

# AHCPS & VOA Income Continuance Plan

## Application form

References to 'the Scheme' in this application form shall mean the AHCPS & VOA Income Continuance Plan

**Warning: The current premium may increase on or after the next Scheme review on 1st October 2024\***

\*In the interim the premium rate should remain at the current 0.57% of salary. However, your individual premiums will increase or decrease in line with your salary if you are paying directly from salary.

### 1. Eligibility confirmation

**You must fulfil all of the eligibility criteria below to apply. Please tick to confirm that you:**

1. Are a member of the following union (tick one):
  - Association of Higher Civil and Public Servants (AHCPS)
  - Veterinary Officers Association (VOA)
2. Understand that you must remain a member of the above union to remain eligible for Scheme membership
3. Are under age 65
4. Are working 8 hours or more per week
5. Are employed under at least one of the following conditions (tick one):
  - a) A permanent basis **or**
  - b) A fixed-term contract of at least 12 months duration **or**
  - c) Working continuously for the last 12 months.
6. Are an active member of the Civil or Public Superannuation Scheme
7. Are actively at work today\*\*

Occupation:

**Job/work sharers:** Job/work sharing applicants who satisfy the eligibility conditions (opposite) are eligible to join the Scheme. A job/work sharer is someone who works 50% or less than the normal working week.

**\*\*Actively at work today - This means 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 or unpaid maternity leave are considered 'actively at work'.*

*Those on Career Break or other forms of unpaid leave are not considered 'actively at work'.*

Current gross annual salary:\*\*\*

€

**\*\*\*If working as a job sharer please provide current job sharing salary.**

**If you cannot confirm that all the above criteria applies to you, then you are not eligible to apply to join this Scheme and should not proceed any further with this application.**

### Consent to process your Trade Union Membership

This group insurance scheme is provided by New Ireland Assurance plc (New Ireland) and governed by a policy document between New Ireland Assurance, the Association of Higher Civil and Public Servants (AHCPS) and the Veterinary Officers Association (VOA).

Trade union membership is a special category of personal data under Data Protection law. As a result, Cornmarket requires your consent to process this information about you. We require this information to determine your eligibility for certain products we offer inclusive of this product.

You can instruct us at any time to no longer hold/process details of your trade union membership by emailing [dataprotection@cornmarket.ie](mailto:dataprotection@cornmarket.ie). However, as trade union membership is one of the eligibility criteria for this product, we will be unable to provide you with this product if you do not permit us to process this information about you.

In order to process your application and determine your eligibility for cover, New Ireland will receive a copy of this application form. New Ireland will keep a copy of this application form on file.

By signing below you consent to your trade union membership being processed by Cornmarket and New Ireland as described above.

Applicant's signature:

Date:

Day	Month	Year
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

## 2. Data privacy notices

Before you provide your personal information please note that it is important that you know what your data protection rights are.

In this regard, Cornmarket's Data Privacy Notice available at [www.cornmarket.ie/data-privacy-notice](http://www.cornmarket.ie/data-privacy-notice), details how Cornmarket as a company processes your personal data and the legal bases we rely on for processing data. It also provides you with important information regarding your rights in relation to the personal data Cornmarket holds about you and with information on how you can exercise these rights. If you would like to receive a copy of this by post please contact us at (01) 408 4000 to request this.

It is also important that you know how and why New Ireland use your personal information including personal data relating to your health which is a special category of personal data under Data Protection law in order to underwrite your policy and provide you with cover under the policy as well as to comply with relevant legal and regulatory requirements. This is set out in the New Ireland's Data Privacy Notice which is available on their website at [www.newireland.ie/options/data-privacy-notice](http://www.newireland.ie/options/data-privacy-notice) or by writing to New Ireland Assurance, 5 - 9 South Frederick Street, Dublin 2.

## 3. Advice and non-advice based options

Please advise which statement best describes the circumstance in which you are applying for membership of the Scheme:

### I have received advice

Following a consultation, I have been advised to apply for membership of the Scheme by a Cornmarket Financial Advisor.  
(Please ask your advisor to provide their advisor code here   )

### I have not sought or received advice

I researched details of the Scheme myself and have decided that it is an appropriate product for me. I have not sought or had direct consultation with a Cornmarket Financial Advisor. As no advice has been given to me pertaining to this product, I acknowledge my application is on an execution only basis. Should I wish to receive advice from a Financial Advisor, I acknowledge that I can call Cornmarket regarding same on (01) 470 8054. I also acknowledge that the Scheme booklet and the Cornmarket Terms of Business document are available either from Cornmarket's website or alternatively by calling Cornmarket on the aforementioned contact number.

