

AHCPS & VOA Group Life Plan

Application form

Underwritten by Irish Life Assurance plc.



Cornmarket Group Financial Services Ltd. is regulated by the Central Bank of Ireland.
The AHCPS & VOA Group Life Plan is underwritten by Irish Life Assurance plc.
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20940 AHCPS & VOA GLP App Cover 02-25

AHCPS & VOA Group Life Plan

Application form

This Plan is underwritten by Irish Life Assurance plc. (Irish Life).

The Plan benefits are provided by Irish Life, and are governed by the policy document as agreed with the Plan Owner (Merlow Trustees Limited). This Plan has been arranged by Cornmarket Group Financial Services Ltd. (Cornmarket) on behalf of the Plan Owner. Cornmarket also provides advisory and administrative services to members of the Plan.

Information provided by you on this form will be used by Irish Life and Cornmarket separately.

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

References to the 'Union' shall mean the Association of Higher Civil and Public Servants and Veterinary Offices Association.

Warning: The current premium may increase at the next Plan review on or after 1st February 2029*

*In the meantime, the premium rate should stay at the current 0.45% 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

Irish Life and the Plan Owner require you to fulfil all of the eligibility criteria below to apply to join the Plan. Please tick to confirm that you:

1. Are employed in the Civil or Public Service as: (tick one):
 - The Association of Higher Civil and Public Servants (AHCPS) **or**
 - The Veterinary Officers Association (VOA)
2. Understand that you must remain employed in one of the roles noted in point 1 above to remain eligible for Plan 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 (those who work 50% or less than the normal working week) who satisfy the eligibility conditions (opposite) are eligible to apply.

If you cannot confirm that all the above criteria applies to you, then you are not eligible to apply to join this Plan 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.

Irish Life

It is important that you know how and why Irish Life uses your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on Irish Life's website at www.irishlife.ie/privacy-notice or you can ask Irish Life for a copy.

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.

Eligibility for this Plan is conditional on your membership of the Union. To proceed with your application, you are required to confirm your Union membership on this application form. Where you are transferring into this Plan from another union based group protection plan, you are also required to provide your previous union membership details as this is required to determine your eligibility to transfer into the Plan without medical underwriting.

Cornmarket

Cornmarket requires your consent to process details of your trade union membership(s) to determine your eligibility for certain products Cornmarket offers inclusive of this product. Cornmarket will maintain a record of your union membership(s) on a continuous basis.

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 trade union membership is one of the eligibility criteria for this product, Cornmarket will be unable to provide you with this product if you do not permit Cornmarket to process this information about you.

By ticking this box and signing below you consent to Cornmarket processing details of your trade union membership(s) as outlined above

Irish Life

Irish Life also needs to process details of your trade union membership(s) to confirm your eligibility for this Scheme when assessing your application for a transfer request or if you are joining this Scheme through the other application options available. As the Scheme eligibility rules require you to be a member of the union associated with the Scheme, Irish Life will also need to confirm these details on a continuous basis should you be accepted into the Scheme.

You can instruct Irish Life at any time to no longer hold/process details of your trade union membership(s) by emailing cbvoluntaryrisk@irishlife.ie. However, as trade union membership is one of the eligibility criteria for this Scheme, Irish Life will be unable to provide you with this product without your permission to process this information about you.

By ticking this box and signing below you consent to Irish Life processing details of your trade union membership(s) as outlined above

Applicant's signature:

Date:

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

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"/>
Email:	<input type="text"/>	Eircode:	<input type="text"/>
		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>

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:

4. (a) Medical and other important information

Your personal health information:

In addition to Irish Life's Data Privacy Notice, the following is more detail relating to your personal health information that Irish Life collects and uses in connection with this contract.

Irish Life needs your relevant personal information and personal health information for underwriting decisions. This will determine whether Irish Life can offer cover and on what terms. Irish Life also needs your relevant personal information and personal health information to assess and pay claims. If relevant, Irish Life will share your personal health information with reinsurers for underwriting and claims decisions. Irish Life uses your personal information and personal health information for any subsequent applications to Irish Life.

