

University of Limerick Group Life Plan

This Scheme is underwritten by Aviva Life & Pensions dac.

Application form

References to 'the Scheme' in this application form shall mean the University of Limerick Group Life Cover Plan

Warning: The current premium may increase at the next Scheme review on or after 31st August 2025*

*In the interim the premium rate should remain at the current 0.53% of salary. However, your individual premiums will increase or decrease in line with your salary if you are paying directly from salary.

1. Eligibility confirmation

You must fulfil all of the eligibility criteria below to apply.

Please tick to confirm that you:

1. Are a pensionable employee of the University of Limerick
2. Understand that you must remain an employee of the above employer to remain eligible for Scheme membership
3. Are under age 65
4. Are working 8 hours or more per week
5. Are employed under at least one of the following conditions:
 - a) A full time permanent basis **or**
 - b) Employed on a contract of at least 12 months duration **or**
 - c) Working continuously for the past 12 months
6. Are actively at work today**

** See Section 8 for definition of actively at work.

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 above 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 Scheme and should not proceed any further with this application.

2. Data privacy notices

Cornmarket's Data Privacy Notice

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

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

Aviva's Data Privacy Notice

Aviva Life & Pensions Ireland dac is the underwriter of this policy and therefore will need to process your personal data in order to underwrite your policy and provide you with cover under the policy. Aviva's Data Privacy Notice, available at www.aviva.ie/about-and-support/privacy, details how Aviva as a company processes your personal data and the legal bases it relies on for the processing of your personal data. It also provides you with important information regarding your rights in relation to the personal data Aviva holds about you and with information on how you can exercise these rights.

3. Advice and non-advice based options

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

I have received advice

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

(Please ask your advisor to provide their advisor code here

A	B	C
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I have not sought or received advice

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

Applicant's signature:

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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4. 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" value="D"/> <input type="text" value="D"/> <input type="text" value="/"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="/"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>	<input type="text"/>
Tel. Home:	<input type="text"/>	Mobile:	<input type="text"/>
		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Email:	<input type="text"/>		

5. (a) Medical and other important information

Your personal health information:

In addition to Aviva's Data Privacy Notice, the following is more detail relating to your personal health information that they collect and use in connection with this contract.

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

In addition to the personal health information Aviva collects from you, they 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.

Material facts:

You must tell Aviva all relevant information when answering all of the questions. If you do not, or if any answers are not true and complete, Aviva could treat your membership of the Scheme to be void. If you fail to reveal all material facts there will be no cover provided to you under the Scheme, Aviva will not refund the payments and they will not pay a claim.

A material fact (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, you should disclose it anyway. If there is anything not covered by the questions on this form that you think Aviva should know, please disclose it in the section under the medical questions. Aviva may also contact you if they need to ask you for further information on your answers or as part of any subsequent claim. Aviva will rely on what you tell them and they will not automatically clarify or confirm any information you provide.

If your health, circumstances, or answers to any of the questions in this application form change between the date you apply for cover and the date your application is accepted, you must let Aviva know immediately as failure to do this may result in a claim being refused.

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 however, disclose 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.

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

There are two application options:

1 Preferential declaration - This means that once you can tick yes to confirm the statement in Section 5(c), your application will not be medically assessed and your application 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 instead, as described in the next paragraph.

2 Medical questions - This means that, as you cannot tick to confirm the statement in Section 5(c), you must answer each of the medical questions in Section 6. If you answer "Yes" to any of the questions in Section 6, you must then complete Sections 7 & 8. Your application will be medically assessed and further medical evidence may be sought before a decision will be made on your application.

5. (c) Preferential declaration

Are you joining the Scheme **within the first 3 months** of becoming eligible to join the Scheme (as per eligibility conditions on the first page)? Yes No

If you have answered **Yes**, you do not need to complete Sections 6, 7 and 8. Please complete all other sections.

If you have answered **No**, please proceed to complete Section 6.

6. Medical questions

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

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), IGTV, Haemorrhoids/Piles, Verucca, Childhood bronchitis, Pregnancy (assuming no complications), Miscarriage (assuming no complications), Sinusitis/Nasal Polyps, Tonsillitis/Quinsy.

1. **In the last 12 months have you** been absent from work due to illness or injury for more than 5 consecutive working days? 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. **In the last 4 years 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? Yes No

4. **Have you ever had any application for** life, critical illness or salary protection cover (disability benefit) on your life to any insurer declined, postponed, accepted at an increased premium or with one or more medical conditions excluded? Yes No

If you answered Yes to any of the above questions, please complete Section 7 and complete all other sections.

If you answered No to all of the above questions, please proceed to Section 9.

7. Further medical information

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

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? Yes No

Details if yes:

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? Yes No

Details if yes:

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). Yes No

Details if yes:

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 Aviva House, Cherrywood Business Park, Loughlinstown, Dublin 18 Yes No

Details if yes:

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? Yes No

Details if yes:

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

Details if yes:

7. Please tell us your height (without shoes) in:

8. a) Have you smoked any cigarettes, cigars, pipes or tobacco in the last 12 months? If yes, how many per day?

- b) Have you used nicotine replacement products (includes E-cigarettes/vaping) in the last 12 months? Yes No

9. Please tell us your weight (in indoor clothes) in:

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

Details if yes:

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)? Yes No

Details if yes:

7. Further medical information (continued)

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

Details if yes:

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 in the box below.

