



cornmarket
group financial services Ltd

Here to help you

The Fire Brigade

Voluntary Protection Group Plans



Plans Summaries

The Fire Brigade Voluntary Protection Group Plans

This booklet has been prepared to explain to you, simply and concisely, the various benefits of the Fire Brigade Voluntary Protection Plans. You can obtain a more detailed Terms & Conditions document from Cornmarket's Administration department at any time.

**Please call (01) 408 4195 or
email spsadmin@cornmarket.ie**

There are currently 4 Voluntary Plans available to the Fire Brigade. Details of these can be found in this booklet.

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The benefits that you can avail of are dependent on the Plans that you are contributing towards.

Cornmarket's role as Administrators

Cornmarket – working for you

In June 2015, Cornmarket was appointed as the broker for the various Voluntary Protection Plans.

Our role includes:

- 1** Negotiating with the insurers (currently Friends First) to obtain the most competitive rates and to secure the best possible benefits.
- 2** Assisting members or member's families who wish to make a claim from the various Plans, by guiding them through every stage of the claims process.
- 3** Promoting the Plan to eligible fire brigade staff.

A Claims Service you can trust

Cornmarket has its own dedicated, in-house team, who look after Voluntary Protection Plans. The team members are specialised, well-informed and easy to talk to, and will do all they can to help in a member's time of need. They provide a vital 'hand-holding' function from start to finish of the claims process.

So should you need to make a claim, you can rest assured that it will be dealt with in the efficient, professional and sensitive manner that you deserve.

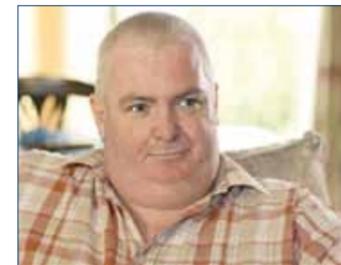
The Plans in action

Through its various Voluntary Protection Plans, Cornmarket has helped protect the financial security of more Public Sector employees than any other company in Ireland. But the real testament to the quality of these Plans is the amount being paid out to beneficiaries, which is now counted in hundreds of millions of Euro. Here's what just two of the people who have benefited from our Income Protection Plans have to say.



Fiona Grace Purtill,
Plan Beneficiary

"I was at work one day, went to take something off a shelf and just felt a pop. Then after a couple of days it just snowballed and I ended up not being able to move my neck or shoulders. I realised I was going to be out of work for a while and my pay was due to run out, so I contacted Cornmarket. I didn't think I'd be out of work for as long as I have been and, thankfully, the cover has continued. Cornmarket want to ensure that you're well and that when you go back to work you're able to do your job long term. There's no pressure put on you to go back before you're ready. It really is such a relief! I would recommend joining Income Protection to everyone."



John Bargary,
Plan Beneficiary

"After having a family I felt I had to have some form of financial security. At the time, I didn't expect anything to happen to me, but I felt that joining Income Protection was a good idea for my family and I. Then came a time where I found myself out of work for 4 years, as I was constantly experiencing chronic pain. If I didn't have Income Protection, I wouldn't have been able to keep up with my mortgage payments and I probably wouldn't be sitting in my house right now! Since the changes to Public Sector sick pay, it's much more important to have Income Protection. Without it, you could find yourself in a very bad financial situation."

Group Income Protection Cover – Summary

Although many members feel that they will never need the protection that the Group Income Protection Cover Plan provides, sadly our experience has been that even the healthiest person can suffer unexpected illness or have a serious accident. What is more, the changes to Public Sector sick leave arrangements which came into effect on 31st March 2014 mean a dramatic drop in your paid sick leave. Members without Income Protection face great financial uncertainty should they fall ill as they will be taken off the payroll sooner than before.

Thankfully, the Plan has made provision for these changes and will pay out Plan benefits earlier than before, in line with members' needs. The Plan provides essential protection for all members and membership has never been more vital.

What happens to your income if you fall ill under the new sick leave arrangements?

Standard Sick Leave

Under Public Sector sick leave arrangements introduced in 2014, typically you have access to paid sick leave of 13 weeks (92 days) at full pay in one year, followed by 13 weeks (91 days) at half pay. This is subject to a maximum of 26 weeks (183 days) in a rolling 4 year period. If you exceed 183 days paid sick leave you may receive Temporary Rehabilitation Remuneration for a further 18 months (548 days), subject to the terms of the Public Sector sick leave arrangements.

Extended Sick Leave for Critical Illness*

Under the Public Sector sick leave arrangements, there is a Critical Illness Protocol whereby employees may be granted extended paid sick leave of 26 weeks (183 days) at full pay in one year, followed by 26 weeks (182 days) at half pay, subject to a maximum of 52 weeks (365 days) in a rolling 4 year period.

If you exceed 365 days paid sick leave, you may receive Temporary Rehabilitation Remuneration for a further 12 months (365 days). Temporary Rehabilitation Remuneration may be extended for a further period up to a maximum of 2 years (730 days) subject to a reasonable prospect of returning to work and is reviewed every 6 months.

Temporary Rehabilitation Remuneration

Temporary Rehabilitation Remuneration (formerly referred to as Pension Rate of Pay) is based on your accrued pension benefits that would have applied had you actually retired on ill-health grounds. It may be granted where there is a realistic prospect of an individual returning to work. However, any added years arising from purchase of service arrangements are not taken into account, as no retirement has actually taken place.

Ill Health Early Retirement Pension

Alternatively, if you retire on the grounds of ill health you may be entitled to an Ill Health Early Retirement Pension. Even if you have many years of service, your Ill Health Early Retirement Pension will be only a fraction of your salary. In addition, those paying PRSI at the 'A' rate may be entitled to a State Illness Benefit, but at just €9,776 (2015 level), the State Illness Benefit provides a small income only.

