

# NFVB Salary Protection Scheme

## Application form



**cornmarket**  
group financial services Ltd

### Eligibility – For use only by members under age 60

To be eligible to apply for membership of the NFVB Salary Protection Scheme using this form you must be:

- 1 Under age 60 **and**
- 2 Employed by a member organisation of the NFVB on a contract of at least 12 months duration **and**
- 3 Working for 8 hours per week or more **and**
- 4 Employed on a permanent full-time basis  
(if you are in a temporary position your contract must be at least 12 months' duration) **and**
- 5 Actively at work.\*

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

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

#### IMPORTANT: Medical Details Requirements for members who are taking out their first employment contract with an NFVB organisation

Are you joining the Scheme **within 3 months** of taking up your first permanent or temporary employment contract (as per eligibility conditions above) with an NFVB employer? Yes  No

(Note: if you were a previous employee of an NFVB employer and are re-joining an NFVB organisation, please tick No)

If you have answered **Yes**, you do not need to complete sections 3, 4 and 5. Please complete all other sections.

If you have answered **No**, you must complete all sections.

### 1 Personal Details

Title: _____	First Name: _____	Surname: _____	Date of Birth: <input type="text"/> / <input type="text"/> /19
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"/>
Civil Partnered <input type="checkbox"/>	Widowed <input type="checkbox"/>		

### 2 Employment Details

Occupation: _____	Employer: _____
Work Address: _____	
Work Phone No: _____	Current Annual Salary: € _____
I confirm that I am under age 60 <b>and</b> Employed by a member organisation of the NFVB on a contract of at least 12 months duration <b>and</b> Working for 8 hours per week or more <b>and</b> Employed on a permanent full-time basis (if you are in a temporary position your contract must be at least 12 months' duration) <b>and</b> Actively at work.* Please tick to confirm <input type="checkbox"/>	Are you in the Nominated Health Agencies Superannuation Scheme? Yes <input type="checkbox"/> No <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?)

MMW

### 3 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 not have regard to 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), IGTN, Haemorrhoids/piles, Verruca, Childhood Bronchitis, Pregnancy (assuming no complications), Miscarriage (assuming no complications), Sinusitis/Nasal Polyyps, 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?
  - (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 present 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 from 9am to 9pm Monday to Thursday, 9am to 5pm Friday and 10am to 4pm 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 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.

## Important note: Collection of premiums for the NFVB Salary 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 8).

### 7 Salary Deduction Mandate

To: The Finance Officer/Pension Administrator: \_\_\_\_\_

Please deduct until further notice from my pay the appropriate amount of my pensionable pay in respect of my premium under the NFVB Salary 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



Name (BLOCK CAPITALS): \_\_\_\_\_

Workplace Name & Address: \_\_\_\_\_

Employee Number:

(Please refer to payslip)

### 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
<p><b>Legal text:</b> 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 *.</p>	
*Your Name: _____	
Your Address: _____	
*City/Postcode: _____	*Country: _____
*IBAN: <input type="text"/>	
*Swift BIC: <input type="text"/>	Type of Payment: Recurrent <input checked="" type="checkbox"/>
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: <a href="https://ipso.sepaservice.sentential.com/ipso/oneShotIRL">ipso.sepaservice.sentential.com/ipso/oneShotIRL</a>	

CREDITOR'S USE ONLY: Debtor Identification Code:

Description of the contract: NFVBSALARYPROTECTIONSCHEME

## 9 Data Protection Declaration

### Data Protection Notices

1. The information that you provide to Friends First 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 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 Scheme 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 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

Friends First will assess the potential risk of insuring you before membership of the Scheme 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 Scheme may be refused. In such cases applicants will receive a letter confirming that they have not been accepted into the Scheme. 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 premium. 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 Scheme.

**Warning: The current premium may increase after the next NFVB Scheme review which will take place on/after 1st April 2018\*\***

\*\*Please note: in the interim the premium rate will remain at the current 2.55% of salary. However, your individual monetary premiums 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 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 NFVB Salary Protection Scheme. I confirm that I am a member of the NFVB and I understand that membership of this Scheme is conditional upon my continued membership of the NFVB.

I understand that it is a condition of membership that I accept that the NFVB may amend the terms of the Scheme or terminate the Scheme altogether and that decisions of the NFVB 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](http://www.cornmarket.ie)).

I understand the meaning of disability as explained in the Scheme Summary booklet, the benefits available and the exclusions, restrictions and 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 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 my application by Friends First; cause my membership of the Scheme to be cancelled at a later date; and/or invalidate future claims.

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.

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, 4, 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.

**\* 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