- 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 Ischemic 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

Details if yes:

Nature of illness, duration & dates off work, doctor consulted (incl address), restrictions on daily activities.

*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.

7. Further medical information (continued)

If there are any additional details that you feel you have not provided sufficiently above or that may be relevant to your application, please provide them here:

8. Further medical information

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

- Ask you directly for additional information or further information in relation to an answer you have provided above.
- Ask your G.P. for further information.

Name & address of present G.P.:

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

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

Confirmation of cover

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

- **Accepted** - If you are accepted as a member of the Scheme your cover will begin from the date the insurer accepts your application and you will be sent a formal acceptance letter confirming that you are a member of the Scheme.
- **Postponed** - This means due to your current medical circumstances, the insurer cannot make a decision on your application but will review a new application from you in a certain period of time e.g. 12 months.
- **Declined** - This means the insurer is refusing your application for membership of the Scheme.

If your application is postponed or declined, you can ask Aviva to furnish your GP with the reasons for their decision.

9. Declaration

WARNING: Please read the declaration below carefully and ensure that you fully understand it before signing it. If you cannot complete this declaration, please contact your local Cornmarket Consultant or call (01) 470 8054 for further information.

I have read and understand the replies to all the questions in this application.

I understand and agree that my contract with Aviva Life & Pensions Ireland dac (Aviva) will be based on the declarations in this form, my completed application form (online or otherwise), any supplementary questions answered, any statements made to Aviva in writing or by telephone, any information I give to a medical examiner acting for Aviva and all terms and conditions given to me by Aviva.

I have read and understand the important information about my obligation to tell Aviva about all material facts in connection with the application and I understand that if I do not tell Aviva all material facts, this contract could be void. If this happens, I understand and acknowledge there will be no cover available to me under the Scheme, Aviva will not refund my premiums and Aviva will not pay a claim. I also understand that I may encounter difficulty in obtaining cover elsewhere.

I declare that all information, statements and answers I have provided, are true and complete. I understand that I must tell Aviva in writing about any changes in my health, circumstances, or if any answers to the questions in this application form change between the time I applied for cover and the date my application is accepted.

I understand that my membership of the Scheme will not start until Aviva has accepted me for cover. I understand that Aviva can use my personal information for any subsequent applications to Aviva.

I authorise Aviva 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 section of this application form. I confirm that all answers provided by me in this regard are true and complete and I understand that membership of this Scheme is conditional upon my continued union membership if applicable and employment. 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 restricted from fully performing the normal duties associated with your occupation

Those on paid or unpaid statutory maternity, adoptive or paternity leave are considered 'actively at work' as long as this period of leave is not in excess of 42 weeks in total. Your deferred period will only start on the day you are due to return to work.

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

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

I confirm I have read and understood the Medical and Other Important Information section. I obtained the Scheme Information and the Cornmarket Terms of Business document and will review them within the cooling-off period. In relation to all benefits available under the Scheme. I understand:

- The benefits available and the exclusions, restrictions and limitations associated with same
- The terms and conditions
- There is a 30 day cooling-off period, which begins when my membership is accepted by Aviva

A member of Cornmarket staff may correct/amend my details entered into Section 4 in order to ensure my application is processed in a timely manner. A copy of any such amendment will be sent to me when my application is processed and I undertake to advise Cornmarket without delay should any such amendment be incorrect. I understand that fields or declarations left unanswered or answered incorrectly, will likely result in a delay with the processing of my application or potentially prevent the application from being processed altogether.

I understand that it is a condition of membership that I accept that the Scheme is a reviewable group scheme and that 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 are binding on all members of the Scheme.

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

Applicant's signature:

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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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.
This Scheme is underwritten by Aviva Life and Pensions Ireland dac.
Aviva Life & Pensions Ireland Designated Activity Company, trading as Aviva Life & Pensions Ireland and Friends First,
is regulated by the Central Bank of Ireland.

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

SEPA direct debit mandate

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

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

SEPA direct debit mandate		Unique mandate reference
Cornmarket Group Financial Services Ltd. (Cornmarket), Christchurch Square, Dublin 8, Ireland.		Creditor identifier: IE27ZZ993020
Legal text: By signing this mandate form, you authorise 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:	<input type="text"/>	
Your address:	<input type="text"/> <input type="text"/>	
*City/postcode:	<input type="text"/>	*Country: <input type="text"/>
*IBAN:	<input type="text"/>	
*Swift BIC:	<input type="text"/>	Type of payment: Recurrent <input checked="" type="checkbox"/>
Creditor's name: Cornmarket Group Financial Services Limited.		
Creditor's address: Christchurch Square, Dublin 8.		
Country: Ireland.		
*Signature:	<input type="text"/>	Date: <input type="text"/>
Second signature**:	<input type="text"/>	Date: <input type="text"/>
**Required when bank account is held in two names.		
Helpful Tip! You can find your IBAN and BIC number on your bank statement.		

CREITOR'S USE ONLY: Debtor identification code:

Description of the contract: **AVCSHEME**

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.
Irish Life Assurance plc is regulated by the Central Bank of Ireland.
Telephone calls may be recorded for quality control and training purposes.