

# TRANSFER FORM



**cornmarket**  
group financial services ltd

## for the AHCPS & VOA Income Continuance Plan

To be used by members who are transferring into the AHCPS & VOA  
Income Continuance Plan from the Income Continuance Plan for Lower Civil Servants.

**FOR USE BY  
AHCPS MEMBERS  
ONLY**

### 1 Personal Details

Title: _____	First Name: _____	Surname: _____	Date of Birth: _____ / _____ / _____
Home Address: _____			
Tel*: Home: _____		Mobile: _____	
<small>* 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.</small>			
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"/>
Partnered <input type="checkbox"/>	Civil Partnered <input type="checkbox"/>	Widowed <input type="checkbox"/>	

Consultant's initials

### 2 Transfer Details

Name of previous Union: _____	Date of becoming an AHCPS Union member: _____ / _____ / 19____
Are you currently a member of the Income Continuance Plan for Lower Civil Servants? Yes <input type="checkbox"/> No <input type="checkbox"/>	
I wish to apply to transfer my membership FROM the Income Continuance Plan for Lower Civil Servants TO the AHCPS & VOA Income Continuance Plan administered by Cornmarket.	
With effect from _____ / _____ / 20____	

larc code

### 3 Employment Details

Employer: _____	Occupation: _____
Work Name & Address: _____	
Current Annual Salary: € _____	
Is your employment: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>	Are you working as a job sharer? (Working 50% or less of the full-time working week?) Yes <input type="checkbox"/> No <input type="checkbox"/>
If temporary, are you: employed on a contract of at least 12 months' duration? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you working 8 hours or more per week? Yes <input type="checkbox"/> No <input type="checkbox"/>
OR have you been actively working continuously for the past 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	When did you start working in the Public Sector? _____ / _____ / _____
If you entered <b>Public Sector employment</b> 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: _____ / _____ / _____	

OFFICE USE ONLY

9472 AHCPS & VOA ICP Transfer form 11/14

#### 4 Salary Deduction Mandate

To: Finance Officer, Employer \_\_\_\_\_

Please deduct until further notice from my pay the appropriate amount of my salary in respect of my contribution under the AHCPs & VOA Income Continuance Plan I am transferring to 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

Member's Name: (Block Capitals) \_\_\_\_\_

Workplace Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Employee Number:

(Please refer to your payslip)

#### 5 Declaration

I declare that I am actively at work today or capable of being actively at work today and that I have not been prevented from working full-time at my normal occupation through sickness or accident for more than 5 continuous working days in the last 6 months immediately preceding the date of signing this form. I confirm that I am applying to transfer my membership as outlined in Sections 2 and 3.

I confirm that I have received the explanatory booklet about the relevant AHCPs & VOA Plan I am joining and I have made myself familiar with any differences which may exist with regard to benefits, terms and conditions. I confirm I satisfy the eligibility criteria for the Plan I am joining. I agree to be bound by the terms and conditions of the Plan I am joining. I understand if my deferred period expires within three months of the transfer date, my claim will be payable by the original insurer. I also understand that in order to process this instruction, the details I provide will be held on computer and/or in printed form by Cornmarket and New Ireland. I have received and understand the contents of the Cornmarket Terms of Business document.



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 New Ireland. I understand that the details I have provided will be held on computer and/or in printed form or otherwise by Cornmarket and New Ireland. I further consent to the named parties sharing my personal details (contained herein or provided subsequently) for the purpose of underwriting my insurance. I agree that this information may be used in the future to contact me (by mail/email/telephone/SMS/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

## Confirmation of Plan membership

Your cover begins from the date New Ireland, the insurer of the AHCPS & VOA 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 Plan.

**Warning:** The current premium may increase after the next AHCPS & VOA 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.

Note: You must remain a member of the AHCPS or the VOA in order to remain an eligible member of the Plan. If you leave the AHCPS or the VOA you must inform Cornmarket in writing as you can no longer stay in the Plan and you will not be able to claim from it.



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