

Environmental Protection Agency/National Roads Authority Income Continuance Plan

Standard application form

Eligibility – For use only by members under age 65

To be eligible to apply for membership of the EPA/NRA Income Continuance Plan you must be:

- Under age 65 *and*
- In pensionable employment with the EPA or NRA *and*
- Working for 8 hours or more per week.

This application form is for use by existing staff members who apply to join the Plan after joining service and who did not participate in the auto enrolment facility.

Job/work sharers: Job/work sharing members of the EPA or NRA who satisfy the eligibility conditions above may also apply to join the EPA/NRA Income Continuance Plan. The level of contribution and benefits which apply for them may differ from those relevant for the full-time members.

1 Personal Details

| | | | |
|---|--|------------------------------------|---|
| Title: _____ | First Name: _____ | Surname: _____ | Date of Birth: <input type="text" value=""/> / <input type="text" value=""/> / 19 <input type="text" value=""/> |
| Home Address: _____ | | | |
| Tel: Home: _____ | | Mobile: _____ | |
| Email: _____ | | | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Marital Status: Single <input type="checkbox"/> | Married <input type="checkbox"/> | Separated <input type="checkbox"/> | Divorced <input type="checkbox"/> |
| Partnered <input type="checkbox"/> | Civil Partnered <input type="checkbox"/> | Widowed <input type="checkbox"/> | |

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2 Employment Details

| | |
|--|---|
| Employer: EPA <input type="checkbox"/> NRA <input type="checkbox"/> | |
| Occupation: _____ | Current Annual Salary: € _____ |
| Work Address: _____ | |
| Is your employment: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> | Are you working as a job sharer? Yes <input type="checkbox"/> No <input type="checkbox"/> (Working 50% or less of the full-time working week?) |
| If temporary; are you employed on a contract of at least 12 months' duration? Yes <input type="checkbox"/> No <input type="checkbox"/> | Are you working 8 hours or more per week? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| OR | |
| Have you been actively working continuously for the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> | When did you start working in the Public Sector? <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/> |
| If you entered Public Sector employment after 1st April 2004 or re-entered Public Sector employment after 1st April 2004 with a break of more than 26 weeks that was not due to a career break or unpaid leave, please provide the date here if different to above: <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/> | |

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3 Basic Medical Details

Please answer all questions on this application carefully and honestly, giving full details.

When completing this application form you must disclose all Material Facts.

A Material Fact is any fact that the insurer would regard as likely to influence the assessment and acceptance of the proposal. Failure to disclose all Material Facts, including full disclosure of your medical details and history, may delay or prevent the issue of your policy; cause it to be cancelled at a later date; and/or invalidate future claims. If you are in any doubt as to whether a fact is a Material Fact you should disclose it.

You are not required to disclose any genetic test results you may have had and we will disregard any genetic tests that come into our possession.

You are, however, required to provide us with full details (other than genetic tests) in answer to all health questions, including full details about your family history, as part of any Medi-Phone interview you are required to take (see Sections 5 & 6).

You must advise us of any changes in your health or circumstances which happen between now and the date your application is confirmed as accepted by Friends First, which would make any of the answers on this form wrong or incomplete. Failure to do so may invalidate future claims.

Please note: In answering the questions below, you do not need to disclose details relating to the following ailments: Acne, Anal fissure (single episode only), Hayfever (without Asthma), Ganglion, Minor allergies, Thrush/Candidiasis, Chickenpox, Colds/Influenza, Food poisoning, Measles, Heat Stroke/Sunburn/Sunstroke, Laryngitis, Lockjaw (provided full recovery has been made), Mumps, Pharyngitis, Stomach bug (including Gastroenteritis once fully recovered), Glandular fever (provided fully recovered), IGTV, Haemorrhoids/piles, Verruca, Childhood Bronchitis, Pregnancy (assuming no complications), Miscarriage (assuming no complications), Sinusitis/Nasal Polyps, Tonsillitis/Quinsy.