Applicant's signature:

Date:   /   /

## 4. Personal details

Title:  Date of birth:   /   /

First name:  Surname:

Home address:

Tel. Home:  Mobile:  Gender: Male  Female

Email:

Are you employed in the Public Sector? Yes  No

If yes:  
A) When did you start working in the Public Sector?   /   /

B) Did you re-enter 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. Yes  No

If yes, please provide the date here:   /   /

## 5. (a) Material Facts notice and other Information

You are legally obliged to inform New Ireland 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 your application under this Scheme. If you are in doubt as to whether certain facts are material, such facts should be disclosed. If you proceed with this application, membership 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.

Your Membership may be void (there will be no cover under the Scheme):

- If you do not inform New Ireland of all Material Facts
- If any of the information you provide is not true and complete
- If you do not inform New Ireland of any changes in your medical and/or other information before membership starts.

You may submit answers to any medical questions directly to the Chief Medical Officer at 5 – 9 South Frederick Street, Dublin 2.

Please indicate in your letter your name and scheme number to which the information applies. All information will be treated in the strictest confidence. New Ireland may not necessarily contact your doctor(s). Even if they do, you must still disclose all Material Facts.

New Ireland may ask you to have a medical examination with your own doctor or an independent nurse or doctor. If this is required New Ireland will notify you in writing.

It is your responsibility to ensure that the information provided is true and complete whether the information was completed by you or on your behalf. All material facts must be completed by you.

When you complete a tele-interview it will be recorded and you will be sent a transcript of the tele-interview for you to check and keep for your records. If any information set out in the transcript is inaccurate or incomplete you are required to notify New Ireland within 10 working days of receipt of the transcript.

Any changes to the information provided in the application process which occur before your acceptance into the Scheme must be notified immediately in writing to New Ireland Assurance.

### Material Facts exemption in relation to genetic tests

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

## 5. (b) Which application route should you take?

There are three Application Options for this Scheme:

**1 Transfer request** – If you are already a member of an income protection scheme associated with your previous union membership, you may be able to transfer into the scheme by confirming a declaration regarding the circumstance of your transfer. This means that once you can tick to confirm all of the statements in point 1 of Section 5(c) are true to you, your application will not be medically assessed and your application will be accepted based on this declaration. If you are not transferring from another income protection scheme or you are unable to confirm all of the statements in the transfer declaration are true to you, you should proceed to Section 5(d) as described below.

**2 Preferential declaration** – This means that if 5(c) doesn't apply to you and if you can tick to confirm all of the statements in Section 5(d) are true to you, your application will not be medically assessed and your application will be accepted based on this declaration in 5(d). If you have any doubt and/or question regarding your ability to complete the preferential declaration, then you should apply using the medical questions route in Section 6 instead as described in the next paragraph.

**3 Medical Questions** – This means that, as you cannot tick to confirm all of the statements in point 1 of Section 5(c) or in Section 5(d) are true to you, you must answer each of the medical questions in Section 6, complete Section 7, read the material in Section 9 and supply all relevant data. Your application will be medically assessed and further medical evidence may be sought before a decision will be made on your application.

## 5. (c) Transfer request

Please indicate which Scheme you wish to transfer from

- Fórsa Income Protection Plan for Clerical Officers (Previously CPSU Income Protection Scheme) .....
- Fórsa Income Protection Plan for Executive Officers (Previously PSEU Income Protection Plan) .....
- Fórsa Salary Protection Scheme for members of the Health & Welfare, Local Government & Local Services, and Education Divisions .....
- Fórsa Salary Protection Scheme for members of the Civil Service and State Enterprise Divisions .....
- POA Salary Protection Scheme .....

### Transfer declaration. Please tick to confirm:

1. Since the date I was accepted into the previous Scheme/Plan indicated above, I have :
- always remained (up to today) a fully paid up member of that Scheme/Plan .....
  - not had a break in any union membership of more than 8 weeks .....
  - been a member of either the union associated with my previous Scheme/Plan or the AHCPs or VOA .....

2. Date of becoming an AHCPs or VOA union member:      Day      Month      Year  
     /   /

Date of terminating previous union membership:      Day      Month      Year  
     /   /

Or, if you have not yet terminated your previous union membership, please tick here .....

Once accepted as a member of the AHCPs & VOA Income Continuance Plan, it will be your responsibility to terminate your membership of your previous union and/or Scheme.

