

The AHCPS & VOA Income Continuance Plan

Standard application form

Eligibility – for use only by members under age 65

To be eligible to apply for membership of the AHCPS & VOA Income Continuance Plan using this form you must be:

A member of the Association of Higher Civil & Public Servants (AHCPS), or the Veterinary Officers Association (VOA), under age 65, working for 8 hours or more per week, and either:

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

Job/work sharers: Job/work sharing members of the AHCPS or VOA who satisfy the eligibility conditions above may also apply to join the Income Continuance Plan. The level of contribution and benefits which apply for them may differ from those relevant for the full-time members (see Plan booklet for details).

1. Personal details

Title: Date of birth: / /

First name: Surname:

Home address:

Tel.* Home: Mobile: Nationality:

*By providing this telephone number you are agreeing that New Ireland or a duly authorised agent of New Ireland may contact you by phone if it considers it necessary to obtain further medical or other information relating to your application.

Email: Gender: Male Female

Marital status: Single Married Separated Divorced Partnered Civil partnered Widowed

2. Employment details

Union: AHCPS VOA

Employer: Occupation:

Work name and address:

Current annual salary: €

Is your employment: Permanent Temporary Are you working as a job sharer? (Working 50% or less of the full-time working week?) Yes No

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 past 12 months? 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. Material facts notice and other important information

You are legally obliged to inform us of all relevant information (Material Facts) in the application process. Material Facts are those, which an insurer would regard as likely to influence the assessment and acceptance of a proposal for insurance. If you are in doubt as to whether certain facts are material, such facts should be disclosed. If you proceed with this plan, the resulting plan will be based on the information provided:

- in this application form
- in any tele-interview you complete
- in any other form related to your application
- in any notice by you of changes required in advance of the policy start date
- in any questionnaire completed by you or by a medical examiner and signed by you.

The plan may be void (there will be no cover under the plan):

- if you do not inform us of all material facts
- if any of the information you provide is not true and complete
- if you do not inform us of any changes in your medical and/or other information before the cover starts.

You may submit answers to any medical questions directly to the Chief Medical Officer at 11-12 Dawson Street, Dublin 2. Please indicate in your letter your name and application number to which the information applies. All information will be treated in the strictest confidence.

We may not necessarily contact your doctor(s). Even if we do, you must still disclose all Material Facts. We may ask you to have a medical examination with your own doctor or an independent doctor. If this is required we will notify you in writing.

Material facts exemption in relation to genetic tests

You are not required to disclose any genetic tests you may have had and we will not have regard to any genetic tests which may come into our possession. You are, however, required to provide us with full details (other than genetic tests) in answer to all the medical details questions in section 6.

4. Data protection consent: employee's declaration and application

The "Data Controller" for the purposes of the Data Protection Acts 1988-2003 is New Ireland Assurance Company plc (New Ireland) and Cornmarket Group Financial Services Ltd (Cornmarket). The personal data being collected on this form is for the purposes of processing your application and may be disclosed in accordance with and to other parties as identified and consented to in the paragraphs below.

"Information" means any information including medical and non-medical given by you or on your behalf in connection with this application or any further information which may be given at a later stage either in writing, by email, at a meeting or over the telephone.

"Marketing" means direct marketing and cross-selling of the services and/or products provided by New Ireland, Cornmarket or arranged by New Ireland with a third party.

I understand and consent that New Ireland, Cornmarket and their duly authorised agents may:

- contact me by phone, email or by letter in relation to the administration (including any contractual review) of the contract
- hold and use the Information on computer file, in any other dematerialised form or in written hard copy on their own behalf and may use or pass the Information to third parties for administration, regulatory, customer care and service purposes
- disclose and/or transfer my Information to other countries for any of the purposes specified, to persons who have been approved by New Ireland or Cornmarket and in a manner compliant with applicable data protection legislation
- use my Information to carry out statistical analysis and market research.

I hereby consent to the use and recording of my personal details (contained herein or provided subsequently) by New Ireland and Cornmarket. I agree that this information may be used in the future 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 New Ireland and Cornmarket in writing to no longer hold my data for the purpose of sending me such information and that I have a right of access to and the right to rectify the data concerning me held by New Ireland and Cornmarket.