In addition to the personal health information Irish Life collects from you, Irish Life will request and receive your relevant personal health information from GPs, consultants, hospitals or other health professionals, and share your relevant personal health information with GPs, consultants, hospitals or other health professionals, if needed.

Relevant information:

When deciding whether to insure you and when setting the terms and conditions, Irish Life will rely on the information you have given. You must answer all questions that Irish Life has asked in this form honestly and with reasonable care. Where Irish Life asks you to answer a specific question, the subject matter of the question is relevant to the risk that Irish Life is being asked to accept. If your answers are not true and complete, Irish Life may be entitled to:

- Cancel your membership & benefits under the Scheme without a return of premium,
- Refuse a claim,
- Reduce the amount of any claim,
- Reduce the amount of cover **and/or**,
- Treat the policy as if it had been entered into on different terms.

Relevant information includes anything that would likely influence the assessment and acceptance of an application for insurance.

If you are not sure whether something is relevant, relating to any of the questions asked in Section 5, you should disclose this information in the box provided in this section. Irish Life may also contact you to ask you for further information on your answers or as part of any subsequent claim. Irish Life may rely on the information you have provided and may not automatically clarify or confirm any information you provide.

If your application for cover is accepted, you will be issued an acceptance letter. In this letter, Cornmarket may ask you on Irish Life's behalf, to advise if there has been any change to your health, circumstances, or answers to any of the questions provided in your application form and any supplementary questions. If there have been any changes between the date of your application and the date that you are accepted into the Scheme, this may affect the original acceptance terms issued to you.

Genetic test information:

You should not disclose any genetic test (that is, any analysis of chromosomes, DNA or RNA to detect genetic abnormalities in individuals) which you may have had.

You must disclose, when required by the medical questions, if you are having treatment for, or experiencing symptoms of, a genetic condition. You will be asked for full information about your family history, including all genetic conditions.

4. (b) Transfer request

Cornmarket facilitates membership transfers between certain union based group protection schemes/plans without the need for the member's transfer application to be medically assessed. If you are already a member of a group protection scheme/plan associated with your previous trade union, you may be able to transfer into the Plan by confirming a declaration regarding the circumstance of your transfer. This means that you can tick to confirm that both statements in point 1 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/plan or you 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/plan mentioned in the drop down list below? Yes No

Please select the relevant group protection scheme/plan 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/plans 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.

Transfer declaration. Please tick to confirm:

- Since the date I was accepted into the previous group protection scheme/plan indicated above, I have:
 - always remained (up to today) a fully paid up member of that group protection scheme/plan
 - not had a gap in any union subscriptions of more than 8 weeks
- Date of becoming a member of the Union associated with this Plan:

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.
- I confirm that I wish to replace my membership of an existing group protection scheme/plan as noted above, with membership of this Plan. I have taken special care to ensure, and I am satisfied that this Plan 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
- Where the group protection scheme/plan 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
- I understand that I have 30 days from the date of notifying Cornmarket of my need to change group protection scheme/plan 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 CORNMARKE T 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/plan?

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 tick to confirm your answer:

Are you aged 40 or over? Yes No

In the past 12 months have you been:

• absent from work due to illness or injury or any other medical condition for more than 10 working days in a row? Yes No

• prescribed, advised to take or taken any medication for more than 4 weeks ? (not counting the contraceptive pill) Yes No

• referred to a consultant or hospital for follow up? Yes No

Are you currently:

• under review by any consultant or hospital? Yes No

• awaiting any medical appointment, test or surgery or the results of any test or surgery? Yes No

In the last five years have you, because of a medical condition:

• been refused or postponed insurance cover? Yes No

• had insurance cover offered only if you paid an extra premium? Yes No

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

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

If you have answered 'No' to each question above, 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 question before answering it.