**If you can tick to confirm that all of the statements under point 1 above apply to you and you have completed the relevant fields under point 2, please proceed to Section 8, otherwise proceed to Section 5(d).**

## 5. (d) Preferential declaration

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

Please tick to confirm that:

**I am applying to join the Scheme within 6 months of joining the AHCPs or VOA** .....

### I am not currently

- awaiting any medical appointment, investigation, test result or surgery .....
- intending to seek medical advice for any reason .....   
(e.g. unexpected weight loss, change in bowel habit, a growth, cyst or lump)

### In the last 12 months I have not been:

- absent from work due to illness or injury for more than 10 consecutive working days .....
- prescribed or taken any medication or treatment .....   
(Oral contraceptive pill or treatment for colds or influenza may be ignored)
- referred to or attended a Specialist, hospital, clinic for any consultation, test, investigation or surgery .....   
(uncomplicated pregnancies, appendectomy, tonsillectomy & normal employment screenings need not be disclosed)

### In the last 3 years I have not

- had depression, stress, anxiety, chronic or viral fatigue syndrome, an eating disorder or any other mental health disorder .....

### In the last 5 years, I have not had an application for any life, specified or critical illness or disability benefit

- declined, postponed .....
- offered at an increased premium .....
- offered with one or more medical conditions excluded .....

**If you cannot tick all boxes above, please proceed to complete Section 6 and all remaining sections. If you can tick all boxes above, please proceed to Section 8.**

## 6. Medical questions

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

### Are you currently

1. awaiting any medical appointment, investigation, test result or surgery? (Routine visit to your GP for monitoring of or a renewal prescription for blood pressure, cholesterol, asthma or thyroid medication may be ignored) Yes  No
2. intending to seek medical advice for any reason? (e.g. unexpected weight loss, change in bowel habit, a growth, cyst or lump) Yes  No

### In the last 12 months have you:

3. been absent from work due to illness or injury for more than 10 consecutive working days? Yes  No
4. been prescribed or taken any medication or treatment? (Oral contraceptive pill or treatment for colds or influenza may be ignored) Yes  No

### In the last 2 years have you:

5. had knee pain, hip pain, shoulder pain, repetitive strain disorder or any other joint or muscular disorder? Yes  No

### In the last 5 years have you:

6. had disc problems, sciatica, whiplash, back pain, neck pain or any other back or neck disorder? Yes  No
7. had low mood, depression, stress, anxiety, chronic or viral fatigue syndrome, an eating disorder or any other mental health disorder? Yes  No
8. been referred to or attended a Specialist, Counsellor, hospital, clinic or addiction centre for any consultation, test, investigation or surgery? (uncomplicated pregnancies, appendectomy, tonsillectomy & normal employment screenings need not be disclosed) Yes  No
9. had an application for any life, specified or critical illness or disability benefit declined, postponed, or offered at an increased premium or offered with one or more medical conditions excluded? Yes  No

If you answer Yes to any of the questions above, please complete the table below.

Question	Nature of illness*	Medication	Date of onset (MM/YY)	Date of last symptoms	Dates & durations off work

\*if joint disorder state which joint, e.g. left knee

## 7. Additional medical details

Depending on the information you provide to medical questions in Section 6, the insurer may require further medical information and as such they may:

- **Ask your G.P. for further information.**

Name & address of present G.P.:

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

- **Arrange for a nurse to call you to gather this information. This is referred to as a Tele-Interview. Further information in Section 9.**

Preferred contact time: Morning  Afternoon  Evening

- **Arrange for you to have a medical examination with your own doctor, an independent doctor or a nurse.**

## Confirmation of cover

New Ireland will assess the potential risk of insuring you and then make a decision on your application. Your application may be:

- **Accepted** - If you are accepted as a member of the Scheme your cover will begin from the date the insurer accepts your application and you will be sent a formal acceptance letter confirming that you are a member of the Scheme.
- **Accepted with special terms** - This means you may be offered acceptance but with certain illnesses or conditions excluded. If this is the case, you will be asked whether or not you wish to proceed with the acceptance with special terms.
- **Postponed** - This means due to your current medical circumstances, the insurer cannot make a decision on your application but will review a new application from you in a certain period of time e.g. 12 months.
- **Declined** - This means the insurer is refusing your application for membership of the Scheme.

If your application is accepted with special terms, postponed or declined, you can ask New Ireland to furnish your GP with the reasons for their decision.

## 8. Declaration

**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) 470 8054 for further information.**

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 my application for membership under the Scheme.

I have read and understand the notes in relation to the Material Facts and Other Information Section and understand that if I do not tell New Ireland all Material Facts, my membership under the Scheme could be void. If this happens, I understand and acknowledge there will be no cover under the Scheme, New Ireland will not refund my premiums and New Ireland will not pay a claim. I also understand that I may encounter difficulty in obtaining cover elsewhere.

