

Salary Protection Scheme

for SIPTU Allied Health Professionals and members of the MLSA

Standard application form

Eligibility: For use only by members under age 65

To be eligible to apply for membership of the Salary Protection Scheme for SIPTU Allied Health Professionals and members of the MLSA using this form you must be:

A member of the SIPTU Allied Health Professionals Sector or a member of the MLSA, under age 65, working for 8 hours or more per week, actively at work* and employed on a contract of employment by a recognised Health Service Employer *and either*

- Employed on a permanent full-time basis *or*
- Commenced a contract of definite duration (if you are in a temporary position your contract must be at least 12 months' duration) *or*
- Working continuously for the past 12 months.

Job/work sharers: Job/work sharing members of the SIPTU Allied Health Professionals/MLSA who satisfy the eligibility conditions above may also apply to join the Salary Protection Scheme for SIPTU Allied Health Professionals and members of the MLSA. The level of contribution and benefits which apply for them may differ from those relevant for the full-time members.

*See Section 10 for a definition of actively at work.

MLSA Advantages members

IMPORTANT: to avail of **Free Salary Protection Scheme membership for 9 months** you must fulfil the eligibility criteria opposite and apply to join the Scheme **within 3 months** of becoming a MLSA Advantages member.

This offer is not available to existing members of any Salary/Income Protection Scheme administered by Cornmarket.

For full Terms & Conditions, please see text under Section 9.

1 Personal Details

Title: _____ First Name: _____ Surname: _____ Date of Birth: / / 19

Home Address: _____

Tel: Home: _____ Mobile: _____

Email: _____ Nationality: _____ Gender: Male Female

Marital Status: Single Married Separated Divorced Partnered Civil Partnered Widowed

2 Employment Details

Occupation: Radiographer Medical Laboratory Scientist Phlebotomist Technical & Administrative Grade
Radiation Therapist Pathology Technician

Employer: _____ Union: MLSA SIPTU Allied Health Professionals Sector

Work Address: _____

Current Pensionable Salary: € _____

Non pensionable 'call out' or 'seasonal' earnings need not be included in the salary figure. They are, however, taken into account in the calculation of benefit under the Scheme.

Is your employment: Permanent Temporary

If temporary; are you employed on a contract of at least 12 months' duration? Yes No

OR

Have you been actively working continuously for the last 12 months? Yes No

Are you working as a job sharer? (Working 50% or less of the full-time working week?) Yes No

Are you working 8 hours or more per week? Yes No

When did you start working in the Public Sector? / /

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: / /

3 Medical Details

Please read the questions below carefully and ensure that you fully understand each question before answering it.

Warning: telling Irish Life about material facts – Please remember that you must tell us everything relevant when answering all of the questions on the application form and/or during the Medi-Phone call (see Section 6). If you do not, or if any of the answers to these questions are not true and complete, we could treat your policy as void. If failure to reveal all facts occurs there will be no cover under the Scheme and the insurance company will not refund the payments. In these circumstances the insurance company will not pay a claim.

A material fact (relevant information) is one that an insurer would regard as likely to influence the assessment and acceptance of the application for insurance. If you are not sure whether something is relevant, you should tell us anyway. Irish Life will rely on what you tell them and you must not assume that Irish Life will automatically clarify or confirm any information you provide.

You do not need to tell Irish Life about any genetic test (that is any analysis of chromosomes, DNA or RNA to detect genetic abnormalities in individuals) which you may have had. You must however, tell Irish Life if you are having treatment for or are experiencing symptoms of a genetic condition.

If your health changes between the date you apply for cover and the date your application is accepted, you must let us know immediately as failure to do so may result in a claim being refused.

- 1 In the last 3 years, have you had time off work due to illness or injury for more than 10 consecutive working days (colds or influenza may be ignored)? Yes No
- 2 Have you ever had back pain, sciatica, neck, shoulder, knee or any other muscular or joint pains? Yes No
- 3 Have you ever had stress, anxiety, depression or any other mental health problems? Yes No
- 4 In the last year have you been prescribed, taken or advised to take any medication or treatment including tablets, creams, inhalers, drops or sprays? (Oral contraceptive pill or treatment for colds, influenza & respiratory tract infections may be ignored). Yes No
- 5 In the last 5 years, have you had or been advised to have any tests or investigations or are you awaiting the results of any tests or investigations? Yes No
- 6 In the last 5 years, have you attended a specialist, hospital or clinic or have you been admitted to hospital? (in-patient periods in respect of normal pregnancy and delivery, appendectomy or tonsillectomy need not be disclosed). Yes No
- 7 Are you currently unwell or do you have any medical condition or physical impairment that is not already disclosed above? Yes No
- 8 Have you ever been declined, postponed or accepted on special terms by Irish Life or any other insurer for life, specified (critical) illness or salary protection? 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 present G.P. _____

Name & Address of previous G.P. if you have changed G.P. in the last 2 years: _____

5 Contact Details

Further details via Medi-Phone call – from time to time, Irish Life 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 Irish Life's behalf) to obtain more information regarding your medical history. This will help Irish Life 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 Irish Life. 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 50 22.

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 Salary Protection 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 Irish Life). 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 Irish Life 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 Irish Life 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.

Important note: Collection of premiums for the Salary Protection Scheme for SIPTU Allied Health Professionals and members of the MLSA .

Please complete the Salary Deduction Mandate below. In addition to this, please complete the SEPA Direct Debit Mandate (Section 8) if your employer does not facilitate Salary Deduction.

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 Salary Protection Scheme for SIPTU Allied Health Professionals and members of the MLSA 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)

Pay Area/Group Code:
(For HSE employees only)

8 SEPA Direct Debit Mandate

SEPA Direct Debit Mandate

Unique Mandate Reference: _____

Cornmarket Group Financial Services Ltd., Christchurch Square, Dublin 8, Ireland.