If you answer 'Yes' to any of the questions, please provide details regarding the nature of the illness, duration & dates off work, name and address of doctor consulted and any restriction on daily activities.

In the last year have you:

1. Been prescribed, advised to take or taken any medication or treatment lasting more than two weeks including tablets, creams, inhalers, drops or sprays? (You can ignore any oral contraceptive treatment) Yes No

Details if yes:

In the last 5 years have you:

2. Had any mental health condition requiring inpatient treatment or referral to a specialist or psychiatrist, including any eating disorder or an alcohol problem? Yes No

Details if yes:

3. Had any medical tests, investigations or surgery? Yes No

Details if yes:

4. Because of a medical condition had insurance cover:

- refused or postponed? Yes No
- offered only if you paid an extra premium? Yes No
- offered with one or more medical conditions excluded? Yes No

Details if yes:

In the last 10 years have you:

5. Had diabetes, a stroke, or any problems with your heart or kidneys? Yes No

Details if yes:

6. Had any form of cancer or a tumour or leukaemia? Yes No

Details if yes:

Are you currently:

7. Awaiting any appointment, test, surgery or investigation with your own doctor or any other medical professional? Yes No

Details if yes*:

*If you have answered Yes to this question, Irish Life may not be able to make a decision on your application until the medical investigations are complete and the results are available to Irish Life.

8. Experiencing any symptoms for which you have not yet sought medical advice or treatment? Yes No

Details if yes:

Important: If there is any relevant information you have not been able to fully provide details of in the allocated space(s) above, please include them here:

6. Further medical information

Depending on the information you provide in your answers to the above questions in Section 5, Irish Life 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.

Irish Life 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 Irish Life asks you to have a tele-interview what time of day do you prefer to be contacted?

Morning Afternoon Evening

What happens next?

Irish Life 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 Irish Life accepts your application and you will be sent a formal acceptance letter confirming that you are a member of the Scheme.
- **Postponed** - This means due to your current medical circumstances, Irish Life 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 Irish Life is refusing your application for membership of the Scheme.

If your application is accepted with special terms, postponed or declined, you can ask Irish Life to provide the reasons for this decision, which may in certain circumstances be provided to you through your GP.

IMPORTANT: 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 Plan, 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 Irish Life.

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 Plan:

I have received advice

Following a consultation, I have been advised to apply for membership of the Plan by a Cornmarket Financial Advisor.

I have obtained the Plan Information and the Cornmarket Terms of Business document and will review them within the cooling off period. I also acknowledge that the Plan 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 Plan myself and have decided that it is an appropriate product for me. I confirm that I have access to the Plan 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) Irish Life declaration

I understand that this application form along with any supplementary information given to Irish Life will form my application for cover.

I understand and agree that the information that I have provided in this application form, and, if applicable, any supplementary questions answered, any statements made to Irish Life in writing or by telephone (which will be recorded in writing) and/or any information provided to Irish Life on my behalf from a GP, hospital, consultant or health professional is material to the decision of Irish Life to allow my membership to the Scheme and is relied on by Irish Life for setting my acceptance terms for membership into this Scheme.

I also understand that my membership of this Scheme with Irish Life comprises of my acceptance terms, and the following Scheme documents:

- the Scheme policy document,
- the terms and conditions included in the Scheme Summary Booklet and,
- any Scheme Review documents following a review.

I also understand as this is a reviewable group scheme, the terms and conditions for the Scheme, and as a result the Scheme documents listed above, may change at subsequent Scheme reviews.

I have read and understand the Medical and other important information section about my obligation to answer all questions asked by Irish Life in this application form and in connection with the application. I also understand that if I do not answer these questions honestly and with reasonable care, Irish Life may be entitled to:

- Cancel my membership & benefits under the Scheme without a return of premium,
- Refuse a claim,
- Reduce the amount of any claim,
- Reduce the amount of cover **and/or**,
- Treat the policy as if it had been entered into on different terms.

