The University of Limerick Group Life Plan
Standard application form

cornmarket
group financial services ltd

Half Price Offer
New entrants into the Plan under age 45, who join the Plan for the first time by 30th September 2015, will pay half price for the first 12 months.
Important: to avail of the HALF PRICE OFFER you must fulfil the Plan eligibility criteria and:
- Be under age 45 *and*
- Be joining the Plan for the first time.

Eligibility – For use only by members under age 65

To be eligible to apply for membership of the University of Limerick Group Life Plan using this form you must be:

- An employee of the University of Limerick *and*
- Under age 65 *and*
- An active member of the University of Limerick Pension Scheme *and*
- Employed on a permanent full-time basis or on a contract of definite duration (working at least 9 hours per week) *or* employed on a temporary basis (with a contract of at least 12 months' duration).

Job/work sharers: Job/work sharing employees of the University of Limerick who satisfy the eligibility conditions above may also apply to join the Group Life Plan. The level of contribution and benefits which apply for them may differ from those relevant for the full-time members.

IMPORTANT: Medical Details Requirements

Are you joining the Plan **within the first three months** of becoming eligible to join?: Yes ☐ No ☐

If you have answered Yes, you do not need to complete either Section 5 or Section 6.
You must still complete and sign both declarations contained in Section 4 and Section 8.

If you have answered No, you must complete Section 5.
If you answer Yes to one of the questions in Section 5, you must also complete Section 6.

Consultant's initials

1 Personal Details

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

Home Address: ____

Tel: Home: ____ Mobile: ____

Email: ____ Gender: Male ☐ Female ☐

Marital Status: Single ☐ Married ☐ Separated ☐ Divorced ☐ Partnered ☐ Civil Partnered ☐ Widowed ☐

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OFFICE USE ONLY

2 Employment Details

Employer: University of Limerick ☐ Occupation: ____

Work Name & Address: ____

Current Annual Salary: € ____

Is your employment: Permanent ☐ Temporary ☐

If temporary, are you:
Employed on a contract of at least 12 months' duration? Yes ☐ No ☐
OR
Have you been actively working continuously for the past 12 months? Yes ☐ No ☐

Are you working as a job sharer?
(Working 50% or less of the full-time working week?) Yes ☐ No ☐

Are you working 9 hours or more per week? Yes ☐ No ☐

When did you start working in the Public Sector? / / 20

If you entered **Public Sector employment** after 1st April 2004 or re-entered Public Sector employment after 1st April 2004 with a break of more than 26 weeks, that was not due to a career break or unpaid leave, please provide the date here if different to above: / / 20

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3 Material Facts Notice and other Important Information

When completing this application form you must disclose all Material Facts.

A Material Fact is any fact that the insurer would regard as likely to influence the assessment and acceptance of the proposal. Failure to disclose all Material Facts, including full disclosure of your medical details and history, may delay or prevent the issue of your policy; cause it to be cancelled at a later date; and/or invalidate future claims. If you are in any doubt as to whether a fact is a Material Fact you should disclose it.

You are not required to disclose any genetic test results you may have had and we will not have regard to any genetic tests that come into our possession.

You are, however, required to provide us with full details (other than genetic tests) in answer to all health questions, including full details about your family history (see sections 5 & 6).

You must advise us of any changes in your health or circumstances which happen between now and the date your application is confirmed as accepted by Friends First, which would make any of the answers on this form wrong or incomplete. Failure to do so may invalidate future claims.

4 Data Protection Consent: employee's declaration and application

Friends First Life Assurance Company Limited ("Friends First") or its authorised agents and Cornmarket Group Financial Services Ltd. may hold, use, disclose and process any information provided by me, which shall include the information held within this application and any subsequent information, provided verbally or otherwise, during the course of our relationship, in order to:

1. Process, manage and administer my policy.
2. Communicate with me by post, telephone, mobile phone, SMS or e-mail.
3. Comply with legal and regulatory requirements.
4. Disclose data to any policyholder, life assured, beneficiary, trustee, assignee, successors, company within the Achmea/Friends First group or to any agent acting on my behalf, or to other disclosees as notified to the Data Protection Commissioner's Office and maintained on the Public Register available from that office.

I am aware that I have the right of access to my personal data and the right to rectify my data if it is inaccurate or has been processed unfairly. I consent to Friends First collecting and processing sensitive data relating to my mental and physical health. I consent to Friends First seeking medical information from any doctor or other medical professional who has at any time attended me concerning anything which affects my physical or mental health. I agree that this authority shall remain in force after my death as well as prior thereto. I further understand that in the event of me being medically examined the answers given by me to the medical examiner acting on behalf of Friends First shall be deemed to be incorporated into this application.

Please note that failure to consent to the above will prevent Friends First from processing your application further, furthermore, failure to answer any question contained herein may result in Friends First refusing to accept your application or denying a claim.