The reality is that long-term illness inevitably means a severe drop in living standards. The need for some kind of additional income is vital.

How the Plan works – Disability Benefit

Once your salary has reduced to half pay after 13 weeks the Plan aims to pay you an income of €132.69 per week. Once your salary has stopped altogether the benefit increases to €211.53 per week subject to an overall maximum of 75% of salary (please refer to page 6, Q3: *What is the deferred period?* and page 7, Q12: *What are the maximum benefits paid under the Plan?*).

The Plan goes on paying you until you recover, are deemed fit to return to work by Friends First, die, or right up to your 55th birthday, if you are permanently disabled.

New Enhancement to the Plan following the appointment of Cornmarket as Administrators

Unpaid Maternity, Parental, Adoptive and Carers Leave

If a member takes unpaid Maternity, Parental, Adoptive or Carer's leave, premiums are waived for up to 18 weeks in a 12 month period. If the unpaid leave is for longer, Friends First (the underwriters of the Plan) offer members an option similar to the career breaks option (see next page). In a number of cases, members exceed the current 18 week period if they take unpaid maternity leave (statutory 16 weeks) followed by a period of unpaid parental leave. From 1st September 2015, when members take unpaid leave under more than one of the categories above, Friends First will now waive premiums for a period of up to 30 weeks in a 12 month period.

*There are certain criteria used to determine whether an illness qualifies for extended paid sick leave.

Career breaks

Members may take a career break for up to 1 year and can re-join the Plan without underwriting at the end of the career break. They must rejoin the Plan within 30 days of returning to work. If they rejoin after this period, medical underwriting will be required. With effect from 1st September 2015, members may take a career break for up to 5 years without the need for medical underwriting. They must rejoin the Plan within 30 days of returning to work. Members who fall ill during their career break will be allowed to commence a deferred period at the end of the career break.

This is conditional on the Underwriters being advised of the expected return to work date within 4 months of the start date of the career break. Should the member be unable to return to work on this date, due to illness or injury, the deferred period for the Income Protection Cover will start on this date.

Important: You must remain in the Fire Brigade to remain an eligible member of the Plan. If you leave the Fire Brigade you must inform Cornmarket in writing, as you can no longer stay in the Plan, and you will not be able to claim from it.

Affordable for every member

How much does the Plan cost?

As membership is so vital, the Plan is designed to be affordable for every member. It is remarkably good value because it's negotiated on a special 'group basis' for members. From 1st September 2015, the cost of the Plan is €11.78 gross per week and is conveniently deducted from your salary by your employer.

This new rate will be guaranteed for the next 3 years until 1st September 2018.

Please bear in mind that it is your responsibility to ensure that the correct deductions have, in fact, been made by your employer and that deductions are cancelled where appropriate.

A helping hand from Revenue

You are eligible for tax relief at your highest rate on the contribution that you pay. This means that for most members from 1st September 2015 the after tax rate will be €7.07 per week, based on a member paying tax @ 40%.

Please note: This rate (based on the benefits in place at the September 2015 review) is guaranteed until the next Plan review on 1st September 2018.

HOW TO JOIN

The Fire Brigade Group Income Protection Plan helps members maintain the standard of living they deserve. If you haven't already joined the Plan, don't put it on the long finger.

Special concession

If joining within 3 months of joining the service, there are no medical questions required.

Apply to join now, simply call (01) 470 8054.

Cover begins as soon as Friends First accepts you as a member of the Plan.



Frequently Asked Questions

1 Who is eligible to join?

You may apply to join the Plan if you are:

- A fire fighter employed by a Local Authority or an Emergency Service Controller employed by Dublin Fire Brigade
- Under the age of 55 at the date of joining
- Actively at work*
- Working 8 hours or more per week and employed on one of the following basis:
 - Permanent **or**
 - Commenced a contract of at least 12 months.

*Actively at work means that you:

- Are working your normal contracted number of hours
- Have not received medical advice to refrain from work
- Are not restricted from fully performing the normal duties associated with your occupation.

Please note: Members on paid or unpaid maternity leave are eligible to join the Plan.

Important: You must remain an employee of the Fire Brigade to remain an eligible member of the Plan. If you leave employment you must inform Cornmarket in writing as you can no longer remain in the Plan and you will not be able to claim from it.

2 When does my membership begin?

Your cover begins from the date Friends First accepts your application to the Plan. Members receive a formal acceptance letter confirming they have been included as members of the Income Protection Plan. In some cases medical evidence may be required before membership of the Plan can be confirmed. This may involve providing further details over the telephone or attending a medical examination at Friends First's expense.

3 What is the 'deferred period'?

The deferred period is the waiting period before the Plan benefit becomes payable. For the purpose of this Plan, the deferred period is 13 weeks (92 days) disability in a 12 month period, or 26 weeks (183 days) in a rolling 4 year period.

Please note: Friends First has agreed that periods of sick leave prior to joining the Plan will be taken into account in the calculation of the expiry of the deferred period.

4 When does my membership end?

Membership of the Plan ends:

- On your 55th birthday **or**
- If you cease to be a permanent employee of the Fire Brigade **or**
- If you leave employment of the Fire Brigade **or**
- If your contributions to the Plan cease (please bear in mind that the responsibility to ensure that the correct contributions to the Plan are paid rests with you) **or**
- On your retirement (other than on the grounds of ill-health) **or**
- On death,

whichever is the earliest.

5 When does benefit payment under the Plan begin?

Once Friends First has accepted your claim, and you have completed the relevant deferred period, benefit payment under the Plan will commence.