I also understand that I may encounter difficulty in obtaining cover elsewhere.

I have read over the answers to all the questions on this form and declare that all answers (including any answers written down for me) are true and complete. I declare that I have answered all of the questions in this form honestly and with reasonable care.

I understand that if my application for cover is accepted, I will be issued an acceptance letter. In this letter, Cornmarket may ask me on Irish Life's behalf, to advise if there has been any change to my health, circumstances, or answers to any of the questions provided in my application form and any supplementary questions. If there have been any changes between the date of my application and the date that I am accepted into the Scheme, this may affect the original acceptance terms issued to me.

I understand that membership of this Scheme will not start until Irish Life has accepted me for cover.

I understand that Irish Life may use my personal information when underwriting any subsequent applications for cover with Irish Life.

I authorise Irish Life to request and receive my personal health information now (or as part of any claim assessment including after my death) from any GPs, consultants, hospitals or other health professionals who at any time have attended me concerning my physical or mental health and to share my personal health information with any health professional for the purpose of processing my application and assessing claims.

I confirm that I have completed and understand the Scheme eligibility criteria. I confirm that all answers provided by me in this regard are answered honestly and with reasonable care and I understand that my cover is dependent upon continuing to satisfy the eligibility conditions of the Scheme. I also confirm that I am actively at work today and that I understand the meaning of actively at work today* as defined below.

***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 medically restricted from fully performing the normal duties associated with your occupation.**

Those on paid or unpaid statutory maternity, adoptive, parent's or paternity leave are considered 'actively at work' as long as this period of leave is not in excess of 47 weeks in total. Your deferred period will only start on the day you are due to return to work.

Those on career break, taking carer's leave or other forms of unpaid leave are not considered 'actively at work'.

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 at the beginning of this contract, as described at the start of this application form where relevant, and I am eligible to avail of the period of free Scheme membership, my premium payments to the Scheme will automatically commence at the end of the period of free Scheme membership. I understand that the period of free Scheme membership will commence when I am formally accepted into the Scheme by Irish Life.

I confirm I have read and understand the Medical and other important information section and 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 Irish Life.
- 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 that it is a condition of membership that I accept that the Scheme is a reviewable group scheme and that at the next review date the terms of the Scheme may be amended or terminated altogether. I also understand the Scheme Owner's decisions in such matters, as agreed with Irish Life, are binding on all members of the Scheme.

I confirm I have been informed about Irish Life'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

Why are tele-interview used?

You may be contacted by telephone by a qualified nurse working for MorganAsh Ltd. (a specialist company that carries out these phone calls on Irish Life's behalf) to obtain more information about your present health, lifestyle, occupation, and the medical history of you and your family. Irish Life engages MorganAsh to carry out these interviews for them and the information gathered is only used by Irish Life and no other organisation has access to this.

Tele-interviews are used because:

- They enable Irish Life to tailor medical questions to each applicant.
- They enable Irish Life 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 will be 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 insurance contract with Irish Life along with any other medical information obtained by Irish Life. 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 Irish Life 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 working days, or if you have been away or out of touch you may like to phone MorganAsh on free-phone 1800 80 50 22. 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 30-60 minutes to complete. MorganAsh will not complete an interview if you are driving.

What do I need to prepare?

If a tele-interview is deemed necessary by Irish Life 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:

- Details of any medication you are currently taking (including the name and dosage)
- Details of any past or present medical condition suffered, (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, to get the results.
- Details of any serious condition, such as cancer, heart attack or stroke, suffered by a member of your immediate family (your mother, father, brothers or sisters, or half brothers and sisters).
- MorganAsh 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?

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 they will contact Irish Life who will post you the relevant forms for your completion instead. You can then post these forms back to Irish Life's Chief Medical Officer using the pre-paid envelope provided with the forms.

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 and return them to Irish Life immediately.

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)**