

AHCPS & VOA Group Life Plan

Application form

Underwritten by New Ireland Assurance Company plc.

6 Months' FREE Offer (Deadline 30th April 2022)

Offer Details:

- ✓ Offer available to eligible members of the AHCPS and VOA, who are applying to join the Plan for the first time (offer is not available to existing members of any Group Life Plan administered by Cornmarket).
- ✓ You must fulfil the eligibility criteria of the Plan in Section 1 of the application form and apply to join between 1st February 2022 and 30th April 2022.
- ✓ Plan premiums will commence 6 months after the date you are accepted into the Plan and cover commences.
- ✓ This offer cannot be claimed in conjunction with any other offer (e.g. Rewards/Free Period).
- ✓ Terms, conditions & exclusions apply.



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 AHCPS & VOA Group Life Plan 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.

17884 AHCPS & VOA GLP App Cover 01-22 WEB

AHCPS & VOA Group Life Plan

Application form

This Scheme is underwritten by New Ireland Assurance plc (New Ireland).

The Scheme benefits are provided by New Ireland, and are governed by the policy document as agreed with the Scheme Owner.

This Scheme has been arranged by Cornmarket Group Financial Services Ltd. (Cornmarket) on behalf of the Scheme Owner (Merlow Trustees Limited). Cornmarket also provides advisory and administrative services to members of the Scheme.

Information provided by you on this form will be used by New Ireland and Cornmarket separately.

References to 'the Scheme' in this application form shall mean the AHCPS & VOA Group Life Plan.

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

*In the meantime, the premium rate should stay at the current 0.48% of your salary. However, please note that your individual premium amount will increase or decrease in line with your salary, if you are paying your premiums directly from your salary.

1. Eligibility confirmation

New Ireland and the Scheme Owner require you to fulfil all of the eligibility criteria below to apply to join the Scheme.

Please tick to confirm that you:

1. Are employed in the Civil or Public Service as: (tick one):

• Assistant Principal grade or higher **or**

• a Veterinary Officer in the State Veterinary Service

2. Understand that you must remain employed in one of the roles noted in point 1 above to remain eligible for Scheme membership

3. Are an active member of the Civil or Public Superannuation Scheme

4. Are under age 65

5. Are working 8 hours or more per week

6. 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.

7. Are either (tick one):

a) transferring from another group protection scheme/plan** **or**

b) actively at work today and understand the meaning of actively at work today as defined in Section 7(b)

**Refer to Section 4(b) for transfer criteria.

Occupation:

Current gross annual salary:* €

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

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

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.

2. Data privacy notices

Before you provide your personal information please note it is important that you know how your personal data will be processed and what your data protection rights are.

Cornmarket

Cornmarket's Data Privacy Notice available at www.cornmarket.ie/data-privacy-notice, details how Cornmarket as a company processes your personal data and the legal bases Cornmarket relies on for processing your personal 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 Cornmarket at (01) 408 4000 to request this.

New Ireland

It is important that you know how and why New Ireland uses 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 New Ireland's Data Privacy Notice which is available on their website at www.newireland.ie/options/data-privacy-notice/ or by writing to New Ireland Assurance, 5 - 9 South Frederick Street, Dublin 2.

3. Your personal details

Title:	<input type="text"/>	Address:	<input type="text"/>
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel. Home:	<input type="text"/>	Mobile:	<input type="text"/>
		Eircode:	<input type="text"/>
Email:	<input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Are you employed in the Public Sector?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If yes:			
a) When did you start working in the Public Sector?	<input type="text"/>		
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 <input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide the date here:	<input type="text"/>		

4. (a) Answering questions fully, honestly and carefully

You will be asked questions about your health and personal circumstances. Even if similar questions were answered before, all questions must be answered fully, honestly and carefully.

There is no need to tell New Ireland about genetic tests that have been carried out and New Ireland will not consider the results of any genetic tests they receive.

New Ireland may ask for medical information from doctors and other health professionals at the time of this application and during the term of the policy if the application goes ahead.

