

Early Intervention Email Referral Form

For Employers to complete

Once you have completed the form
please send it back to EIS@irishlife.ie



Our Early Intervention Service (EIS) is available to all employers who have their Group Income Protection with Irish Life. You must inform your employee and make sure they consent to engaging with us prior to making a referral.

Don't like forms? No problem, you can make your referral by telephone on 01 562 5106.

Who is a suitable employee for Early Intervention?

- > An employee who has been out of work around 2 weeks.
- > Someone who is well enough to have a phone call with a nurse.
- > Where you believe the absence will not be very long term (9 months+).
- > Conditions such as mental health problems, back and joint pains, COVID, migraines etc. are all usually suitable for Early Intervention.

If you are not sure if an employee is suitable, just ring our nurses or send them an email and we will help guide you.

What can I expect?

- > Our nurses will engage directly with your employee.
- > Support services will be signposted and where appropriate, rehabilitation will be offered.
- > A return to work plan will be drawn up if suitable.
- > Our nurses may engage with your employee over time if needed.
- > Your employee will receive a detailed nurse absence report.

- > If your employee consents, this same report will be shared with you.
- > All reports contain a list of helpful recommendations for the employee and employer.

Is there a cost to this service?

No, this service is complimentary to the Income Protection cover you have in place with Irish Life.

I'd like some more information

Feel free to contact us directly, or alternatively please visit:

https://www.irishlifeemployersolutions.ie/early_intervention_service

EARLY INTERVENTION EMAIL REFERRAL FORM

To be completed by the Employer

Please complete this form fully using **BLOCK CAPITALS**, or simply type your replies below. If any item is blank or illegible, this will cause a delay in processing the form.

Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at <http://www.irishlifeemployersolutions.ie> or you can ask us for a copy.



Section 1: Employer Details

Complete if known.

Company Name

Scheme Policy Number

Referring Person Name

Department

Job Title

Contact Number

Email Address

Section 2: Employee Details

Use dd/mm/yyyy for all dates.

Employee Name

Date of Birth

Contact Number

Email Address

Job Title

Brief description of roles and responsibilities

First date of absence

Reason for absence as per medical certificate

Duration of medical certificate

Any other relevant information/background to absence/previous absences/referral to OH

Has the employee provided consent to engage with EIS	Yes	No
Do you support a phased return to work if recommended	Yes	No
If so for how long?		
Would you like to receive a call back from an EIS nurse to discuss this referral in further detail before we speak with your employee?	Yes	No

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