If you do not wish to receive information about preferential Cornmarket deals available to you, please tick here ☐

Applicant's Signature: Date: / /20

5 Basic Medical Details

Please note: In answering the questions in either this section or in section 7, if required, you do not need to disclose details relating to the following ailments: Acne, Anal fissure (single episode only), Hayfever (without asthma), Ganglion, Minor allergies, Thrush/ Candidiasis, Chickenpox, Colds/ Influenza, Food poisoning, Measles, Heat stroke/Sunburn/Sunstroke, Laryngitis, Lockjaw (provided full recovery has been made), Mumps, Pharyngitis, Stomach bug (including gastroenteritis once fully recovered), Glandular fever (provided fully recovered), IGTN, Haemorrhoids/ Piles, Verucca, Childhood bronchitis, Pregnancy (assuming no complications), Miscarriage (assuming no complications), Sinusitis/Nasal Polyps, Tonsillitis/Quinsy.

1. Have you been absent from work due to illness or injury for more than 5 consecutive working days in the last 2 years? YES ☐ NO ☐
2. Are you currently taking any prescribed drugs or medication or receiving any treatment, or have you done so in the last 6 months? YES ☐ NO ☐
3. Have you attended, or been advised by your GP to attend, any doctor, specialist, consultant, counsellor, hospital or clinic for any medical check-up, blood, saliva or urine test, treatment, investigation or operation in the last 4 years? YES ☐ NO ☐
4. Has any application for life, critical illness or salary protection cover (disability benefit) on your life to any insurer ever been declined, postponed, accepted at an increased premium or with an exclusion imposed? YES ☐ NO ☐

If you answered Yes to any of the above questions, please complete Section 6 – Health Details (overleaf). If you answered No to all of the above questions, you need not complete Section 6. You must still complete the declaration contained in Section 8.

6 Health Details

You are not required to disclose any genetic test results you may have had and we will not have regard to any genetic tests which may come into our possession. You are, however, required to provide us with full details (other than genetic test) in answer to the health questions including full details about your family history as required in the health details section.

Name and Address of Doctor

1. Are you due to have any check-up in the next 12 months in connection with any medical condition or symptoms, or are you waiting for the result of any medical investigation? If yes, please provide details in Section 9. YES ☐ NO ☐
2. Are you taking any prescribed drugs or medication or are you experiencing any signs of ill health or disability for which you have not yet consulted a doctor? If yes, please provide details. YES ☐ NO ☐
3. Have you in the last five years lived or worked abroad, are you currently doing so or do you intend to in the future? (Holidays, travel to, or residence in the EU, North America, Switzerland, Scandinavia, Australia or New Zealand can be ignored). If yes, please tell us where and for how long. YES ☐ NO ☐
4. Have you ever tested positive for HIV/AIDS, Hepatitis B or C or have you been tested/treated for any other sexually transmitted disease, or are you awaiting the results of any such tests? If yes, please provide details or, if you prefer, details may be sent to our Chief Medical Officer at Friends First House, Cherrywood Business Park, Loughlinstown, Dublin 18. YES ☐ NO ☐
5. Has any application for life, critical illness or salary protection cover (disability benefit) on your life to any insurer ever been declined, postponed, accepted at an increased premium or with an exclusion imposed? If yes, please give details. YES ☐ NO ☐
6. Have either of your parents, or any brothers or sisters, died or suffered from heart disease, cardiomyopathy, a stroke, diabetes, high blood pressure, kidney disease, cancer, multiple sclerosis, nervous disorder, motor neurone disease, polycystic kidneys, polyposis of the colon or any hereditary disease such as Huntington's disease before age 65? If yes, please give full details i.e. which family member and age at diagnosis. If cancer, please advise site of same (e.g. colon, breast etc). YES ☐ NO ☐
7. Please tell us your height (without shoes) in feet/inches. ☐ feet ☐ inches
8. Have you smoked any cigarettes, cigars, pipes or tobacco in the last 12 months? If yes, how many per day? ☐
9. Please tell us your weight (in indoor clothes) in stones/lbs. ☐ stones ☐ lbs
10. How many units of alcohol do you consume weekly? (1 unit = 1/2 pint of beer or a glass of wine or standard spirit measure) ☐
11. Have you ever been treated for alcohol abuse, or been advised by a doctor to cease or reduce your alcohol consumption, or taken drugs such as cannabis, cocaine, heroin or any non-prescribed drugs? YES ☐ NO ☐
12. Do you, or do you intend to, engage in hazardous or extreme sports or pastimes of any kind e.g. mountaineering, motor sports, diving, equestrianism or aviation (other than as a fare paying passenger)? If yes, please provide details. YES ☐ NO ☐
13. Are any of the following an important part of your occupation or working environment? If yes, please provide details, including your occupation title.
    - Manual or physical activity or working at heights or depths YES ☐ NO ☐
    - Working in extreme temperatures YES ☐ NO ☐
    - Working with machinery or tools or with explosives or chemicals YES ☐ NO ☐
    - Working in the armed forces YES ☐ NO ☐
    - Working at sea/offshore YES ☐ NO ☐
14. Have you ever had, or been suspected of having, or consulted anyone, for example doctors, specialists, hospitals, clinics, counsellors, osteopaths or physiotherapists, about any of the following, listed a - q? If you answer "Yes" to any of these questions, please give relevant details, e.g. description of condition, medication being taken, doctors/counsellors etc. consulted, and current status of condition.
    a) Cancer or any other growth be it malignant or benign (innocent), leukaemia, lymphoma, Hodgkin's disease, brain or spinal tumour, lumps, bumps, tumours or moles, including any mole or freckle that has bled, become painful, changed colour or increased in size, whether seen by a doctor or not? YES ☐ NO ☐
    b) Any disease or disorder of the heart or circulatory system, irregular heart beat, or raised cholesterol, fainting, palpitations, undue shortness of breath, chest pain, rheumatic fever or raised blood pressure? YES ☐ NO ☐
    c) Stroke or a Transient Ischamemic Attack (TIA), brain haemorrhage or permanent brain injury? YES ☐ NO ☐
    d) Diabetes? YES ☐ NO ☐
    e) Asthma, bronchitis, pneumonia, pleurisy, tuberculosis, sarcoidosis or any other respiratory disorder? YES ☐ NO ☐