If this application goes ahead, membership will be based on the information in:

- this form,
- any other form or questionnaire related to this application,
- any other written information from or on behalf of the person to be covered related to this application, and/or
- any recorded telephone call related to this application.

If:

- any questions are not answered fully, honestly and carefully, and/or
- New Ireland is not made aware of any changes to the answers given before you are accepted into the Scheme by New Ireland then New Ireland may:
 - cancel your membership from the start and refuse any claim,
 - reduce the amount of any claim, and/or
 - reduce the amount of cover.

4. (b) Transfer request

Cornmarket facilitates membership transfers between certain trade union group protection schemes without the need for the member's transfer application to be medically assessed. If you are already a member of a group protection scheme associated with your previous trade union, you may be able to transfer into the Scheme by confirming a declaration regarding the circumstance of your transfer. This means that once you consent to Cornmarket processing your trade union membership(s) as described below and you can tick to confirm that both statements in point 1 of the transfer declaration below are true to you, your application would not be medically assessed, and your application would be accepted based on this declaration. If you are not transferring from another group protection scheme or are unable to confirm all the statements in the transfer declaration are true to you, you should proceed to Section 4(c).

Are you transferring from a group protection scheme mentioned in the drop down list below? Yes No

Please select the relevant group protection scheme you wish to transfer from:

Note: If you are not completing this form electronically, you can either call Cornmarket to establish the list of schemes from which you can transfer or alternatively you can find an electronic version of this form on our website, cornmarket.ie, which will include a drop down list for the above field.

Consent to process details of your trade union membership(s)

Trade union membership is a special category of personal data under Data Protection law. As a result, your consent is required to process this personal data.

Continuous trade union membership (with a break of no longer than 8 weeks) is one of the eligibility criteria for availing of this transfer option without having your application medically assessed. Details of your current and previous trade union memberships will form the basis of your transfer application and this information may be relied upon in the future in the event of a claim.

Cornmarket

Cornmarket requires details of your current and previous trade union memberships to confirm your eligibility to transfer into the Scheme. Cornmarket will keep a copy of this application form on file on a continuous basis and will only process details of your trade union membership(s) for the purposes of administering the Scheme you are joining. You can instruct Cornmarket at any time to no longer hold/process details of your trade union membership(s) by emailing dataprotection@cornmarket.ie. However, as details of your trade union membership(s) form(s) part of the eligibility criteria to transfer into the Scheme, Cornmarket will be unable to provide you with membership of this Scheme without your permission to process this information about you.

By ticking this box you consent to Cornmarket processing details of your trade union memberships as outlined above

New Ireland

New Ireland also needs to process details of your current and previous trade union memberships to confirm your eligibility to transfer into the Scheme. In order to process your transfer 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 on a continuous basis and will only process details of your trade union membership(s) for the purposes of administering the Scheme you are joining. You can instruct New Ireland at any time to no longer hold/process details of your trade union membership(s) by emailing New Ireland at groupunderwriting@newireland.ie. However, as details of your trade union membership(s) form(s) part of the eligibility criteria to transfer into the Scheme, New Ireland will be unable to provide you with membership of this Scheme without your permission to process this information about you.

By ticking this box you consent to New Ireland processing details of your trade union membership(s) as outlined above

Transfer declaration. Please tick to confirm:

1. Since the date I was accepted into the previous group protection scheme indicated above, I have:

- always remained (up to today) a fully paid up member of that group protection scheme
- not had a gap in any union subscriptions of more than 8 weeks

2. Date of becoming a member of the Union associated with this Scheme:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Have you terminated your previous union membership? Yes No

Date of terminating your previous union membership:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

It will be your responsibility to terminate your membership of your previous union.