- 1 Have you been absent from work due to illness or injury for more than 10 consecutive working days in the last 12 months? Yes No
- 2 Are you currently taking any prescribed drugs or medication or receiving any treatment, or have you done so in the last 6 months? Yes No
- 3 Have you attended, or been advised by your GP to attend, any doctor, specialist, consultant, counsellor, hospital or clinic for any medical check-up, blood, saliva or urine test, treatment, investigation or operation in the last 4 years? Yes No
- 4 Have you ever suffered from or had treatment for:
 - (a) Stress, post-natal depression, anxiety, depression, nervous breakdown or mental disorder? Yes No
 - (b) Slipped disc, whiplash or other neck or back problem? Yes No
- 5 Has any application for life, critical illness or salary protection cover (disability benefit) on your life to any insurer ever been declined, postponed, accepted at an increased premium or with exclusion imposed? Yes No

If you have answered 'yes' to any of the questions above please provide details below or on a separate sheet

| Question | Nature of illness | Dates and duration off work | Name and address of doctor consulted |
|----------|-------------------|-----------------------------|--------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

4 Further Details

Name & Address of current G.P. _____

Name & Address of previous G.P. if you have changed G.P. in the last 12 months: _____

5 Contact Details

Further details via Medi-Phone call – from time to time, Friends First may require more medical or risk-related information. If this is the case, you will be contacted by telephone by a nurse working for MorganAsh Ltd. (a specialist company who carry out the phone calls on Friends First's behalf) to obtain more information regarding your medical history. This will help Friends First process your application more quickly. It is essential that you provide all requested information regarding your medical history. This telephone call will be recorded and will form part of your application for cover. For details of how the 'Medi-Phone call' works, please see Section 6 below.

Tel Home: _____ Mobile: _____ Work: _____

Preferred contact time: Morning Afternoon Evening

You will be contacted normally within a day or so of Cornmarket submitting your application form to Friends First. If, when you are called, it is not a convenient time, then just ask to re-arrange to a more convenient time. If you have not been contacted within 3 days, or you have been away or out of touch you may like to phone MorganAsh on Free-phone 1800 80 53 98.

The interview can be undertaken up to 9.00pm at night and during the day on Saturdays. If you have call barring on your phone, please arrange to allow MorganAsh to phone you, or you may like to call them on the above number. It is important that you are in a confidential situation and have the time to spare to undertake the interview. MorganAsh will not undertake the interview if you are driving.

6 Medi-Phone: your questions answered

What is Medi-Phone?

Medi-Phone is an interview over the phone. We use it to gather medical or 'risk-related' information when you apply for Income Continuance cover. Risk-related information might include details of your current health, past medical history, family medical history, occupational risks and sports or hobbies.

How does Medi-Phone work?

All phone calls are made by qualified nurses who work for MorganAsh (a specialist company who are conducting the interviews on behalf of Friends First). They will first ask you to confirm some personal information, as a security check and to ensure confidentiality and that you are comfortable to undertake the interview at that particular time. After this, they will ask you relevant questions to gather the health information we need.

To make the process go smoothly please take some time to gather the following information to hand:

1. Details of any medication you are currently taking (name and dosage).
2. Details of any past or present medical conditions suffered.
3. Details of any tests or investigations, e.g. blood pressure, cholesterol tests. You may like to phone your GP or whoever did these tests, to get the results.
4. You may be asked for your height and weight. If you do not know your weight, please try to weigh yourself prior to the interview.
5. It is helpful to think about your recent medical history, for example in the past three years, did you visit the doctor or have you missed any time off work? If so, why and what medication did you receive?

We will record the phone call which will be a permanent part of your application for cover. Calls should take approximately 15 to 30 minutes. Once we have gathered the relevant details as part of the Medi-Phone call, a skilled Friends First underwriter will assess the information and, in most cases, make a final decision on whether we can accept your application.

Cornmarket will then write to you to communicate this decision. In certain circumstances we may require some further medical evidence from your doctor and/or from yourself. You will be advised if this is necessary.

A copy of the interview will be sent to you for your records. If you need to change anything, or would like to add anything to the report, you can make the amendment, sign it and return it to Friends First in the Freepost envelope provided with the report.

What are the advantages of Medi-Phone over getting the information by paper?

1. We tailor each interview to you and your personal circumstances making the process easier and quicker than completing a standard application form.
2. It may be more convenient for you.
3. We can get better quality information on your health history.

