written statement of a person's previous period or periods of health insurance cover and to do so in as practicable a timeframe as possible, but in any event no later than 30 days after receiving the request and place a requirement on registered undertakings to retain relevant records for a period of not less than 20 years from the date of termination of the contract.



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

REVISED

Updated to 26 June 2024

About this Revised Act

This Revised Statutory Instrument presents the text of the Instrument as it has been amended since it was made, and preserves the format in which it was made.

Related legislation

This instrument is not collectively cited with any other instrument.

Annotations

This Revised Statutory Instrument is annotated and includes textual and non-textual amendments and previous affecting provisions.

An explanation of how to read annotations is available at www.lawreform.ie/annotations.

Material not updated in this revision

Where other legislation is amended by this statutory instrument, those amendments may have been superseded by other amendments in other legislation, or the amended legislation may have been repealed or revoked. This information is not represented in this revision but will be reflected in a revision of the amended legislation if one is available.

Where legislation or a fragment of legislation is referred to in annotations, changes to this legislation or fragment may not be reflected in this revision but will be reflected in a revision of the legislation referred to if one is available.

A list of legislative changes to any Act, and to statutory instruments from 1972, may be found linked from the page of the Act or statutory instrument at www.irishstatutebook.ie.

Acts which affect or previously affected this revision

- *Social Welfare Act 2017 (37/2017)*

All Acts up to and including *Health (Assisted Human Reproduction) Act 2024* (18/2024), enacted 2 July 2024, were considered in the preparation of this revision.

Statutory instruments which affect or previously affected this revision

- *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)

All statutory instruments up to and including *International Protection Act 2015 (Safe Countries of Origin) (Amendment) (No. 2) Order 2024* (S.I. No. 327 of 2024), made 1 July 2024, were considered in the preparation of this revision.