Please remember that it can take a number of weeks to process your claim. As soon as you become aware that, due to illness or injury, your salary is likely to reduce to half pay or cease altogether, please let us know. Ideally, we should be informed about **8-9 weeks** in advance to enable Friends First to assess your claim and gather the relevant medical and employer information. As we understand that this may not always be possible, Friends First may not be able to pay your benefit at the time that your salary reduces or ceases. In such cases the benefit will be backdated to the date when your salary reduced to half pay or stopped altogether, where the claim is subsequently admitted.

6 For how long will I be paid benefit under the Plan?

The Plan will continue to pay benefit as long as your illness or injury prevents you from doing your normal job and you are not following any other occupation. Disability Benefit payments will stop when either:

- You recover, i.e. when it has been determined by Friends First, based on medical evidence, that you are no longer prevented from doing your normal job because of illness or injury **or**
- You return to work **or**
- You die **or**
- You reach your 55th birthday, if you are permanently disabled
- You cease to be a full-time member of the Fire Brigade for reasons other than Early Retirement on grounds of ill health, whichever is the earliest.

Notice period if claim is ended: In the case of claimants who have been in receipt of benefit for at least one year, where medical evidence indicates that a member is fit to return to work, Friends First will give 3 months' notice before ending the payment of benefit. This only applies to those cases where a claim has been in continuous payment for 12 months.

7 How disabled do I have to be to qualify for benefit under the Plan?

To qualify for benefit under the Plan, Friends First must be satisfied that you are totally unable to carry out the duties of your normal occupation because of illness or injury, and that you are not engaged in any other occupation for profit, reward or remuneration.

The Policy Definition of a Period of Disability

A period throughout which a member is totally unable to carry out his/her normal occupation due to a recognised illness or accident, and during which the member is not involved in carrying out any other occupation for profit, reward or remuneration of any kind whatsoever (whether sedentary or otherwise) and whether or not entirely different from his/her normal occupation.

8 What if I take a career break, take unpaid leave or change my working hours?

For career breaks or unpaid leave, please refer to pages 4 and 5 or alternatively, please contact Cornmarket on **(01) 408 4195**. If you change your working hours, please contact Cornmarket on the number above.

9 Are there any exclusions under the Plan?

There are no general exclusions under the Disability Benefit of the Plan. However, in the event of a claim arising from the taking of alcohol or drugs, payment of a claim is subject to the proviso that the claimant remains active in a programme of treatment.

Please bear in mind that in some cases individual members may be accepted into the Plan subject to exclusions in respect of specific conditions.

Once an exclusion is applied, sick leave due to the excluded condition, including the calculation of the deferred period, cannot be included in relation to any aspect of the claim.

10 What benefits do members on a temporary contract get?

A claim in respect of a member on a temporary contract is treated in the normal manner as outlined in questions 5 and 6. If a member is disabled and their contract expires before the expiry date of the deferred period (13 weeks in any 12 month period), their claim will be considered subject to the usual medical evidence requirement. For example, if a member suffers an illness with 3 months remaining on their contract, and remains disabled to the end of the deferred period, their claim will be considered in the normal manner.

11 What if I have unearned income?

In general, investment and rental income will not be taken into account when making a claim under the Plan. Benefit from any accident or sickness policy will however be taken into account, except once-off lump sum benefits paid under a critical/serious illness policy.

12 What are the maximum benefits paid under the Plan?

€211.53 per week subject to an overall maximum of 75% of your salary* as paid by your employer

LESS:

- a) Any amount of salary, earnings, profit, reward, or remuneration which you are in receipt of from your normal occupation or any other occupation or business **and**
- b) The Ill Health Early Retirement Pension/Temporary Rehabilitation Remuneration entitlement calculated on the normal basis as set down by your employer, irrespective of whether you are receiving this amount or not** **and**
- c) An amount equal to the State Illness Benefit payable to a single person, if you are entitled **and**
- d) Any benefit you are receiving under the Social Welfare Acts other than sickness, disability or treatment benefits **and**
- e) Any benefit you are entitled to under any other insurance against accident or sickness or other similar arrangement (where appropriate such an amount will be annualised), except benefits paid under a Lump Sum Critical/Serious Illness policy (see page 14, Q3: What if I take out a Lump Sum Critical/Serious Illness policy? For details) **and**
- f) Any annualised amount awarded by a court of law, an agreed settlement sum or ex-gratia payment attributable to loss of earnings arising out of any action relating to your disablement

or

The maximum Income Protection Benefit – currently €150,000 p.a.

*For the purpose of this policy, salary is defined as earned income in the 12 months prior to date of disability.

**However, in some cases the insurer may agree to pay a full €211.53 per week without deductions for Ill Health Early Retirement Pension/Temporary Rehabilitation Remuneration if they think there is a reasonable expectation of you returning to work.

13 Is there a residence clause?

The Insured may travel or reside anywhere in the world but entitlement to Benefit whilst he/she is travelling or residing outside the member States of the European Union as at the Commencement Date will be restricted to a maximum of 13 weeks in any period of one year subject to an overall limit of 39 weeks in total.

Within the European Union, Friends First reserves the right to reduce the benefit paid out on claim proportionately if the Insured resides in any country in the EU other than Ireland, by the ratio of the comparative price levels published annually by Eurostat (the Statistical Office of the European Union) or another suitable or equivalent statistic if that is no longer published.

In addition, Friends First will reserve the right to require that a claimant return to Ireland to undergo an independent medical examination or other assessment if this is deemed necessary by the Chief Medical Officer of Friends First during assessment of the inception or continuance of their claim.