3. I confirm that I wish to replace my membership of an existing group protection scheme as noted above, with membership of this Scheme. I have taken special care to ensure, and I am satisfied that this Scheme meets my needs and I am aware of the financial consequences (cost, benefits etc.) of this transfer. I also acknowledge that any existing underwriting individual terms (for example, illnesses excluded specifically for me) will also transfer where appropriate

4. Where the group protection scheme I am transferring from is brokered by Cornmarket, I am aware that Cornmarket will automatically terminate my membership of it as I am no longer eligible for it

5. I understand that I have 30 days from the date of notifying Cornmarket of my need to change group protection scheme to complete and return this transfer request

If you can tick to confirm that both of the statements in point 1 above apply to you and you have completed all other relevant fields in this declaration, please proceed to complete Sections 7(a) and 7(b), otherwise proceed to Section 4(c).

TO BE FILLED IN BY CORNMARKET STAFF ONLY:

	Scheme which the applicant is transferring from		Scheme which the applicant is transferring to	
	Benefits available currently or in the past	Benefits the applicant has been paying for	Benefits currently available to new members	Benefits available/to be transferred to the applicant
Disability Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Death Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Death Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Specified Illness Cover Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Immunity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse's Death Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pension Premium Protection Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Where Cornmarket is the broker for the group protection scheme from which the applicant is transferring, have **special terms** been flagged at policy level on the client's AS400 record?

Yes No N/A*

*only applies where the client is not transferring from a Scheme for which Cornmarket is the broker

If yes, please confirm the terms: Exclusion Loading Waived

4. (c) Not transferring from another scheme?

There are two application options:

Preferential declaration route – This means that if Section 4(b) doesn't apply to you and if you can answer 'No' to all of the questions in Section 4(d), your application will not be medically assessed and will be accepted based on this declaration. 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 5 instead, as described in the next paragraph.

Medical questions route – This means that, if Section 4(b) doesn't apply to you and if you answer 'Yes' to any of the questions in Section 4(d), you must answer each of the medical questions in Section 5, complete all other Sections 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.

4. (d) Preferential declaration

Please read the questions below carefully and ensure that you fully understand each of the questions being asked before answering them. Please answer all of the questions fully, honestly and carefully.

Please tick to confirm your answer:

Are you aged 40 or older? Yes No

Are you waiting for any medical appointment, investigation, test or scan results or surgery?
(You don't have to tell New Ireland about: Routine visits to your GP for monitoring of or a renewal prescription for blood pressure, cholesterol, asthma or thyroid) Yes No

Do you have any symptoms that you have yet to look for medical advice or treatment for?
(e.g. unexpected weight loss, change in bowel habit, a growth, cyst or lump) Yes No

In the last 12 months have you:

• been out of work because of illness or injury for more than 10 consecutive working days? Yes No

• taken or been prescribed medication or other treatment for longer than 4 consecutive weeks?
(You don't have to tell New Ireland about Infertility treatments or the Oral contraceptive pill) Yes No

• requested, been advised to, referred to or attended a specialist, hospital or clinic for any appointment, tests, scans, investigations or surgery? (You don't have to tell New Ireland about: uncomplicated pregnancies, appendectomy, tonsillectomy & normal employment screenings) Yes No

In the last 5 years have you had an application for Life, Specified or Critical Illness or Disability Benefit:

• declined or postponed? Yes No

• offered at an increased cost? Yes No

• offered with one or more medical conditions excluded? Yes No

If you have answered 'Yes' to any of the above questions please complete Section 5 and all other Sections.

If you have answered 'No' to each of the above questions, please proceed to complete Sections 7 (a) and 7(b).

5. Medical questions

Please read the questions below carefully and ensure that you fully understand each of the questions being asked before answering them. Please answer all of the questions fully, honestly and carefully.

1. Are you waiting for any medical appointment, investigation, test or scan results or surgery? Yes No
(You don't have to tell New Ireland about: Routine visits to your GP for monitoring of or a renewal prescription for blood pressure, cholesterol, asthma or thyroid)

Details if yes: What are you awaiting? When is it to take place?

2. Do you have any symptoms that you have yet to look for medical advice or treatment for? Yes No
(e.g. unexpected weight loss, change in bowel habit, a growth, cyst or lump)

Details if yes: Type of symptoms, Date of onset, Date of last symptoms.

In the last 12 months have you:

3. been out of work because of illness or injury for more than 10 consecutive working days? Yes No

Details if yes: Nature of illness, Medication, Doctor consulted, Date of onset/last symptoms, Dates & durations off work.

