



The AHCPS & VOA Income Continuance Plan

Preferential 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), under age 65, working for 8 hours or more per week

- Applying to join within 6 months of **promotion** to the AHCPS *and either*:
- Employed on a permanent full-time basis *or*
- Commenced a contract of definite duration (if you are in a temporary position your contract must be at least 12 months' duration) *or*
- 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).

**FOR USE BY
 AHCPS MEMBERS
 ONLY**

1 Personal Details

Title: _____ First Name: _____ Surname: _____ Date of Birth: / / 19

Home Address: _____

Tel* Home: _____ Mobile: _____

* 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

Consultant's initials

larc code

2 Employment Details

Union: AHCPS

Date of promotion to the AHCPS: / / _____ Date of becoming an AHCPS member: / / _____

Employer: _____ Occupation: _____

Work Name & Address: _____

Current Annual Salary: € _____

Is your employment: Permanent Temporary

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 as a job sharer? (Working 50% or less of the full-time working week?) 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: / / _____

OFFICE USE ONLY

3 Declaration – PLEASE TAKE TIME TO REVIEW THE STATEMENTS BELOW BEFORE SIGNING

WARNING: Please read this declaration carefully and ensure that you fully understand it before signing it. In the event that any part of the declaration is untrue or incomplete in any respect, your cover may be rendered void and any claim you make may not be paid. 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 the AHCPs. I understand that membership of this Plan is conditional upon my continued membership of either the AHCPs or the VOA. I understand that it is a condition of membership that I accept that either the AHCPs or the VOA may amend the terms of the AHCPs & VOA Plan or terminate the AHCPs & VOA Plan altogether and that decisions of the AHCPs & the VOA in such matters are binding on all members. I confirm that I have received the Plan summary booklet and the Cornmarket Terms of Business document and will review them within the 30 day cooling off period. I understand the meaning of disability as explained in the Plan booklet, the benefits available and the exclusions, restrictions and conditions that apply to the Plan. I also understand the reductions to the benefit where there are disability payments from other sources.

If you answer FALSE to any of the statements from 1 to 5 below, please complete the Standard Application form.

I understand that the benefits for which I apply herein will commence on the date notified by New Ireland accepting me for cover. I understand that I must tell New Ireland of any changes in my health or circumstances which happen between now and the date my application is confirmed as accepted by New Ireland. I understand that in the interest of customer service and to ensure the accuracy of records, telephone conversations between New Ireland and me may be recorded. I undertake to inform New Ireland of any change in my country of residence during the life of the policy.

- I declare that all statements made in this application form, in any questionnaire completed by me in connection with this application and signed by me are true and complete and shall be the basis of the proposed contract.
- I consent to you seeking any medical information now or in the event of a claim from any doctor who has at any time attended me and I authorise them to give New Ireland such information. I agree this authority will remain in place after my death.
- I understand that in the event of this application not proceeding, information provided in connection with this application will be retained by New Ireland for a period of six years to facilitate any future application by me as a protection against non disclosure of material facts.

Please note that failure to consent to the above will prevent New Ireland from processing your application further. Furthermore, failure to disclose all Material Facts* to New Ireland may delay or prevent New Ireland accepting your application; cause your cover to be cancelled at a later date; and/or invalidate future claims (relevant information to the declaration above). If you are in any doubt as to whether a fact is a Material Fact, you should disclose it.

I consent to New Ireland, verbally or otherwise, seeking and receiving additional information from me or Cornmarket where this information has not been provided on the application or where further information, including medical information, is required in order to process the application and such information will be deemed to be incorporated into this application.

I understand that New Ireland will not refund contributions retrospectively, prior to me advising New Ireland of the cancellation or alteration of this policy. It is my responsibility to notify New Ireland of any change in my circumstances. A member of Cornmarket staff may correct/amend my details entered into Sections 1, 2 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.

*A Material Fact (relevant information to the declaration above) 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.

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 following statements:

I declare that (please tick the relevant box below):

- | | | |
|---|-------------------------------|--------------------------------|
| 1. I am applying to join the Plan within six months of becoming an AHCPs union member | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 2. I am actively at work** today, or capable of being actively at work today | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 3. I have not been absent from work due to any illness or injury or any other medical condition for more than 10 continuous working days in the 12 months prior to the date of signing this declaration (colds or influenza may be ignored) | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 4. I have not been prescribed, taken or been advised to take any medication or treatment in the last 12 months for a period of more than 4 weeks (oral contraceptive pill may be ignored) | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 5. I have never been declined, postponed or accepted at an increased premium or with an exclusion imposed for any death benefit, specified/critical illness or salary protection cover/disability benefit | True <input type="checkbox"/> | False <input type="checkbox"/> |

****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.



Applicant's Signature:

Date:

/

/20

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.

4 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: / /20

Applicant's Name (BLOCK CAPITALS): _____

Workplace Name & Address: _____

Employee Number:

(Please refer to your Payslip)

5 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: / /20

