

# INMO Income Protection Scheme

## Preferential application form

### Eligibility – For use only by members under age 40

To be eligible to apply for membership of the INMO Income Protection Scheme using this form you must be: **A nurse or a midwife, a member of the INMO and INMO Rewards, under age 40, working for 8 hours or more per week, 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 (if you are in a temporary position you must be actively at work\* now) *or*
- Working as an agency nurse/midwife for 2 or more years.

**Job/work sharers:** Job/work sharing members of the INMO who satisfy the eligibility conditions above may also apply to join the INMO Income Protection Scheme. The level of contribution and benefits which apply for them may differ from those relevant for the full time members.

\*See Section 7 for definition of actively at work.

### INMO Rewards Members

**IMPORTANT:** to avail of **Free Income Protection Scheme membership for 9 months** you must fulfil the eligibility criteria opposite and apply to join the Scheme **within 3 months** of becoming an INMO Rewards 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 3.

## 1 Personal Details

Title: _____	First Name: _____	Surname: _____	Date of Birth: <input type="text"/> / <input type="text"/> / 19 <input type="text"/>
Home Address: _____			
Tel: Home: _____		Mobile: _____	
Email: _____	Nationality: _____	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"/>	

## 2 Employment Details

Occupation: Nurse <input type="checkbox"/>	Midwife <input type="checkbox"/>	Employer: _____
Work Address: _____		
Current Annual Salary*: € _____	Tel: Work: _____	
*For Agency nurses, declared salary should be the average of the previous 2 years' earnings.		
Is your employment: Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Agency <input type="checkbox"/>
If temporary, are you: employed on a contract of at least 12 months' duration? Yes <input type="checkbox"/>		No <input type="checkbox"/>
OR have you been actively working continuously for the past 12 months? Yes <input type="checkbox"/>		No <input type="checkbox"/>
If agency, have you worked as an agency nurse for 2 or more years? Yes <input type="checkbox"/>		No <input type="checkbox"/>
Are you working as a job sharer? (Working 50% or less of the full-time working week?) 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"/>
When did you start working in the Public Sector? <input type="text"/> / <input type="text"/> / <input type="text"/>		
If you entered <b>Public Sector employment</b> 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"/> / <input type="text"/> / <input type="text"/>		

### 3 General Practitioner Details

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

### Confirmation of Scheme membership

Your cover begins from the date Irish Life, the insurer of the INMO Scheme, 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 or the member may be asked to fill in a longer application form requiring medical details to be disclosed. In other cases, membership may be offered with certain medical conditions excluded.

### INMO Rewards Members

#### Terms and Conditions of the 9 Months Free Offer:

The 9 Months\* Free Offer is available to INMO Rewards members only, who apply to join the Scheme within 3 months of becoming an INMO Rewards 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 change after the next INMO Scheme review in September 2019\*\***

\*\*Please note: in the interim the premium rate will remain at the current 2.33% of salary. However, your individual monetary contributions will increase or decrease in line with your salary if you are contributing directly from salary.

## Important note: Collection of premiums for the INMO Income Protection Scheme.

Please complete the Salary Deduction Mandate below or, if your employer does not facilitate salary deductions, you must complete the SEPA Direct Debit Mandate (Section 5).

### 4 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 INMO Income Protection Scheme 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)

### 5 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://ipsosepaservice.sentential.com/ipso/oneShotIRL>

CREDITOR'S USE ONLY: Debtor Identification Code:

Description of the contract: INMOINCOMEPROTECTIONSCHEME

## 6 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

## 7 Declaration – PLEASE TAKE TIME TO REVIEW THE STATEMENTS BELOW BEFORE SIGNING

**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 INMO Income Protection Scheme. I confirm that I am a member of the Irish Nurses and Midwives Organisation and I understand that membership of this Scheme is conditional upon my continued membership of the INMO. I understand that it is a condition of membership that I accept that the INMO may amend the terms of the INMO Scheme or terminate the INMO Scheme altogether and that decisions of the INMO 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 the Scheme Summary booklet prior to joining the Scheme online at [www.cornmarket.ie](http://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 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 not been absent from work due to any illness or injury or any other medical condition for more than 10 continuous working days in the 12 months prior to the date of signing this declaration (colds or influenza may be ignored)
- I have not taken or been advised to take any medication in the last 12 months for a period of more than 4 weeks (oral contraceptive pill may be ignored)
- I am not under consultant or hospital follow up, or awaiting any test or surgery or results of same
- I have never been refused, postponed or accepted on special terms for Income Protection Cover (Disability Benefit), Life Cover (Death Benefit) or Specified Illness Cover.

I understand and agree that my contract with Irish Life will be based on this application form including all declarations and consents.

I understand that if I do not tell Irish Life all material facts (relevant information to the declaration above), 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. A material fact (relevant information to the declaration above) 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.

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. However, as part of the application, you are required to tell Irish Life if you are having treatment for or are experiencing symptoms of a genetic condition. Please provide any such details on a separate sheet.

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 (please complete Section 3)
- Any insurance company where I may have applied for cover 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, 4 and 5 (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.

**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