f) Any problems or abnormalities with your kidneys or bladder, or any abnormality of your urine e.g. the presence of sugar, albumin or blood, or recurrent infections? YES ☐ NO ☐

g) Crohn's disease, ulcerative colitis, ulcer, gallstones, or any disease of your stomach, pancreas, bowels or liver? YES ☐ NO ☐

h) Multiple sclerosis, tremor, Parkinson's disease, paralysis, Alzheimer's disease, dementia or cerebral palsy, numbness, loss of power or tingling in any of your limbs or face, or any other disorder of the central nervous system? YES ☐ NO ☐

i) Epilepsy, fits, seizures, blackouts or migraine? YES ☐ NO ☐

j) Any problem with your eyes or vision (not wholly corrected by spectacles) including blurred or double vision and optic neuritis? YES ☐ NO ☐

k) Any problem with your ears, hearing or balance? YES ☐ NO ☐

l) Depression, stress, anxiety, chronic fatigue, ME, exhaustion or other nervous or mental disorder? YES ☐ NO ☐

m) Anaemia or any blood disorder? YES ☐ NO ☐

n) Back pain, disc problem, lumbago, sciatica, arthritis, neck pain, gout or any other muscular, rheumatic, bone or other joint problem? YES ☐ NO ☐

o) Psoriasis, eczema , dermatitis, or any other skin problem? YES ☐ NO ☐

p) A CT scan, MRI scan or any other X-ray examination within the last 5 years? YES ☐ NO ☐

q) A blood test, special investigation or any surgical operation* within the last 5 years? YES ☐ NO ☐

*Note: The following operations can be ignored: Tonsillectomy, Appendectomy, Vasectomy, Adenoidectomy, Wisdom teeth extraction, Traumatic orchidectomy, Caesarean Section (assuming not currently pregnant), Cosmetic surgery (unless reconstructive after illness), Corrective laser surgery for Myopia, IGTN.

Important note: Collection of premiums for members of the University of Limerick Group Life Plan.

You must complete the Salary Deduction Mandate below or, if your employer does not offer a salary deduction facility, please contact Cornmarket and they will provide you with a SEPA Direct Debit Mandate.

7 Salary Deduction Mandate

To: The Finance Officer, Employer: ______________________________

Please deduct until further notice from my pay the appropriate amount of my pensionable pay in respect of my contribution under the University of Limerick Group Life Plan and remit this amount to Cornmarket Group Financial Services Ltd. I recognise that these deductions are being made solely as a measure of convenience to me and that they may be terminated at any time. I also recognise that the ultimate responsibility for ensuring that the correct deductions have in fact been made, and that deductions are cancelled when appropriate, rests with me and that beyond making remittances on foot of sums deducted as stated, my employer accepts no responsibility of any kind in this matter. I further understand that should I wish to amend or cancel this deduction I will submit this request in writing to Cornmarket Group Financial Services Ltd.