4. taken or been prescribed medication or other treatment for longer than 4 consecutive weeks? Yes No
(You don't have to tell New Ireland about Infertility treatments or the oral contraceptive pill)

Details if yes: Nature of illness, Medication, Doctor consulted, Date of onset/last symptoms, Dates & durations off work.

In the last 5 years have you:

5. requested, been advised to, referred to or attended a specialist, hospital, clinic or addiction counsellor for any appointment, tests, scans, investigations or surgery? (You don't have to tell New Ireland about: uncomplicated pregnancies, appendectomy, tonsillectomy & normal employment screenings) Yes No

Details if yes: Nature of illness, Medication, Doctor consulted, Date of onset/last symptoms, Dates & durations off work.

6. had an application declined, postponed, accepted at an increased cost or with an exclusion applied for any Life, Specified or Critical Illness or Disability Benefit? Yes No

Details if yes: What was the decision? Reason for decision, Date decision was made.

Please use the box below to add more details to any of your answers to the questions above.

6. Further medical information

Depending on the information you provide in your answers to the above questions in Section 5, New Ireland may ask for further medical information from you and/or your GP or may ask you to have a tele-interview with a nurse. The tele-interview process is explained in more detail in Section 8.

New Ireland may also ask you to have a medical examination with your doctor, an independent doctor or a nurse.

a) Do you have a GP in Ireland or abroad?

Yes No

If yes, please provide the name and address of your GP:

b) Have you visited any other GP (in Ireland or abroad) in the last 12 months?

Yes No

If yes, please provide the name and address of that GP:

c) If New Ireland asks you to have a tele-interview what time of day do you prefer to be contacted?

Morning Afternoon Evening

What happens next?

New Ireland will review your application. Your application may be:

- **Accepted on normal terms** - This means your application has been accepted at normal rates and on normal terms. Your cover will start on the date New Ireland accepts your application and Cornmarket will also send you a letter telling you you've been accepted.
- **Postponed** - This means that a final decision on your application has been postponed and cover is not being offered now. However, this does not mean that an application won't be considered in the future.
- **Declined** - This means your application has been declined and it is not possible to offer you cover now or in the future.

If your application has been declined or postponed, you can ask New Ireland to let you know the reasons for this decision, which may in certain circumstances be provided to you through your GP.

WARNING: Please read the declarations in Sections 7(a) & (7b) below carefully and ensure that you fully understand them before signing them. If you cannot complete these declarations, please contact your local Cornmarket Consultant or call (01) 470 8054 for further information.

7 (a). Cornmarket declaration

I authorise for a member of Cornmarket staff to correct/amend my details entered into Section 3 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 confirm I have been informed about Cornmarket's Data Privacy Notice and where to find this.

In relation to all benefits available under the Scheme, I confirm that I understand:

- the benefits available and the exclusions, restrictions and limitations associated with them
- the terms and conditions
- there is a 30 day cooling-off period, which begins when my membership is accepted by New Ireland.
- that where disability benefit is an available Scheme benefit
 - the meaning of disability as explained in the Scheme Summary Booklet
 - the reductions to the benefit where there are disability payments from other sources
- that where specified illness cover is an available Scheme benefit, the meaning of specified illness cover and the illnesses covered.

Advice and non-Advice based options

Please tick to 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. I have obtained the Scheme Information and the Cornmarket Terms of Business document and will review them within the cooling off period. I also acknowledge that the Scheme Information and the Cornmarket Terms of Business document are available either from Cornmarket's website or alternatively by calling Cornmarket on (01) 470 8054.

(Please ask your advisor to provide their advisor code)

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 confirm that I have access to the Scheme Information and the Cornmarket Terms of Business document, either via Cornmarket's website or by calling Cornmarket on (01) 470 8054, and I will review these within the cooling-off period. 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.

Applicant's signature:

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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7 (b). New Ireland declaration

I confirm that I have:

- read and understand all the questions asked on this form, **and**
- answered the questions on this form fully, honestly and carefully whether completed by me or on my behalf.