I understand any changes in my health, circumstances or 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 membership commences.

I understand that membership under this Scheme will not start until New Ireland has accepted me, in writing, for any benefit. In the event of my application not proceeding, I understand 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.

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

I confirm that I have completed and understand the Scheme eligibility criteria section of this application form. I confirm that all answers provided by me in this regard are true and complete and I understand that membership of this Scheme is conditional upon my continued union membership if applicable and employment with the relevant employer if applicable. I also confirm that I am actively at work today and that I understand the meaning of actively at work today\* (as described below).

I understand that where there is the potential for a period of free Scheme membership (the Free Offer) at the beginning of this contract, as described on the front page of this application form where relevant, and I am eligible to avail of the Free Offer, my premium payments to the Scheme will automatically commence at the end of the Free Offer period. I understand that the Free Offer period will commence when I am formally accepted into the Scheme by New Ireland.

I confirm that I have obtained the Scheme Summary Booklet and the Cornmarket Terms of Business document and will review them within the cooling off period.

In relation to all benefits available under the Scheme, including specified illness cover if applicable, I understand

- the meaning of disability as explained in the Scheme Summary Booklet
- the benefits available and the exclusions/restrictions
- the reductions to the benefit where there are disability payments from other sources
- policy conditions that apply to the Scheme.
- that there is a 30 day cooling off period, which begins when my membership is accepted by New Ireland Assurance and during which period of time I may change my mind and cancel my membership of the Scheme and receive a refund of any premiums paid.

A member of Cornmarket staff may correct/amend my details entered into Sections 4, 10 and 11 (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. I understand that fields or declarations left unanswered or answered incorrectly, will likely result in a delay with the processing of my application or potentially prevent the application from being processed altogether.

I understand that it is a condition of membership that I accept that the Scheme is a reviewable Group Scheme and that the terms of the Scheme may be amended or terminated altogether. I also understand my current Union's / Employer's decisions in such matters are binding on all members of the Scheme.

I confirm I have been informed about Cornmarket's and New Ireland's Data Privacy Notices and where to find these.

Applicant's signature:

Date:

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

**\*Actively at work today – This means 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 or unpaid maternity leave are considered 'actively at work'.**

**Those on Career Break or other forms of unpaid leave are not considered 'actively at work'.**

## 9. Tele - interview

### Why are tele - interviews used?

You may be contacted by telephone by a qualified nurse working for MorganAsh Ltd. (a specialist company who carry out the phone calls on the insurer's behalf) to obtain more information about your present health, lifestyle, occupation, and the medical history of you and your family.

### Tele-interviews are used because:

- They enable the insurer to tailor medical questions to each applicant.
- They enable the insurer to obtain a clear understanding of your health in order to risk assess your application more quickly and offer you the best possible terms for insurance.
- Many applicants find them more convenient than attending a medical examination.

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. With this in mind, the nurse will 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 required to process your application.

### Instruction

It is essential that you provide all requested information regarding your medical history. This telephone call will be recorded. It will form part of your application for cover and, if accepted, will form the basis of your contract with the insurer along with any other medical information obtained by the insurer. Therefore, all the questions should be answered fully and honestly, as failure to do so could invalidate your cover and any future claims.

### When will the tele-interview take place?

You will be contacted normally within a day or so of Cornmarket submitting your application form to the insurer to arrange a suitable time for your interview. 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 805 395. 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.

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.

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 in a confidential environment and able to speak freely and have the time to spare to complete the interview. The interview takes on average 20 minutes to complete. 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.

### What do I need to prepare?

If a Tele-interview is deemed necessary by the insurer then your application for insurance cannot be processed until the interview has taken place. 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.
- It is helpful to think about your recent medical history, for example in the past few years, did you visit the doctor or have you missed any time off work? If so, why and what medication did you receive?

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

### What if I do not wish to discuss my medical details over the phone?

If you are not happy providing your medical details over the phone, please advise MorganAsh when they call you or contact Cornmarket on (01) 470 8054 and we will post you the relevant forms for your completion instead. You can then post these forms back to Cornmarket.

### What happens after the tele-interview?

You will be sent a transcript of the call to check and ensure 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 amend the transcripts.

## Mandates

### Instruction

Please complete the Salary Deduction Mandate. If your employer does not facilitate Salary Deduction, you should complete the SEPA Direct Debit Mandate. Alternatively, if you are unsure as to whether or not your employer provides Salary Deduction facilities, you should complete both mandates. If you do complete both mandates, Cornmarket will only process the SEPA Direct Debit Mandate in the event that a Salary Deduction facility is not available with your employer.