Claiming from the Plan – a step-by-step guide

Cornmarket's role is to help guide members through the claims process. We have considerable experience in this area and, on behalf of claimants, work closely with the relevant insurance companies to ensure that all legitimate claims are promptly paid. We are here to talk you through the process and to explain any additional documentation that you may be required to provide.

1 Contact Cornmarket

Cornmarket is not automatically notified of your absence from work through illness. This means that as soon as you become aware that, due to illness or injury, your salary is likely to reduce to half pay or cease altogether, please let us know. Ideally, we should be informed about **8-9 weeks** in advance to enable Friends First to assess your claim and gather the relevant medical and employer information. As we understand that this may not always be possible, Friends First may not be able to pay your benefit at the time your salary reduces or ceases. In such cases the benefit will be backdated where the claim is subsequently admitted.

You can contact us by calling the Claims Team on **(01) 408 4018**.

Write to us at:

SPS Claims Department,

Cornmarket Group Financial Services Ltd.,

Christchurch Square, Dublin 8.

Or email: spsclaims@cornmarket.ie

2 Your Claims Pack

Once you have informed us that you wish to make a claim, you will be issued with a claims pack containing all of the information that is required to enable Friends First to assess your claim.

3 Processing your Claim

Upon receipt of your completed claim form, Friends First will begin assessing your claim.

4 Medical Examination

Medical evidence will be assessed by Friends First. In most cases the insurer will request that you attend an independent medical examination to confirm you are indeed unable to carry out your normal job because of your disability.

5 Additional Medical Evidence

In some cases Friends First may require additional medical evidence from doctors and/or specialists who have attended you. You may possibly be requested to attend a further medical examination (at Friends First's expense).

6 Decision on your Claim

Once all the medical evidence and documentation have been received, the insurer will make a decision on your claim.

7 Your Benefit

Once a claim is being paid, payment of the benefit is made by Friends First every four weeks in arrears. Benefit payments are subject to income tax.

Your benefit will continue to be paid for as long as you remain unfit to carry out your normal job because of illness or injury. Benefit payments will stop when either:

- You recover, i.e. when it has been determined by Friends First, based on medical evidence, that you are no longer prevented from doing your normal job because of illness or injury **or**
- You return to work **or**
- You die **or**
- You reach your 55th birthday, if you are permanently disabled
- You cease to be a full-time member of the Fire Brigade for reasons other than Early Retirement on grounds of ill health, whichever is the earliest.

In certain cases, benefit may be paid where you return to work at a reduced level of earnings due to partial disability.

From time to time, Friends First may require medical evidence confirming that you remain unfit to work.

Important:

Short-term claims: As a result of recent changes to Public Sector sick pay arrangements there is a likelihood of an increase in short-term claims. With some short-term claims, the medical evidence required may not be as detailed as that required for a long-term claim.

Late Notification of Claims: It is not often possible to retrospectively assess the validity of a claim in cases where a significant period of time (approximately 3 months) has elapsed since your salary reduced or ceased. For this reason, it is vital that you register your claim promptly in line with the guidelines given (**8-9 weeks** before your salary reduces to half pay or ceases altogether). In the case of late notification of a claim, cases will be assessed on individual merit and the insurer reserves the right to decline to assess the claim.

If you are in receipt of either a disability or partial payment and you return to work, you must notify Cornmarket immediately to enable Friends First to cease your claim and Cornmarket to recommence your premium payments to avoid a lapse in membership.

Group Life Cover – Summary

In the event of your death, the issue of financial support may be even more pressing for your family. Mortgage payments, day-to-day living expenses, credit card bills, etc. will still have to be met by those you have left behind. This is why the Group Life Cover Plan for the Fire Brigade is regarded as such a valuable benefit amongst members.

Members' Benefit

The Plan provides for the payment of a tax-free lump sum in the event of death of a member. The benefit payable is set out in the table below. Cover and premiums cease at age 85.

Members' Life Cover

Age of death	Level of Death Benefit
Up to age 55	€136,000
56 to 64	€81,500
65 to 69	€41,000
70 to 74	€18,000
75 to 79	€10,000
80 to 84	€5,000

Early Payment of benefit for funeral expenses

The Trustees will arrange an advance payment of €10,000 directly after the death of a member who is in service at the date of death.* The remaining life cover is paid out once all required documents have been received and once the claim is settled.

* Does not apply to retired members.



Enhancements and improvements to the Plan following the appointment of Cornmarket as Administrators

1 Life Cover Terminal Illness Benefit

Friends First will make an advance payment of 25% of the Death Benefit on diagnosis of a terminal illness with death expected within 12 months. Conditions attached to this are as follows:

- A life assured is diagnosed as having a terminal illness if a medical specialist certifies, and Friends First accepts, that it is highly likely that the life assured will die from a worsening, incurable disease within 12 months.
- This benefit will cease at age 62.

2 Accidental Death Benefit

In the event of accidental death, a benefit of €15,000 is payable in addition to the normal Death Benefit. Accidental death is defined as 'death as a direct result of a bodily injury arising from an external and accidental cause which leaves a visible bruise or wound'.

3 Children's Death Benefit

In the event that a member's child between the ages of 0 and 21 dies, a death benefit of €5,000 will be paid to the member.

4 Unpaid Maternity, Parental, Adoptive and Carer's Leave

If a member takes unpaid Maternity, Parental, Adoptive or Carer's leave, premiums are waived for up to 18 weeks in a 12 month period. If the unpaid leave is for longer, Friends First (the underwriters of the Plan) offer members an option similar to the career break option (see below). In a number of cases members exceed the current 18 week period if they take unpaid maternity leave (statutory 16 weeks) followed by a period of unpaid parental leave. From 1st September 2015, when members take unpaid leave under more than one of the categories above, Friends First will now waive premiums for a period of up to 30 weeks in a 12 month period.