If you do not wish to receive information about preferential Cornmarket deals available to Union members, please tick here

Applicant's signature:

Date:

	Day			Month			Year				
	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Important note: Collection of premiums for members of the AHCPS & VOA Income Continuance Plan.

You must complete the Salary Deduction Mandate below or, if your employer does not offer a salary deduction facility, please contact Cornmarket and they will provide you with a SEPA Direct Debit Mandate.

5. Salary deduction mandate

To: The Finance Officer, Employer:

Please deduct until further notice from my pay the appropriate amount of my pensionable salary in respect of my contribution under the AHCPS & VOA Income Continuance Plan 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:

	Day			Month				Year				
	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant's name (block capitals):

Workplace name & address:

Employee number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Please refer to your payslip)

6. Medical details

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

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 any disc problems, sciatica, whiplash, back and/or neck pain or any other back or neck disorder? Yes No
3. Have you ever had any knee, shoulder and/or hip pain, repetitive strain disorder or any other joint or muscular disorder? Yes No
4. Have you ever had any depression, stress, anxiety, chronic or viral fatigue syndrome or any other nervous or mental disorder? Yes No
5. In the last 5 years, have you attended your doctor or been advised by your doctor to attend any specialist or consultant, hospital or clinic for any medical check up, scans or tests, treatment, investigation or surgical procedure? (uncomplicated pregnancies, appendectomy, tonsillectomy & normal employment screenings need not be disclosed). Yes No
6. Are you awaiting any medical referral or investigation, test results, surgical procedure or intending to seek medical advice or treatment? Yes No
7. In the last year have you been prescribed, taken or been advised to take any medication or treatment? (Oral contraceptive pill or treatment for colds or influenza may be ignored) Yes No
8. Have you ever had an application on your life declined, postponed, accepted at an increased premium or with an exclusion imposed for any death, specified or critical illness or disability benefit? If yes, please give date and reason for the revised terms. Yes No

If you answered "Yes" to any of the questions above, please provide details such as exact condition, when diagnosed, results of any tests or investigations, treatment and current medication and date of last review with your GP/specialist.

Question	Nature of illness	Dates and duration off work	Name and address of doctor consulted

If we require further information about a particular condition(s), we may arrange for a nurse to call you to gather this information. These calls will be recorded and will take no longer than 10 minutes to complete.

Name & address of present G.P.:

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

7. What is a Tele-Interview?

A Tele-Interview is an interview conducted over the telephone by a nurse. The interview will gather details of your health and medical history. All Tele-Interviewers are experienced nurses, so you can rest assured that the interview will be conducted in a confidential and professional manner.

A series of questions about your health, lifestyle and your immediate family medical history will be asked, and the interview takes on average 20 minutes to complete. Please note that all calls will be recorded.

Why are you being interviewed?

To offer New Ireland customers the best possible terms for their insurance, it is essential that a clear understanding of your present state of health and any conditions you may have suffered in the past is obtained. This information is used in our risk assessment, prior to considering your insurance cover. Please accept our assurances that the information you provide will be treated in the strictest confidence, and used only in the assessment of your application or in the event of a claim.

When will the Tele-Interview take place?

Our specialist provider will contact you by telephone to arrange a suitable time for your interview.

When you schedule a time for your interview, you will be given an hour's time slot and you should get a call in the first 30 minutes of this hour. If you are not free to answer the questions when called, the Nurse will be happy to arrange a more suitable time for the interview to take place.

If you have not been contacted within three days, or you have been away or out of touch, please phone our Corporate Pensions Department on **(01) 617 2595**.

The Nurses are able to undertake interviews from:

9am to 9pm Monday to Thursday

9am to 7pm on Fridays

10am to 2pm on Saturdays

It is important that you are able to speak freely and have the time to spare to complete the interview. It is better not to conduct the interview over a mobile phone, but if this is your preference, we will do so. We will not complete an interview if you are driving. Unfortunately, your application for insurance cannot be processed until the interview has taken place.

What do I need to prepare?