Applicant's Signature: Date: / /20

Applicant's Name (BLOCK CAPITALS): ______________________________

Workplace Name & Address: ______________________________

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Employee Number: ☐☐☐☐☐☐☐☐☐

(Please refer to your Payslip)

8 Declaration – you must read this carefully before signing it

WARNING: Please read this declaration carefully and ensure that you fully understand it before signing it. In the event that any part of the declaration is untrue or incomplete in any respect, your cover may be rendered void and any claim you make may not be paid. If you cannot complete this declaration, please contact your local Cornmarket Consultant or call (01) 408 4137 for further information.

I wish to join the University of Limerick Group Life Plan. I confirm that I am an employee of the University of Limerick and a member of the University of Limerick pension scheme. I understand that membership of this Plan is conditional upon my continued employment with the University of Limerick. I understand that it is a condition of membership that I accept that the University of Limerick may amend the terms of the Plan or terminate the Plan altogether and that decisions of the University of Limerick in such matters are binding on all members. I confirm that I have received the Plan Summary and the Cornmarket Terms of Business document and will review them within the 30 day cooling off period. I understand the benefits available and the exclusions, restrictions and conditions that apply to the Plan.

I declare that I am actively at work today, or capable of being actively at work today.*

I have read over the answers I have given in this application form and declare that to the best of my knowledge and belief, all information given is true and includes all material facts, and I understand that failure to disclose all relevant facts, including full disclosure of my medical details and history (where applicable), may delay or prevent the acceptance of this policy and/or may invalidate future claims. If you are in any doubt as to whether a fact is a material fact you should disclose it.

I understand that the benefits for which I apply herein will commence on the date my application is confirmed as accepted by Friends First.

I understand that I must tell Friends First of any changes in my health or circumstances which happen between now and the date my application is confirmed as accepted by Friends First.

I understand that in the interest of customer service and to ensure the accuracy of records, telephone conversations between Friends First and me may be recorded. I undertake to inform Friends First of any change in my country of residence during the life of the policy.

Please note that failure to consent to the above will prevent Friends First from processing your application further, furthermore, failure to answer any question contained herein may result in Friends First refusing to accept your application or denying a claim.

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

I understand that Friends First will not refund premiums retrospectively, prior to me advising Friends First of the cancellation or alteration of this policy. It is my responsibility to notify Friends First of any change in my circumstances.

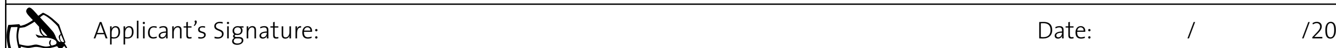
A member of Cornmarket staff may correct/amend my details entered into Sections 1, 2 and 7 (not including signatures or dates) in order to ensure my application is processed in a timely manner. A copy of any such amendment will be sent to me when my policy is processed and I undertake to advise Cornmarket without delay should any such amendment be incorrect.

***Actively at work means that you:**

- Are working your normal contracted number of hours
- Have not received medical advice to refrain from work
- Are not restricted from fully performing the normal duties associated with your occupation. Those on paid and unpaid maternity leave can be considered actively at work and are eligible to complete this form.

PLEASE TAKE TIME TO REVIEW THE ABOVE STATEMENTS AND YOUR ANSWERS TO THE QUESTIONS IN SECTIONS 5 & 6.

I understand that if I am under age 45 and eligible to avail of the half price offer, my contributions to the Plan will be increased to the normal rate 12 months from the date my first contribution is paid. If I am not eligible to avail of the offer, I understand that my contributions will commence at the normal rate.



Applicant's Signature: Date: / /20

9 Health Details (continued)

Additional Details

If you answered 'Yes' to any of the questions in Sections 5 & 6, please give details. Please use a separate sheet if you do not have enough room below.

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Confirmation of Plan membership

If you are accepted, your cover will commence from the date that Friends First accepts your application. You will receive a formal acceptance letter confirming that you have been included as a member of the University of Limerick Group Life Plan. Friends First will assess the potential risk of insuring you before membership of the Plan can be confirmed. This may involve attending for a medical examination. In a small percentage of cases membership of the University of Limerick Group Life Plan may be refused. In such cases applicants will receive a letter confirming that they have not been accepted into the Plan. In other cases membership may be offered subject to the payment of an additional contribution. In these circumstances applicants may seek additional clarification from their own doctor who can contact Friends First to request reasons for their decision.

Terms and Conditions of the half price offer

Offer available to new entrants to the Plan from 1st June 2015. To avail of the half price offer for the first 12 months*, you must be under age 45 and a NEW ENTRANT to the Plan. Please note that the closing date for new entrants availing of this half price offer is 30th September 2015.

Warning: The current premium may increase after the next University of Limerick Group Life Plan review on 1st May 2020**

* The first 12 months means 12 consecutive months from the 1st of the month following the date that you are accepted as a member of the Plan by the insurance company.

**Please note: in the interim the premium rate will remain at the current 0.53% of salary. However, your individual monetary contributions will increase or decrease in line with your salary if you are contributing directly from salary.

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

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