5 Career breaks

Members may take a career break for up to 1 year and can re-join the Plan without underwriting at the end of the career break. With effect from 1st September 2015, members may take a career break for up to 5 years without the need for medical underwriting. They must rejoin the Plan within 30 days of returning to work. If they rejoin after this period, medical underwriting will be required.

Affordable for every member

How much does the Plan cost?

As membership is so vital, the Plan is designed to be affordable for every member. It is remarkably good value because it's negotiated on a special 'group basis' for members.

From 1st September 2015, the cost of Plan membership will reduce to €6.23 gross per week and, for most members, it is conveniently deducted from your salary by your employer up to the point of retirement.

A helping hand from Revenue

As this is arranged under an AVC arrangement, premiums are fully allowable for tax relief under the net pay procedure.

This means that you are eligible for tax relief at your highest rate on the contribution that you pay. This means that for most members, from the 1st September 2015 review, the net cost of membership for a higher rate tax payer will be only €3.74 per week (assuming 40% income tax).

Please note: This rate (based on the benefits in place at the September 2015 review) is guaranteed until the next Plan review on 1st September 2018.

Please note: There is no tax relief for retired members.

Important: You must remain an employee or retired member of the Fire Brigade to remain an eligible member of the Plan. If you leave the Fire Brigade you must inform Cornmarket in writing, as you can no longer stay in the Plan, and you will not be able to claim from it.

HOW TO JOIN

Apply to join now. Simply call us on **(01) 470 8054**.

Cover begins as soon as Friends First accepts you as a member of the Plan.

Frequently Asked Questions

1 Who is eligible to join the Plan?

You may apply to join the Plan if you are:

1. A fire fighter employed by a Local Authority or an Emergency Service Controller employed by Dublin Fire Brigade
2. Under the age of 55 at the date of joining
3. An Active member of the Civil or Public Service Superannuation Scheme
4. Actively at work
5. Working 8 hours or more per week and employed on one of the following basis:
 - Permanent *or*
 - Commenced a contract of at least 12 months.

Please note: If your Spouse/Partner would like to become a member of the Fire Brigade Group Spouses Life Cover you must be a member of the Group Life Cover Plan.

2 When does my membership begin?

Your cover begins from the date Friends First accepts your application to the Plan. Members receive a formal acceptance letter confirming they have been included as members of the Group Life Cover Plan. In some cases medical evidence may be required before membership of the Plan can be confirmed. You will be notified if this applies to you.

3 When does my membership end?

Cover continues in force until the earliest of the following:

- You die *or*
- Your 85th birthday *or*
- You no longer meet the eligibility criteria *or*
- Your premiums to the Plan cease.

4 What if I take a career break or unpaid leave?

Please refer to page 10 or alternatively, please contact Cornmarket on **(01) 408 4195**.

5 Are there any exclusions under the Plan?

Friends First reserves the right not to pay benefit in the event of the death of the member arising directly or indirectly from any war (whether there has been a declaration of war or not); or arising as a direct result of activity in which the member was engaged as part of his/her duties as a member of the armed forces of any country; or arising as a direct result of him/her being engaged in a form of national service.

Certain exclusions apply to the Accidental Death Benefit.

Exclusions apply to the Accidental Death Benefit where death is caused directly or indirectly by:

1. Taking part in a criminal act
2. The result of the person's deliberate act
3. The taking of drugs or alcohol
4. Taking part in aviation, other than as a fare paying passenger, motor racing or motorcycle racing.

6 What legislation governs the contract?

This contract is governed by the laws of Ireland. The jurisdiction of the Courts of Ireland shall be the jurisdiction appropriate to all actions, claims, disputes and proceedings arising under or in connection with the Plan.

The Life Assurance Plan, which is a Defined Contribution Scheme for the purposes of the Pensions Act 1990, as amended, is designed to qualify as an exempt approved scheme under Chapter 1 of Part 30 of the Taxes Consolidation Act 1997 (or any statutory amendment or re-enactment thereof) and is established under Trust with formal Rules. All benefits payable under the Plan are provided by means of one or more insurance policies with Friends First Life Assurance Company Limited.

Claiming from the Plan

As Administrators of the Plan, Cornmarket's role is to help guide members' families through the claims procedure. Once notified of a member's death, Cornmarket will send a letter to the next of kin/legal personal representative explaining the documentation that the underwriters require in order to process the Death Benefit claim, including:

- Original or certified Death Certificate
- Original or certified Birth Certificate
- In some cases a certified copy of the Will and Grant of Probate (or if there is no Will, the underwriters will require Letters of Administration)
- Proof of ID and address for beneficiaries (requirement for Anti Money Laundering documentation).

Contact Us:

Phone: (01) 408 4018.

Online: spsclaims@cornmarket.ie

Post: SPS Claims Department,
Cornmarket Group Financial Services Ltd.,
Christchurch Square,
Dublin 8.



Group Spouse/Partner Life Cover – Summary

Members' Benefit

In the event of death of a Fire Brigade spouse, the Plan provides a payment of a tax-free lump sum to the Fire Brigade employee. The benefit made payable is set out in the table below.

Cover and premiums cease at age 80.

Spouse's Life Cover

Age of death	Level of Death Benefit
Up to age 55	€65,000
56 to 64	€65,000
65 to 69	€18,000
70 to 74	€10,000
75 to 79	€5,000

Enhancements and improvements to the Plan following the appointment of Cornmarket as Administrators.

