

The Cornmarket Retired Members' Life Cover Plan for Public Sector Employees

Standard application form

Eligibility - You can apply to join the Plan using this form if:

1. You are or were a Public Sector Employee **and**
2. You are aged over 50 and under 70 **and**
3. You do not meet the criteria to apply to join using the Preferential Application Form or you are not automatically entered into the Plan by your employer **and**
4. You are applying to join during the **6 months before** or **12 months after**:
 - I. You retire **or**
 - II. You reach the ceasing age in your Scheme/Plan (if you are still working or are a claimant).

For more information, please see the Cornmarket Retired Members' Life Cover Plan Summary Booklet.

You do not have to be retired to join the Cornmarket Retired Members' Life Cover Plan. If you are working and you reach the ceasing age of your Salary Protection Scheme, Income Continuance Plan or Group Life Plan, you are eligible to apply providing you meet the eligibility criteria above.

1 Personal Details

Title: _____	First Name: _____	Surname: _____	Date of Birth: <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / 19
Home Address: _____			
Tel: Home: _____		Mobile: _____	
Email: _____			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

2 Income Details

i) If you are retired, please complete the below:

Pensionable Salary € _____

Pensionable Salary takes into account your basic salary at retirement, plus your fluctuating pensionable earnings, averaged over the 3 years prior to retirement. If you worked part-time, you should provide the basic salary for the equivalent full time post/grade plus your fluctuating pensionable earnings, averaged over the 3 years prior to retirement. Pensionable Salary is available from your Superannuation Department.

OR

ii) If you are still working, please complete the below:

Current Annual Salary € _____

Your annual salary is your current gross annual salary, plus an average of any other payments in the last 3 years which are taken into account for Superannuation purposes.

Please note: If you retire at a later date, it is essential that you notify us with the details of your Pensionable Salary. Your Plan premiums and the benefit received from the Plan are based on the latest salary that you notified us of.

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 (Section 5). 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 Plan 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. Have you had cancer in the last 10 years?Yes No
2. Have you ever had angina, heart attack, stroke, heart bypass, angioplasty or heart valve problems?Yes No
3. Do you have chronic lung disease such as chronic bronchitis, chronic obstructive airways disease (COAD) or emphysema?Yes No
4. Do you have any complications of diabetes such as nephropathy (kidney problems), neuropathy (nerve damage) or blindness?Yes No
5. Have you been diagnosed with Alzheimer's disease or Parkinson's disease?Yes No
6. Are you waiting to attend any form of surgery or investigations?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 Medical 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 What is a Medi-Phone interview?

From time to time, Irish Life may require additional medical or risk-related information. Medi-Phone is an interview conducted over the telephone by a nurse. We use it to gather medical or 'risk-related' information when you apply to join the Cornmarket Retired Members' Life Cover Plan. 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 carry out interviews on behalf of Irish Life) to get more information on your medical history. They will first ask you to confirm some personal information as a security check, and ensure you can speak confidentially 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:

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 contact 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 3 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 30 minutes. Once we have gathered the relevant details as part of the Medi-Phone interview, 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 to gather up to date medical information.
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 interview, 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.

6 Contact details for Medi-Phone interview

Tel Home: _____ Mobile: _____ Work: _____

Preferred contact time: Morning Afternoon Evening

You will normally be contacted within 1-2 days of Cornmarket submitting your application form to Irish Life. If you are called at a time which is inconvenient, please let us know and we will arrange a more convenient time. If you have not been contacted within 3 days of submitting your application, or you have been unable to complete your Medi-Phone interview, you can Freephone MorganAsh on 1800 805 022.

The interview can be completed from 9am to 9pm Monday to Thursday, 9am to 5pm on Friday and 10am to 2pm on Saturday. It is important that you are in a confidential location and have time to complete your interview. MorganAsh will not undertake the interview if you are driving.

Important: Collection of Premiums for the Cornmarket Retired Members' Life Cover Plan

If you are retired, please complete both the Pension Deduction Mandate and the SEPA Direct Debit Mandate below. If Pension Deduction facilities are not available from your employer, your premium will be collected via Direct Debit from your bank account. You will be formally notified by Cornmarket about your deductions before your policy starts. Cornmarket works with Public Sector employers and if Pension Deduction facilities become available for you in the future, we will make every effort to change your Direct Debit to Pension Deduction to make the process easier for you. You will be notified in writing before any changes are made to your payment method.

If you are still working, please complete the SEPA Direct Debit Mandate below. You will be formally notified by Cornmarket about your deductions before your policy starts.

7 Pension Deduction Mandate

To: **The Finance Officer/Pension Administrator:** _____

Please deduct until further notice the appropriate amount of my pension in respect of my premium under the Cornmarket Retired Members' Life Cover Plan for Public Sector Employees 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 Pension Administrator 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): _____

Pension Administrator Name & Address: _____

Pension Number: (Please refer to Pension Payslip)

NB: In most instances, this will differ from the payroll/employee number that you had while working.

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: _____
*IBAN:	<input type="text"/>	
*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: ipso.sepaservice.sentenial.com/ipso/oneShotIRL

CREDITOR'S USE ONLY: Debtor Identification Code:

Description of the contract: CGFSRMLCP

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 Plan 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 Plan 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 Plan membership

Your cover begins from the date Irish Life, the insurer of the Plan, accepts your application. On joining, members receive a formal acceptance letter confirming that they have been included as members of the Plan. In a small percentage of cases, membership of the Plan may be refused.

Warning: The current premium may increase after the next Plan review which will take place on/after 1st January 2022*.

*Please note: In the interim the premium rate will remain at the current 0.5% of Pensionable Salary or current annual salary if still working.

10 Declaration

WARNING: Please read this declaration carefully and ensure that you fully understand it before you sign 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 Cornmarket Retired Members' Life Cover Plan for Public Sector Employees.

I understand that it is a condition of membership that I accept that Cornmarket may amend the terms of the Plan or terminate the Plan altogether and that decisions of Cornmarket in such matters are binding on all members.

I understand that I will receive a Plan Summary booklet and a 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 cornmarket.ie).

I understand the benefits available, the exclusions or restrictions, and the policy conditions that apply to the Plan.

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.

Please tick and complete either Option 1 or 2, whichever is relevant for you:

I confirm that I am applying to join the Plan during the **6 months before** or **12 months after**:

1 I retire (please provide retirement date): / / 20

or

2 I reach the ceasing age in my Scheme/Plan, while still working or a claimant
(please provide ceasing date): / / 20

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 interview (see Section 5), 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 I understand the important information concerning my obligation to tell Irish Life about all material facts (relevant information) 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, 6, 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.

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



Applicant's Signature:

Date: / / 20