I understand that if:

- any questions are not answered fully, honestly and carefully, **and/or**
- New Ireland is not made aware or informed of any changes to the answers given before my membership starts, then New Ireland may:
 - cancel my membership from the start and refuse any claim I may have,
 - reduce the amount of any claim, and/or
 - reduce the amount of cover.

I agree to New Ireland asking for information about my health from any doctor or health professional who has attended me, and I authorise them to give New Ireland the information asked for. I agree that this authority will remain in place during the term of my membership and as part of any claim assessment, even in the event of my death.

I understand that if this application goes ahead, my membership will be based on the information in:

- this form,
- any other form or questionnaire related to my application,
- any other written information from me or on my behalf related to my application, **and/or**
- any recorded telephone call related to my application.

I understand that my cover will start when New Ireland accepts my application and not before then.

Where I have provided my contact details, I understand that I may be contacted using those details if New Ireland needs further health or other information for the purpose of this application.

I understand

- that I'm due to receive a copy of the full application form and will let Cornmarket know if I don't
- when I receive a copy, I need to review the answers to make sure they have been answered fully, honestly and carefully and
- I must make Cornmarket aware of any errors, missing information or changes needed to my answers who will then inform New Ireland.

I understand that to remain a member of this Scheme, I must continue:

- to be a member of the union/association, if applicable **and/or**
- employed by the relevant employer.

I confirm I am actively at work and I understand the meaning of actively at work as explained below:

Actively at work means you:

- **are working your normal contracted hours**
- **have not been given medical advice to stop working**
- **are capable of fully performing the normal duties of your job**
- **are not on career break, taking carer's leave or other unpaid leave***
- **are not awaiting the result of a COVID-19 test and**

In the previous 30 days you have not:

- **had any of the following symptoms of COVID-19; a fever (high temperature), a new cough, shortness of breath, loss or change to your sense of smell or taste**
- **had a positive test for COVID-19**
- **been advised to have a COVID-19 test.**

***Employees who are on paid or unpaid statutory maternity, adoptive, parent's or paternity leave are considered 'actively at work' as long as this leave is no longer than 44 weeks in total.**

Those taking parental leave are not considered 'actively at work' unless they are working a reduced number of hours every week throughout their leave and otherwise meet the eligibility criteria of the Scheme.

I understand that where there is the potential for a period of free Scheme membership as explained at the start of this application form, where relevant, and I am eligible for the Free Offer, my premium payments to the Scheme will automatically start when this period ends.

I understand that the Free Offer period will start when I am accepted into this Scheme by New Ireland.

I understand that 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 up to six years to facilitate any future application by me.

I confirm that I have obtained the Scheme Summary Booklet and the Cornmarket Terms of Business document and will review them to make sure I understand the Scheme I will be joining and the terms and conditions of this Scheme.

In relation to all benefits available under the Scheme, I confirm that I understand:

- the benefits available and the certain exclusions/restrictions that apply
- that where disability benefit is an available Scheme benefit
 - the meaning of disability as explained in the Scheme Summary Booklet
 - the reductions to the benefit where there are disability payments from other sources
- that where specified illness cover is an available Scheme benefit, the meaning of specified illness cover and the illnesses covered.

I understand:

- the 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 and during this time I may change my mind and cancel my membership of the Scheme and receive a full refund of any premiums that I have paid.

I understand it is a condition of my membership that I accept that the Scheme is a reviewable group scheme, meaning that the terms of the Scheme may be amended or terminated altogether by the Scheme owner and that their decisions are binding on all members of the Scheme.

I confirm I have been informed about New Ireland's Data Privacy Notice and where to find this.

Applicant's signature:

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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8. Tele-interview

What is a tele-interview?

A tele-interview is an interview over the phone by a nurse where New Ireland asks you details about your health. The call is recorded and shouldn't take more than 30 minutes to complete.

Why are you being interviewed?

New Ireland uses the information from your interview (which is kept confidential) to decide on whether they can offer you cover, and if so, on what terms.