Life Cover Terminal Illness Benefit

Friends First will make an advance payment of 25% of the Death Benefit on diagnosis of a terminal illness with death expected within 12 months. Conditions attached to this are as follows:

- A life assured is diagnosed as having a terminal illness if a medical specialist certifies, and Friends First accepts, that it is highly likely that the life assured will die from a worsening, incurable disease within 12 months.
- This benefit will cease at age 62.

Accidental Death Benefit

In the event of accidental death, a benefit of €15,000 is payable in addition to the normal Death Benefit. Accidental death is defined as 'death as a direct result of a bodily injury arising from an external and accidental cause which leaves a visible bruise or wound'.

How much does the Plan cost?

As membership is so vital, the Plan is designed to be affordable for every member. It is remarkably good value because it's negotiated on a special 'group basis' for Fire Brigade members.

From 1st September 2015, the cost of Plan membership will reduce to €2.38 gross per week and, for most members, is conveniently deducted from your salary by your employer.

Please bear in mind that it is your responsibility to ensure that the correct deductions have, in fact, been made by your employer and that deductions are cancelled where appropriate.

Please note: This rate (based on the benefits in place at the September 2015 review) is guaranteed until the next Plan review on 1st September 2018.

Please note: There is no tax relief available on the Group Spouse/Partner Life Cover Plan.

Who is eligible to join the Plan?

All spouses/partners* of members of the Group Life Cover Plan of the Fire Brigade under age 55 are eligible to join the Plan.

*Definition of spouse/partner: Your Legal Spouse or your Registered Civil Partner; or a person with whom you are cohabiting in a long-term relationship, for 12 months or more at the date of application for cover; and that both of you are free to legally marry each other or enter into a Civil Partnership together. He/she must remain eligible in accordance with the foregoing to continue his/her cover so that at the date of your death he/she would be classified as belonging to one of the categories of person specified and, as such, be an eligible beneficiary.

Important: Your spouse/partner can only be a member of the Group Spouse/Partner Life Cover as long as you remain a member of the Group Life Plan.

Are there any exclusions under the Plan?

Friends First reserves the right not to pay benefit in the event of the death of the member arising directly or indirectly from any war (whether there has been a declaration of war or not); or arising as a direct result of activity in which the member was engaged as part of his/her duties as a member of the armed forces of any country; or arising as a direct result of him/her being engaged in a form of national service.

Certain exclusions apply to the Accidental Death Benefit.

Exclusions apply to the Accidental Death Benefit where death is caused directly or indirectly by:

1. Taking part in a criminal act
2. The result of the person's deliberate act
3. The taking of drugs or alcohol
4. Taking part in aviation, other than as a fare paying passenger, motor racing or motorcycle racing.

Claiming from the Plan

As all premiums are paid by the Fire Brigade employee, benefits payable are paid directly to the Fire Brigade employee as the owner of the cover.

Please contact our claims team on (01) 408 4018 for further details.



Group Specified Illness Cover and Group Spouse/ Partner Specified Illness Cover

Group Specified Illness Cover – Summary

Should you suffer a serious illness (regardless of whether or not this illness keeps you out of work sufficiently long enough to involve a loss of salary) the reality is that you may face significant extra expenses. The Plan recognises this fact by providing a once-off tax-free lump sum of €30,000 in the event that you suffer a 'Specified Illness'. The lump sum this benefit provides can be vital as extra cash is often needed to pay for medical bills, travel to and from hospital, pay for extra childcare, etc.

1 Specified Illness Benefit

Following the appointment of Cornmarket, the Specified Illness cover has expanded to cover 40 Specified Illnesses as listed below. Previously the Plan only covered 29 illnesses.

Please note: The illnesses marked ♦ below were introduced on 1st June 2015. These illnesses are covered once the date of diagnosis is after 1st June 2015. However, if prior to joining the Plan, you have suffered from one of the Specified Illnesses, you will never be covered for that illness.

Alzheimer's Disease before age 65	Kidney failure
Aorta graft surgery	♦ Liver failure
♦ Aplastic Anaemia	Loss of hands or feet
Bacterial Meningitis	♦ Loss of independent existence
♦ Balloon Valvuloplasty	Loss of speech
Benign brain tumour	Major organ transplant
♦ Benign spinal cord tumour	Motor Neurone Disease before age 65
Blindness	Multiple Sclerosis
Cancer	♦ Multiple System Atrophy
♦ Cardiomyopathy	Paralysis of Limbs
Chronic Lung Disease	Parkinson's Disease before age 65
Coma	♦ Pre-Senile Dementia before age 65
♦ Coronary artery surgery	♦ Primary Pulmonary Hypertension
Creutzfeldt-Jakob Disease	♦ Progressive Supranuclear Palsy
Deafness	♦ Pulmonary Artery Surgery
♦ Encephalitis	Rheumatoid Arthritis
Heart attack	Stroke
♦ Heart structural repair	Systemic Lupus Erythematosus
Heart valve replacement or repair	Third-degree burns
HIV infection	Traumatic head injury

Please contact Cornmarket on (01) 408 4195 for the policy definition of each illness and its pre-existing conditions.

No cancer claims will be paid where the condition presents within 3 months of the date of commencement of cover under the plan. Once you receive one Specified Illness Payment under the Plan, your cover ceases.

Important note: There is only 1 Specified Illness Payment per life per Plan. Other terms and conditions apply, please call (01) 408 4095 for more information. Once you are paid a claim under the main Specified Illness Benefit, your cover will cease and you will no longer be able to claim under the Specified Illness Benefit. Consequently, your contributions will cease.

Important: You must remain an employee or retired member of the Fire Brigade to remain an eligible member of the Plan. If you leave the Fire Brigade you must inform Cornmarket in writing, as you can no longer stay in the Plan, and you will not be able to claim from it.

