

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 Retired Members' Life 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 Irish Life). 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 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 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 4195.

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 from Cornmarket confirming that they have been included as members of the Plan. In a small percentage of cases, membership of the Plan 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 subject to the condition that certain medical conditions are excluded.

Making your contributions by Direct Debit

The Direct Debiting system has been carefully designed by the banks. Its operation by approved organisations such as Cornmarket is closely monitored. The banks maintain strict control over all aspects of Direct Debiting.

You, the payer, are protected by these important safeguards:

- Direct Debits must be presented strictly within the terms of the instruction you have signed.
- Your instruction will permit the payment of variable amounts on various dates, but Cornmarket may change the amounts and dates only after giving you prior notice.
- In the unlikely event of Direct Debits being presented in error, you can obtain an immediate refund from your bank.
- You have the right to cancel your Direct Debiting instruction simply by writing to your bank. Cornmarket should also be informed.



Christchurch Square,
Dublin 8.
Tel: (01) 408 4000
Fax: (01) 408 4011

Cornmarket House,
6 Kings Terrace,
Lower Glanmire Road, Cork.
Tel: (021) 455 3335
Fax: (021) 450 2014

Galway,
Tel: (091) 562 727

E-mail:
info@cornmarket.ie
Website:
www.cornmarket.ie

A member of
Irish Life Group Ltd.

Cornmarket Group Financial Services Ltd. is regulated by the Central Bank of Ireland. Irish Life Assurance plc is regulated by the Central Bank of Ireland. Telephone calls may be recorded for quality control and training purposes.



The Cornmarket Retired Members' Life Cover Plan for AHCPS members

PREFERENTIAL APPLICATION FORM

Please complete the [APPLICATION FORM](#) and both the [PENSION DEDUCTION MANDATE](#) and the [DIRECT DEBIT MANDATE](#) and return to Cornmarket Group Financial Services Ltd.

You should use this form if you are:

- a Public Sector employee retiring within the next 4 months or, if retired, retired within the last 12 months
- are/were a member of the AHCPS **and** • are over age 50 and under age 70.

1 Personal Details

Title: _____	First Name: _____	Surname: _____	Date of Birth: <input type="text"/> / <input type="text"/> / 19 <input type="text"/>
Home Address: _____ _____			
Email: _____			
Marital Status:	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>
	Widowed <input type="checkbox"/>	Single <input type="checkbox"/>	Partnered <input type="checkbox"/>
Date of Retirement:	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>		
Full-time Equivalent Pensionable Salary at date of retirement	€ <input type="text"/>	per annum	Pension No: <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"/>
<i>(Please refer to Pens, n Payslip – different to Employer Number)</i>			

2 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 during the Medi-Phone call. If you do not, or if any of the answers to these questions are not true and complete, we could treat your membership of the Plan as void. If failure to reveal all facts occurs, there will be no cover under the Plan and payments will not be refunded. In these circumstances we 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.

- 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 answer "yes" to any of the questions above, please provide details below or on a separate sheet.

Guide to disclosure: please provide as much information as possible i.e. diagnosis, treatment, investigations carried out and results, what you have been told regarding your condition.

Question	Further medical details

3 Further Details

Name & Address of present GP: _____

Name & Address of previous GP if you have changed GP in the last 2 years: _____

Medi-Phone call – from time to time, Irish Life 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 behalf of Irish Life) to obtain more information regarding your medical history. This will help Irish Life process your application more efficiently.

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 overleaf *Medi-Phone: your questions answered*.

4 Contact Details

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 Irish Life. 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 50 22. The interview can be undertaken up to 9.00pm at night and during the day 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 location and have the time to spare to undertake the interview. MorganAsh will not undertake the interview if you are driving.

5 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 4195 for further information.

I wish to apply for membership of the Cornmarket Retired Members' Life Cover Plan for AHCPs members. I confirm that I am a Public Sector employee (or have retired from the Public Sector within the past 12 months of the date of signing this application form) who is/was a member of the AHCPs. 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 for AHCPs members or terminate the Plan altogether and that the decisions of Cornmarket in such matters are binding on all members. I have received the Plan booklet.

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 in response to any phone calls received by Medi-Phone
- Any information I give to a medical examiner acting for Irish Life
- All terms and conditions furnished to me by Irish Life and Cornmarket.

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 to which 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. I hereby acknowledge that I have received and understand the contents of the Cornmarket Terms of Business document. A member of Cornmarket staff may correct/amend my details entered into Sections 1, 4, 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 OVERLEAF.

 Applicant's Signature: _____ Date: / /20

6 Data Protection Declaration

I hereby consent to the use and recording of my personal details (contained herein or provided subsequently) by Cornmarket and Irish Life. I understand that the details I have provided will be held on computer, and/or in printed form or otherwise by Cornmarket and Irish Life. 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 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 Cornmarket.

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

 Applicant's Signature: _____ Date: / /20


Collect, n of Premiums


Please fill in **both** the Pension Deduction Mandate and Direct Debit Mandate below. If pension deductions 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 the commencement of your policy. Cornmarket is working with all Public Sector employers and where pension deductions become available in the future, we will make every effort to convert your Direct Debit to a pension deduction as a matter of convenience to you. Again, you will be notified in writing prior to any changes in your payment method.

7 Pension Deduction Mandate – must be signed

To: The Finance Officer/Pension Administrator: _____

Please deduct until further notice the appropriate amount of my pension in respect of my contribution under the Cornmarket Retired Members' Life Cover Plan for AHCPs members 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 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 Direct Debit Mandate – must be signed

Direct Debits can only be charged on certain account types (not Demand Savings or Deposit Accounts). Please ensure your account permits the facility of Direct Debit.



To: The Manager: I/We authorise you until further notice in writing to charge my/our account on or immediately after the 6th of every month unspecified amounts at the instance of Cornmarket Group Financial Services Ltd. by Direct Debit.


Originator's Ref: 993020


Name of Bank: _____ *Bank Ltd.*

Address (BLOCK CAPITALS): _____

Name of Account to be debited (BLOCK CAPITALS): _____

Bank Account No: Bank Sort Code:

 Account Holder's Signature: _____ Date: / /20

 Second Signature*: _____ Date: / /20

* Required when bank account is held in two names.

OFFICE USE ONLY
Client Number:

Please see overleaf for Direct Debit terms & conditions >>>>