When will the tele-interview take place?

Medicals Direct will ring you in the next few days to arrange a suitable time.

The nurses can carry out interviews from:

- 8am to 8pm Monday to Thursday
- 8am to 4:30pm on Fridays

If you are not free to answer the questions when they call, the nurse will arrange a more suitable time to ring you back to do the interview. If they haven't rang you back in three days, or you have been away or not contactable, please ring New Ireland on (01) 617 2595 to arrange an interview.

It is important that you are able to speak freely and have the time to do the interview when they call. If you are using a mobile phone, please make sure you are not driving, as they will not be able to carry out the interview if this is the case.

What do you need to prepare?

To prepare for your interview, please take some time to have the following information ready when the nurse rings you:

- Details of any medication you are taking (including the name and dosage).
- Details of any past or present medical condition you have or had (other than very minor ailments such as the common cold).
- Details of any tests or investigations, e.g. blood pressure, cholesterol tests. It would be helpful if you phone your GP or whoever did these tests before the interview, 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).
- Your height and weight.

If you are not sure whether something is important in relation to the questions being asked, then it is best to mention it anyway. The nurse will help you with any questions that you have.

What happens after the interview?

You will be sent a written record of the interview. Please review the answers to check they have been answered fully, honestly and carefully and that all of the information in the written record is correct and complete. You must let New Ireland know within 10 days of receiving the record of any errors, missing information or changes needed to the answers.

What if I do not wish to have a tele-interview?

Please let Medicals Direct know this when they call you or you can let New Ireland know directly on (01) 617 2595. New Ireland may send you a questionnaire instead to complete or write to your doctor for a report.

If you have any queries,
please contact Cornmarket:
Christchurch Square, Dublin 8
Call us on **(01) 470 8054**
or visit **[cornmarket.ie](https://www.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.
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17381 AHCPs VOA GLP App 09-21 WEB

Group Protection Scheme

Payment Mandate

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.

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:

D	D	/	M	M	/	Y	Y	Y	Y
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First name:

Surname:

Workplace name:

Workplace address:

(or School Role number for teachers)

Employee number:

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(Please refer to payslip)

Pay Area/Group Code

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(Where applicable, mandatory for HSE and NSSO employees, please refer to your payslip)

SEPA direct debit mandate

Unique Mandate Reference

Cornmarket Group Financial Services Ltd., Christchurch Square, Dublin 8, Ireland. Creditor Identifier: IE27ZZZ993020

By signing this mandate form, you authorise Cornmarket Group Financial Services Ltd (Cornmarket) to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instruction from Cornmarket. 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:

*Your Address:

*City/Postcode: *Country:

*IBAN:

*Swift BIC:

*Type of Payment: Recurrent

Creditor's Name: Cornmarket Group Financial Services Limited.

Creditor's Address: Christchurch Square, Dublin 8.

Country: Ireland.

*Signature:

*Date:

**Second Signature:

*Date:

** Required when bank account is held in two names

*** Preferred payment day (between 1st-28th) each month

***Preferred Deduction date: Please enter above the preferred date in the month (e.g. 26th) which you would like Cornmarket to request the monthly premium from your account. Please note where the date selected in a given month falls on a non-banking date, our request will be made for the following banking day. Please note where you select a date, which is within 14 days of the inception date of the policy Cornmarket may take this as prior agreement to waive your 14 days' notice of direct debit commencement.

- By completing the mandate, you accept the following terms and conditions:**
- In the event that our direct debit instruction request is returned unpaid, Cornmarket may, at their discretion, resubmit this request up to 10 working days after the initial payment was due.
 - A default in payment may result in ineligibility for direct debit payment plans with Cornmarket Group Financial Services Ltd for future policies.
 - Cornmarket may contact you by phone/post/SMS/Email with regard to non-receipt of any monthly Direct Debits.
 - It remains the responsibility of the policyholder to notify Cornmarket of any change of bank account or address details.
 - Cornmarket reserves the right to amend the direct debit amount in keeping with your policy terms and conditions.

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.