As well as increasing the number of illnesses covered, a new Specified Illness Benefit – partial payment has been introduced along with improved arrangements for employees who go on Unpaid Maternity, Parental, Adoptive & Carer’s Leave or for those who go on a career break.

2 Specified Illness Benefit – Partial Payments*

Friends First has identified a further 10 less severe, but still life altering conditions that it will make an additional separate partial payment on (see listing below). The benefit you would receive should you suffer a Specified Illness covered under the Partial Payment section is €7,500.

Please note: The qualifying Specified Illnesses covered under the Partial Payment Section listed below were introduced on 1st June 2015. The illnesses are covered once the date of diagnosis is after 1st June 2015. However, if prior to joining the Plan, you have suffered from one of the specified Illnesses listed, you will never be covered for that illness.

The qualifying Partial Payment Specified Illnesses covered are:

Brain abscess drained via craniotomy
Carcinoma in situ
Carotid artery stenosis
Cerebral arteriovenous malformation
Coronary Angioplasty
Ductal carcinoma in situ
Low level prostate cancer with Gleason score between 2 and 6
Serious accident cover
Surgical removal of one eye
Less extensive third-degree burns

* Please contact Cornmarket on (01) 408 4195 for a full definition of each illness and its pre-existing exclusion clauses.

Important note: We will only make one Partial Payment per person under the Specified Illness Cover Benefit. The list of Partial Payment Specified Illnesses is totally separate from the main Specified Illness Benefit. This means that it does not generally affect the amount you could receive if you need to make a Specified Illness Benefit Claim for one of the 40 conditions we cover on a full payment basis, at a later date (except in cases where you are diagnosed with a full payment illness within 30 days of diagnosis of a Partial Payment illness. In this case, the full payment will be made under the main Specified Illness Benefit). Other Terms & Conditions apply.

3 Children’s Specified Illness Benefit and Children’s Specified Illness – Partial Payment

Friends First will provide an additional benefit to members in the form of Children’s Specified Illness Benefit. If a member’s child (aged 0 to 21 years) suffers one of the Specified Illnesses listed in Section 1 on the previous page, a once-off lump sum of €15,000 will be paid to the member.

If a member’s child (aged 0 to 21 years) suffers one of the Partial Payment Specified Illnesses listed in Section 2 on this page, a once-off lump sum of €3,750 will be paid to the member.

Important, please note:

- A member of the Plan may claim Children’s Specified Illness Benefit for more than one child.
- Payment of Specified Illness Benefit can be paid once only in respect of each child
- Children are no longer covered for either the Children’s Specified Illness Benefit or the Children’s Specified Illness Benefit – Partial Payment once they reach age 21
- The payment of either the Children’s Specified Illness Benefit or the Children’s Specified Illness Benefit – Partial Payment does not affect either your or your spouse’s cover.

Important note: There is only 1 Specified Illness Payment per child per plan. Other terms and conditions apply, please call (01) 408 4095 for more information. Once a claim is paid under the main Children’s Specified Illness Benefit, cover for that child will cease and you will no longer be able to claim under the Specified Illness Benefit for that specific child.

Enhancements and improvements to the Plan following the appointment of Cornmarket as Administrators

Unpaid Maternity, Parental, Adoptive & Carer’s Leave

If a member takes unpaid Maternity, Parental, Adoptive or Carer’s leave, premiums are waived for up to 18 weeks in a 12 month period. If the unpaid leave is for longer, Friends First (the underwriters of the Plan) offer members an option similar to the career break option (see below). In a number of cases members exceed the current 18 week period if they take unpaid maternity leave (statutory 16 weeks) followed by a period of unpaid parental leave. From 1st September 2015, when members take unpaid leave under more than one of the categories above, Friends First will now waive premiums for a period of up to 30 weeks in a 12 month period.

Career breaks

Members may take a career break for up to 1 year and can re-join the Plan without underwriting at the end of the career break. With effect from 1st September 2015, members may take a career break for up to 5 years without the need for medical underwriting. They must rejoin the Plan within 30 days of returning to work. If they rejoin after this period, medical underwriting will be required. Members who fall ill during their career break will be allowed to commence a deferred period at the end of the career break.

This is conditional on the Underwriters being advised of the expected return to work date within 4 months of the start date of the career break.

Affordable for every member

How much does the Plan cost?

As membership is so vital, the Plan is designed to be affordable for every member. It is remarkably good value because it’s negotiated on a special ‘group basis’ for members.

The cost of this plan is €2.96 per person, per week and will be collected through salary.

Please note: This rate (based on the benefits in place at the September 2015 review) is guaranteed until the next Plan review on 1st September 2018.

Please note: You are not eligible for tax relief on this contribution.



Frequently Asked Questions

1 Who is eligible to join the Plan?

1. A fire fighter employed by a Local Authority or an Emergency Service Controller employed by Dublin Fire Brigade
2. Under the age of 55 at the date of joining
3. An Active member of the Civil or Public Service Superannuation Scheme
4. Actively at work
5. Working 8 hours or more per week and employed on one of the following basis:
 - Permanent *or*
 - Commenced a contract of at least 12 months.

Important: You must remain an employee or retired member of the Fire Brigade to remain an eligible member of the Plan. If you leave the Fire Brigade you must inform Cornmarket in writing, as you can no longer stay in the Plan, and you will not be able to claim from it.

2 When does my membership begin?

Your cover begins from the date Friends First accepts your application to the Plan. Members receive a formal acceptance letter confirming they have been included as members of the Group Specified Illness Plan. In some cases medical evidence may be required before membership of the Plan can be confirmed. This may involve providing further details over the telephone or attending a medical examination at Friends First's expense.