## 10. Salary deduction mandate (Please ensure all fields are fully completed)

To: The Finance Officer, Employer:

Regarding Scheme Name:

Please make a deduction directly from my pensionable pay in respect of my premiums under the policy, as stated above, and remit this deduction to Cornmarket on my behalf. I understand and agree the following:

- That the Deduction at Source (DAS) facility is being made available solely as a matter of convenience to me and may be terminated at any time and beyond paying the sums deducted to Cornmarket, my employer accepts no responsibility of any kind in the matter.
- That the deduction is to commence as soon as possible and to continue until and unless I serve further written notice to Cornmarket. Cornmarket has the right to alter the amount of this deduction in line with agreed amendments in the premium rate.
- Any arrangements for refund of deductions or collection of arrears are to be made directly with Cornmarket and that my Employer, as stated above, will not be responsible for such matters
- It is my own responsibility to ensure the correct deduction is made from my pay and to notify Cornmarket if I wish to amend or cancel the deduction from my pay.
- There may be a delay of up to two months in commencing, amending or ceasing my deduction due to payroll scheduling and the fact that amendments to mandates are submitted to my employer on a monthly basis.
- I will correspond directly with Cornmarket in relation to the deduction from my pay or the product that I am availing of.
- It is a matter for Cornmarket to advise me of the withdrawal of the DAS facility and to contact me to make alternative arrangements for the collection of any monies due and I further understand that my Employer, as stated above, shall have no responsibility of any kind where policies of any nature lapse due to the withdrawal of the DAS facility.

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"/>

First name:

Surname:

Workplace name:

Workplace address:

(or School Role number  
for teachers)

Employee number:

(Please refer to payslip)

Pay Area/Group Code:

(HSE and DoJ employees only, please refer to your payslip)

## 11. SEPA direct debit mandate

In the event that you are accepted as a Scheme member and have to pay premium by Direct Debit, please note:

- Where you are eligible to claim tax relief on your premium, or part thereof, you will need to send Revenue the Premium Statement so they can grant you income tax relief. Cornmarket will send the Premium Statement to you when you are accepted into the Scheme. If, throughout the course of your membership of the Scheme, you change your cover and hence premium amount, you should request an up-to-date Premium Statement from Cornmarket to send to Revenue so that Revenue can amend your income tax relief accordingly.
- Your premiums will reflect the last gross salary you notify to Cornmarket or the last gross salary that we estimate for you at the last Scheme review. As a result the salary covered by the Scheme will be based on either the salary covered by your premiums or the actual salary you are earning at the end of the deferred period as confirmed by your employer, whichever is lower. The onus is on you to ensure you advise Cornmarket of any salary changes so that we can adjust your premium accordingly so that your cover is provided in line with your current gross salary and are paying the correct premium amounts.
- You may incur charges from your bank.

<b>SEPA direct debit mandate</b>		Unique mandate reference	
Cornmarket Group Financial Services Ltd. (Cornmarket), Christchurch Square, Dublin 8, Ireland.		<b>Creditor identifier: IE27ZZZ993020</b>	
<b>Legal text:</b> By signing this mandate form, you authorise <b>Cornmarket</b> to send instructions to your bank to debit your account and your <b>bank</b> to debit your account in accordance with the instruction from <b>Cornmarket</b> . 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:	<input type="text"/>		
Your address:	<input type="text"/> <input type="text"/>		
*City/postcode:	<input type="text"/>	*Country:	<input type="text"/>
*IBAN:	<input type="text"/>		
*Swift BIC:	<input type="text"/>	Type of payment:	Recurrent <input checked="" type="checkbox"/>
Creditor's name: Cornmarket Group Financial Services Limited.			
Creditor's address: Christchurch Square, Dublin 8.			
Country: Ireland.			
*Signature:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Second signature**:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
**Required when bank account is held in two names.			
<b>Helpful Tip! You can find your IBAN and BIC number on your bank statement.</b>			

CREDITOR'S USE ONLY: Debtor identification code:

Description of the contract: **GROUPPROTECTIONSCHEME**

Christchurch Square, Dublin 8

Call us on **(01) 470 8054**

or visit **cornmarket.ie**

Cornmarket Group Financial Services Ltd. is regulated by the Central Bank of Ireland. A member of the Irish Life Group Ltd. which is part of the Great-West Lifeco Group of companies. Telephone calls may be recorded for quality control and training purposes. The Scheme is underwritten by New Ireland Assurance Company plc. New Ireland Assurance Company plc is regulated by the Central Bank of Ireland. A member of Bank of Ireland Group.