Creditor Identifier: IE27ZZZ993020

Legal text: By signing this mandate form, you authorise **Cornmarket** to send instructions to your bank to debit your account and your **bank** to debit your account in accordance with the instruction from **Cornmarket**. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank. Please complete all the fields below marked with *.

*Your Name: _____

Your Address: _____

*City/Postcode: _____ *Country: _____


*Account Number/IBAN:

*Swift BIC:

Type of Payment: Recurrent

Creditor's Name:	Cornmarket Group Financial Services Limited.
Creditor's Address:	Christchurch Square, Dublin 8.
Country:	Ireland.

 *Signature: _____ Date: ____ / ____ / 20__

 Second Signature**: _____ Date: ____ / ____ / 20__

**Required when bank account is held in two names.

HELPFUL TIP! You can find your IBAN and BIC number by visiting this website address: <https://ipsoseparaservice.sentential.com/ipso/oneShotIRL>

CREDITOR'S USE ONLY: Debtor Identification Code:

Description of the contract: SIPTUHEALTHMLSASPS

9 Data Protection Declaration

Data Protection Notices:

1. The information that you provide to Irish Life and Cornmarket will be held on a computer database and/or any other way and will be used to administer this Scheme and any other products and services supplied to you and any future agreements, contracts or arrangements you may have with Irish Life.
2. You have the right of access to your personal data held by Irish Life 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 Irish Life 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 Scheme by Cornmarket and Irish Life, its servants and agents (together with such other information supplied or obtained by Irish Life) 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 Irish Life Group or the Great-West Lifeco Group. This may involve the transfer of personal data, including sensitive personal data, to countries outside the European Economic Area *and*
- C)** 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 you, please tick here



Applicant's Signature:

Date: / /20

Confirmation of Scheme membership:

Your cover begins from the date Irish Life, the insurer of the Salary Protection Scheme for SIPTU Allied Health Professionals and members of the MLSA, accepts your application. On joining, members receive a formal acceptance letter confirming that they have been included as a member of the Scheme. In a small percentage of cases, membership of the Scheme may be refused. In other cases, membership may be offered with certain medical conditions excluded.

MLSA Advantages members

Terms and Conditions of the 9 Months Free Offer:

The 9 Months* Free Offer is available to MLSA Advantages members only, who apply to join the Scheme within 3 months of becoming an MLSA Advantages member. This offer is not available to existing members of any Salary/Income Protection Scheme administered by Cornmarket.

*The first 9 months means 9 consecutive months from the 1st of the month following the date that you are accepted as a member of the Scheme by the Insurance Company.

Warning: The current premium may increase after the next Scheme review in September 2017**

**Please note: in the interim the premium rate will remain at the current 1.10% of salary. However, your individual monetary contributions will increase or decrease in line with your salary if you are contributing directly from salary.

10 Declaration – you must read this carefully before signing it

WARNING: Please read the declaration below carefully and ensure that you fully understand it before signing it. 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 Salary Protection Scheme for SIPTU Allied Health Professionals and members of the MLSA. I confirm that I am a member of the SIPTU Allied Health Professionals Sector or the MLSA and I understand that membership of this Scheme is conditional upon my continued membership of the SIPTU Allied Health Professionals Sector or the MLSA. I understand that it is a condition of membership that I accept that the SIPTU Allied Health Professionals/MLSA may amend the terms of the Scheme or terminate the Salary Protection Scheme for SIPTU Allied Health Professionals and members of the MLSA altogether and that decisions of the SIPTU Allied Health Professionals/MLSA in such matters are binding on all members. I understand that I will receive a Scheme Summary booklet and a Cornmarket Terms of Business document on being accepted into the Scheme, and I will review them within the 30 day cooling off period (please review both prior to joining the Scheme online at www.cornmarket.ie). I understand the meaning of disability as explained in the Scheme Summary booklet. I understand the benefits available and the exclusions/restrictions and policy conditions that apply to the Scheme. 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 factfind 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 understand and agree that my contract with Irish Life will be based on this application form including all declarations and consents, any supplementary questions answered, any statements made to Irish Life's underwriting team or during the Medi-Phone call (see Section 6), any information I give to a medical examiner acting for Irish Life and all terms and conditions furnished to me by Irish Life and Cornmarket.

I have read and understand the important information concerning my obligation to tell Irish Life about all material facts (relevant information as per Section 3) in connection with the application and all my answers to the questions asked including any statements written down at my dictation are in every respect true and complete.

I understand that if I do not tell Irish Life all material facts, this contract could be void. If this happens, there will be no cover under the contract and premiums will not be refunded. In these circumstances, Irish Life will not pay a claim.

I consent to Irish Life obtaining information from or sharing information with:

- Any doctor who at any time has attended me concerning anything which affects my physical or mental health
- Any insurance company where I may have applied or may make a claim.

I authorise Irish Life to access and receive this information. I agree that this authority will stay in force after my death in order to process claims.

A member of Cornmarket staff may correct/amend my details entered into Sections 1, 2, 5, 7 and 8 (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.

I understand that I must tell Irish Life in writing about any changes in my health or circumstances between the date I applied for cover and the date my application is accepted. I understand that this contract will not start until Irish Life has accepted me for cover.

***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.

I understand that if I am eligible to avail of the 9 Months Free Offer, my contributions to the Scheme will commence 9 months from the date that I am accepted into the Scheme. If I am not eligible to avail of the offer, I understand my contributions will commence at the normal rate.



Applicant's Signature:

Date: / /20