3 When does my membership end?

Membership of the Plan ends:

- On your 60th birthday
 - When you cease to be a permanent employee or pensioner of the Fire Brigade
 - Are paid a claim under the Specified Illness Benefit
 - If your contributions to the Plan cease (please bear in mind that the responsibility to ensure that the correct contributions to the Plan are paid rests with you) *or*
 - You cease to be resident in the Republic of Ireland *or*
 - On your death,
- whichever is the earliest.

Note: If you claim, then your spouse can still be covered and vice versa once satisfactory arrangements are made to continue making contributions.

4 Is there a Survival period?

Yes. If you suffer a Specified Illness listed under the main Specified Illness Benefit on page 15 or under the Specified Illness – Partial Payment section listed on page 16 and wish to claim, you must survive for a 'minimum period' after the date on which the illness was diagnosed or surgery took place, before any Specified Illness payment can be made. In the event of death within this period no Specified Illness Benefit is payable, subject to the admission of the claim. The relevant periods are:

- A) 14 days for angioplasty (two or more arteries), aorta graft surgery, benign brain tumour, cancer, CJD, coma, coronary artery surgery, emphysema (chronic), heart attack, heart valve surgery, HIV/AIDS from blood transfusion or HIV/AIDS from physical assault, kidney failure, major organ transplant, motor neurone disease, multiple sclerosis, paralysis of two or more limbs, severance of two or more limbs, severe burns and stroke.
- B) 6 months for Parkinson's Disease, Alzheimer's disease, Dementia, and loss of sight.
- C) 6 months for Bacterial meningitis in respect of children's cover.
- D) 12 months for loss of hearing and loss of speech.

Important note: You will not be eligible to make a claim if the illness claimed for relates to a condition from which you were already suffering at the time of your application and/or where you were under medical investigation, whether or not you were aware of the condition at that time.

5 What if I travel abroad?

In addition to the specific exclusions contained in the definition of each Specified Illness and each Partial Payment Specified Illness, no benefit will be payable in respect of any Specified Illness if a member travels or remains outside the Territorial Limits for **more than three months** in any calendar year.

Claiming from the Plan

Please contact our claims team on (01) 408 4018 for further details.

Group Spouse/Partner Specified Illnesses Cover

A member of the Group Specified Illness Plan can cover their spouse/partner under the member's Specified Illness and the Specified Illness – Partial Payment sections by paying an additional contribution.

Who is eligible to join the Spouse/Partner Plan?

This Plan is open to membership to all Spouses/Partners* of members of the Fire Brigade Group Specified Illness Cover who are under age 55.

***Definition of Spouse/Partner:** Your Legal Spouse or your Registered Civil Partner; or a person with whom you are cohabiting in a long-term relationship, for 12 months or more at the date of application for cover; and that both of you are free to legally marry each other or enter into a Civil Partnership together. He/she must remain eligible in accordance with the foregoing to continue his/her cover so that at the date of your death he/she would be classified as belonging to one of the categories of person specified and, as such, be an eligible beneficiary.

IMPORTANT: Your spouse/partner can only be a member of the Group Spouse/Partner Specified Illness Cover as long as you remain a member of the Group Specified Illness Plan.

When does membership for the Spouse/Partner Specified Illness Cover end?

Membership of the Plan ends:

- On your 60th birthday *or*
 - When you are paid a claim under the Spouse/Partner Specified Illness Benefit
 - If your contributions to the Plan cease (please bear in mind that the responsibility to ensure that the correct contributions to the Plan are paid rests with you)
 - On your spouse's 60th birthday *or*
 - You cease to be resident in the Republic of Ireland *or*
 - On your death,
- whichever is earliest.

Note: If you claim, then your Spouse/Partner can be still be covered and vice versa once satisfactory arrangements are made to continue making contributions.

How much does the Spouse/Partner Plan cost?

The cost of this Plan is €2.96 per week and will be collected through salary.

Please note: This rate (based on the benefits in place at the September 2015 review) is guaranteed until the next Plan review on 1st September 2018.

Claiming from the Plan

As all premiums are paid by the Fire Brigade employee, benefits payable are paid directly to the Fire Brigade employee as the owner of the cover.

Please contact our claims team on (01) 408 4018 for further details.



The Fire Brigade Voluntary Protection Group Plans

This guide provides an outline only of the main benefits of the Fire Brigade Voluntary Protection Plan as of October 2015, and is issued subject to the provisions of the policy, and does not create or confer any legal rights.

The information contained herein is based upon our current understanding of the Public Sector sick leave arrangements and Revenue law and practice as of October 2015.

The Fire Brigade Voluntary Protection Plans are governed by the following master Policy Documents issued by Friends First:

- | | |
|--|--------|
| 1. Group Income Protection Cover | 709798 |
| 2. Group Life Cover | 708233 |
| 3. Group Spouse/Partner Life Cover | 708232 |
| 4. Group Specified Illness Cover and
Group Spouse/Partner Specified Illness Cover | 708236 |

Members of the Plan may request relevant copies of the policy document from the Head Office of the Fire Brigade or the Dublin office of Cornmarket Group Financial Services Ltd.

Cornmarket is committed to providing a high level of service and has a complaint handling procedure in place. Should you feel that you have not received a satisfactory level of service, please write in the first instance to Jane Horan, Assistant Manager, Compliance Department, Cornmarket Group Financial Services Ltd, Christchurch Square, Dublin 8.

If you are dissatisfied with the outcome of your complaint through Cornmarket, you may also submit your complaint to the Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, or log on to www.financialombudsman.ie.