What happens if I do not want to discuss my medical details over the phone?

This is not a problem. Following a Medi-Phone call, if you are not happy providing your medical details over the phone, we will post you the relevant forms for your completion. You can then post these forms back to Cornmarket.

If you have any questions in relation to this, please contact Cornmarket on (01) 408 4137.

Nurse Medical

If a Nurse Medical examination is required after your Medi-Phone call with MorganAsh, Cornmarket will inform you in writing. Friends First will arrange for a fully-trained and INMO-registered nurse to contact you to arrange an appointment at a time and place that suits you. The nurse will visit and carry out the medical in just 20 minutes. The nurse will then relay the test results to Friends First, where they will be confidentially reviewed and your application will be processed.

7 Salary Deduction Mandate

To: The Finance Officer, Employer: _____

Please deduct until further notice from my pay the appropriate amount of my pensionable pay in respect of my contribution under the EPA/NRA Income Continuance Plan and remit this amount to Cornmarket Group Financial Services Ltd. I recognise that these deductions are being made solely as a measure of convenience to me and that they may be terminated at any time. I also recognise that the ultimate responsibility for ensuring that the correct deductions have in fact been made, and that deductions are cancelled when appropriate, rests with me and that beyond making remittances on foot of sums deducted as stated, my employer accepts no responsibility of any kind in this matter. I further understand that should I wish to amend or cancel this deduction I will submit this request in writing to Cornmarket Group Financial Services Ltd.



Applicant's Signature: _____

Date: / /20

Applicant's Name (BLOCK CAPITALS): _____

Workplace Name & Address: _____

Employee Number:

(Please refer to your Payslip)

8 Data Protection Declaration

Data Protection Notices

- 1 The information that you provide to Friends First Life Assurance Company Limited ("Friends First") and Cornmarket will be held on a computer database and/or any other way and will be used to administer this Plan and any other products and services supplied to you and any future agreements, contracts or arrangements you may have with Friends First.
- 2 You have the right of access to your personal data held by Friends First and/or Cornmarket by sending a written request and on payment of a small fee to the relevant company.
- 3 You also have the right to require Friends First and/or Cornmarket to correct any inaccuracies in the personal data that they hold about you.
- 4 You also have the right to question the purpose for which your data is held.

Data Protection Consents

I declare that I consent:

- A)** To the processing and holding (on computer or otherwise) of all information disclosed by me, or on my behalf, in relation to the Plan by Cornmarket and Friends First, its servants and agents (together with such other information supplied or obtained by Friends First) including sensitive personal data (being medical records and/or financial details) and the holding or processing of same for underwriting, administrative, customer care and service purposes *and*
- B)** To the disclosing of my personal data (personal and sensitive) to persons necessary in connection with the above purposes, to regulatory authorities or as required by law, to reinsurers and health professionals and other companies in the Friends First Life Assurance Company Limited Group. This may involve the transfer of personal data, including sensitive personal data, to countries outside the European Economic Area *and*
- B)** That this information may be used in the future by Cornmarket to contact me (by mail/email/SMS/telephone/mobile phone) about Cornmarket services which may be of interest to me. I understand that the information provided by me will not be passed on to third parties for the purposes of direct marketing. I also understand that I may at any stage, at no cost, instruct Cornmarket in writing to no longer hold my data for the purpose of sending me such information.

If you do not wish to receive information about preferential Cornmarket deals available to EPA and NRA employees, please tick here



Applicant's Signature: _____

Date: / /20

9 Declaration – you must read this carefully before signing it

WARNING: Please read this declaration carefully and ensure that you fully understand it before signing it. In the event that any part of the declaration is untrue or incomplete in any respect, your cover may be rendered void and any claim you make may not be paid. If you cannot complete this declaration, please contact your local Cornmarket Consultant or call (01) 408 4137 for further information.