To prepare for your interview, please take some time to gather the following information and have this to hand when you receive the call:

Any medication you are currently taking (including the name and dosage)

- Any past or present medical condition suffered, (other than very minor ailments such as the common cold)
- Any tests or investigations, e.g. blood pressure, cholesterol tests. It would be helpful if you phone your GP or whoever did these tests, to get the results
- Details of any serious condition, such as cancer, heart attack, stroke, suffered by a member of your immediate family (your mother, father, brothers or sisters, or half brothers and sisters).

We will ask for your height and weight. If you do not know your weight, please try and weigh yourself prior to the interview.

If you are not sure whether something is important, then it is best to mention it.

Why is it important I provide the right information?

The recorded interview and your application form shall form the basis of the contract with New Ireland. All the questions should be answered fully and honestly, as failure to do so could invalidate your cover and any future claims.

What happens after the interview?

You will be sent a copy of the transcript for you to check, ensuring that the information is complete and accurate. Although a little time consuming it is in your best interest to undertake this task with all due care. If you are aware of inaccurate or incomplete details or of any changes required to the report, you are required to notify New Ireland in writing within 10 working days of receipt of the report. A free post address will be provided to you. If the report is accurate and complete and no changes are required to be notified at that time, then you do not need to do anything.

Confirmation of plan membership

Your cover begins from the date New Ireland, the insurer of the AHCPs & VOA Income Continuance Plan, accepts your application. On joining, members receive a formal acceptance letter confirming that they have been included as a member of the AHCPs & VOA Income Continuance Plan. In a small percentage of cases, membership of the AHCPs & VOA Income Continuance Plan may be refused. In other cases, membership may be offered with certain medical conditions excluded.

Warning: The current premium may increase after the next AHCPs & VOA Income Continuance Plan review on 1st October 2019*

*Please note:

In the interim the premium rate will remain at the current 0.60% of salary. However, your individual monetary contributions will increase or decrease in line with your salary if you are contributing directly from salary.

8. 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 AHCPS & VOA Income Continuance Plan. I confirm that I am a member of either the AHCPS or VOA and I understand that membership of this Plan is conditional upon my continued membership of either the AHCPS or VOA. I understand that it is a condition of membership that I accept that the AHCPS and VOA may amend the terms of the AHCPS & VOA Income Continuance Plan or terminate the Plan altogether and that decisions of the AHCPS and VOA in such matters are binding on all members. I understand that I will receive a Plan Summary 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 the Plan Summary prior to joining the Plan online at www.cornmarket.ie). I understand the meaning of disability as explained in the Plan Summary, the benefits available and the exclusions that apply to the Plan. 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 and understand:

- 1) I have read and understand the replies to all the questions in this application and declare that all statements made in this application form, in any tele-interview I complete or in any questionnaire completed by me or by a medical examiner in connection with this application and signed by me are true and complete and shall be the basis of the proposed membership of the Plan.
- 2) The notes in relation to material facts and understand that if I do not tell New Ireland all material facts my membership of the Plan could be void.
- 3) The meaning of disability as defined in the Plan, the benefits available under the Plan, the general exclusions that apply and the reductions that will be applied to the benefit where I receive income/disability payments from other sources.

I consent to New Ireland seeking information from any doctor, now or in the event of a claim who has attended me and I authorise them to give New Ireland such information. I agree that this authority will remain in force after my death.

I understand:

- a) in the event of my application not proceeding, information provided in connection with my application will be retained by New Ireland for a period of six years to facilitate any future application by me and as a protection against non-disclosure of material facts.
- b) the cover under this Plan will not start until New Ireland has accepted me, in writing, for cover.
- c) any changes to the statements in this application, in any tele-interview completed by me, in any questionnaire completed by me or by a medical examiner in connection with this application and signed by me, or in any statement made by me in writing must be notified in writing to New Ireland before the cover commences.

I agree that if I have provided a telephone number New Ireland or a duly authorised agent of New Ireland may contact me in person, by phone, if it considers it necessary to obtain further medical or other information relating to my application.

A member of Cornmarket staff may correct/amend my details entered into Sections 1, 2 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 application 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 6.

Applicant's signature:

Date:

		Day			Month			Year				
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Christchurch Square, Dublin 8

Call us on **(01) 408 4137**

or visit **cornmarket.ie**