

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

Preferential application form

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

1. You are aged over 50 and under 70 **and**
2. You are or were a member of one of the following Schemes/Plans. Please tick the Scheme/Plan you are or were a member of:
 - ☐ AHCPS & VOA Group Life Plan
 - ☐ ASTI Salary Protection Scheme
 - ☐ IMPACT Salary Protection Scheme for members of the Civil Service and State Enterprise Divisions
 - ☐ IMPACT Salary Protection Scheme for members of the Health and Welfare and Local Government, Education and Local Services Divisions
 - ☐ INMO Income Protection Scheme
 - ☐ INTO Salary Protection Scheme
 - ☐ PNA Salary Protection Scheme
 - ☐ Salary Protection Scheme for SIPTU Allied Health Professionals and Members of the MLSA
 - ☐ SIPTU LAPO Income Continuance Plan
 - ☐ SIPTU Nurses and Midwives Salary Protection Scheme
 - ☐ TUI Income Continuance Plan **and**
3. You are applying to join during the **6 months before** or **6 months after**:
 - I. You retire **or**
 - II. You reach the ceasing age of Life Cover 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 the Life Cover element 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: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="width: 20px; height: 20px; border: 1px solid black; display: inline-block;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; display: inline-block;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; display: inline-block;"></div> </div> / <div style="width: 20px; height: 20px; border: 1px solid black; display: inline-block;"></div> / 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.

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.

3 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.

4 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"/>
<div>Creditor's Name: Cornmarket Group Financial Services Limited.</div> <div>Creditor's Address: Christchurch Square, Dublin 8.</div> <div>Country: Ireland.</div>		
 *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

5 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, confirms your membership. On joining, members receive a formal acceptance letter confirming that they have been included as members of the Plan.

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.

6 Declaration

WARNING: Please read this declaration carefully and make sure 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 confirm that I am **or** was a member of one of the Schemes/Plans listed under Eligibility on page 1. I understand that it is a condition of membership that I accept that Cornmarket may amend the terms of the Cornmarket Retired Members' Life Cover 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 **6 months after**:

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

or

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

A member of Cornmarket staff may correct/amend my details entered into Sections 1, 2, 3 and 4 (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.

For those applying 6 months before their retirement or their Life Cover ceasing:

I understand that in order for this application to remain valid and for me to be eligible to apply to join this Plan without medical underwriting, I must continue my membership of my Salary Protection Scheme, Income Continuance Plan or Group Life Plan (as confirmed in Section 1) until I retire or until I reach the ceasing age of Life Cover.

PLEASE TAKE TIME TO REVIEW THE ABOVE STATEMENTS.



Applicant's Signature:

Date: / / 20