I wish to join the EPA/NRA Income Continuance Plan. I confirm that I am an employee of either the EPA or NRA and I understand that membership of this Plan is conditional upon my continued employment by either the EPA or the NRA. I understand that it is a condition of membership that I accept that the EPA or the NRA may amend the terms of the Plan or terminate the Plan altogether and that decisions of the EPA and NRA in such matters are binding on all members. I understand that I will receive the Plan Summary booklet and the Cornmarket Terms of Business document on being accepted into the Plan and I will review them within the 30 day cooling off period (please review both prior to joining the Plan online at www.cornmarket.ie). I understand the meaning of disability as explained in the Plan Summary booklet. I understand the benefits available and the exclusions/restrictions and policy conditions that apply to the Plan. I also understand the reductions to the benefit where there are disability payments from other sources.

I understand that as I have not undergone a financial fact find with one of Cornmarket's consultants, no advice has been given to me pertaining to this product, therefore my application is on an execution only basis.

I declare that I am actively at work today, or capable of being actively at work today.*

I have read over the replies to all questions in this application form and declare that to the best of my knowledge and belief, all information given is true and includes all material facts, and I understand that failure to disclose all relevant facts, including full disclosure of my medical details and history, may delay or prevent the acceptance of this policy and/or may invalidate future claims. If you are in any doubt as to whether a fact is a material fact you should disclose it. I declare that to the best of my knowledge any statements made to Friends First's underwriting team or during the Medi-Phone call (see Section 6) are true, including all material facts.

I understand that the benefits for which I apply herein will commence on the date my application is confirmed as accepted by Friends First.

I understand that I must tell Friends First of any changes in my health or circumstances which happen between now and the date my application is confirmed as accepted by Friends First.

I understand that in the interest of customer service and to ensure the accuracy of records, telephone conversations between Friends First and me may be recorded. I undertake to inform Friends First of any change in my country of residence during the life of the policy.

Please note that failure to consent to the above will prevent Friends First from processing your application further, furthermore, failure to answer any question contained herein may result in Friends First refusing to accept your application or denying a claim.

I consent to Friends First, verbally or otherwise, seeking and receiving additional information from me or Cornmarket where this information has not been provided on the application or where further information, including medical information, is required in order to process the application and such information will be deemed to be incorporated into this application.

I understand that Friends First will not refund premiums retrospectively, prior to me advising Friends First of the cancellation or alteration of this policy. It is my responsibility to notify Friends First of any change in my circumstances.

A member of Cornmarket staff may correct/amend my details entered into Sections 1, 2, 5 and 7 (not including signatures or dates) in order to ensure my application is processed in a timely manner. A copy of any such amendment will be sent to me when my policy is processed and I undertake to advise Cornmarket without delay should any such amendment be incorrect.

*** 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.

Those on paid and unpaid maternity leave can be considered actively at work and are eligible to complete this form.

PLEASE TAKE TIME TO REVIEW THE ABOVE STATEMENTS AND YOUR ANSWERS TO THE QUESTIONS IN SECTION 3.



Applicant's Signature:

Date: / /20

Confirmation of Plan membership

Friends First will assess the potential risk of insuring you before membership of the EPA/NRA Income Continuance Plan can be confirmed. This may involve attending a medical examination at no extra cost to you. In a small percentage of cases membership of the EPA/NRA Plan may be refused. In such cases applicants will receive a letter confirming that they have not been accepted into the Plan. In other cases membership may be offered subject to the condition that certain medical conditions are excluded from cover or subject to a payment of an additional contribution. In these circumstances applicants may seek additional clarification from their own doctor who can contact Friends First to request reasons for their decision. Your cover will commence from the date Friends First accepts your application.

You will receive a formal acceptance letter confirming that you have been included as a member of the Plan.

Warning: The current premium may increase after the next EPA/NRA Plan review in October 2018*

* Please note: in the interim the premium rate will remain at the current 1.14% of salary. However, your individual monetary contributions will increase or decrease in line with your salary if you are contributing directly from salary.



Christchurch Square, Dublin 8 Tel: (01) 408 4137 Web: www.cornmarket.ie

Cornmarket Group Financial Services Ltd. is regulated by the Central Bank of Ireland.

Cornmarket is part of the Great-West Lifeco group of companies, one of the world's leading life assurance organisations.

Friends First Life Assurance Company Limited is regulated by the Central Bank of Ireland.

Telephone calls may be recorded for quality control and training purposes.