

University of Limerick Income Continuance Plan

Underwritten by Utmost PanEurope dac

Application form

References to 'the Scheme' in this application form shall mean the University of Limerick Income Continuance Plan.

Warning: The current premium may increase at the next Scheme review on or after 1st April 2025*.

*In the interim the premium rate will remain at the current 0.66% 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 an employee of the following employer:
 - the University of Limerick
2. Understand that you must remain an employee of the above employer to remain eligible for Scheme membership
3. Are employed in pensionable employment
4. Are under age 64
5. Are working 8 hours or more per week
6. Are employed under at least one of the following conditions:
 - a) A full-time permanent basis **or**
 - b) A fixed-term contract of at least 12 months duration **or**
 - c) A contract of indefinite duration.
7. Are actively at work today

This means you:

- Are medically able to work 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 maternity leave are considered 'actively at work'.

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

Job/work sharers: Job/work sharing applicants (those who work 50% or less than the normal working week) who satisfy the eligibility criteria opposite are eligible to apply.

Current gross annual salary:**

€

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

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

2. Data privacy notices

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.

Utmost PanEurope recognises that protecting your personal information, including special categories of data (sometimes referred to as sensitive personal data), is very important to you and that you have an interest in how they collect, use, store and share such information.

Utmost PanEurope has produced a Privacy Notice which clarifies these details and explains your rights in relation to your personal data and how to action these rights with Utmost PanEurope, including your right to make a complaint. The Privacy Notice is available on their website, www.utmost.ie/privacy-notice. Utmost PanEurope reserves the right to change the Privacy Notice from time to time at their sole discretion. They encourage you to periodically review the Privacy Notice to keep informed about how they use your personal data and how they keep it protected.

Utmost PanEurope is subject to both Irish and European data protection laws. In Ireland the laws governing data protection are the Data Protection Acts 1988 to 2018 (as may be amended or replaced) and the General Data Protection Regulation (Regulation (EU) 2016/679) (as may be amended).

3. Advice and non-advice based options

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

I have received advice

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

I have not sought or received advice

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

Applicant's signature:

Date: Day Month Year

4. Personal details

Title:

Date of birth: Day Month Year

First name:

Surname:

Home address:

Tel. Home: Mobile:

Gender: Male Female

Email:

Are you employed in the Public Sector?

Yes No

If yes:

A) When did you start working in the Public Sector?

Day Month Year

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:

Day Month Year

5. (a) Medical and other important information

Your personal health information:

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

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

In addition to the personal health information Utmost PanEurope 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 Utmost PanEurope all relevant information when answering all of the questions. If you do not, or if any answers are not true and complete, Utmost PanEurope 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, Utmost PanEurope 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 Utmost PanEurope should know, please disclose it in the section under the medical questions.

Utmost PanEurope may also contact you if they need to ask you for further information on your answers or as part of any subsequent claim. Utmost PanEurope 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 Utmost PanEurope 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 to confirm all of the statements in Section 5(c) are true to you and can answer "no" to all questions in Section 7, your application will not be medically assessed and your application will be accepted based on this declaration and your answers to the questions in Section 7. You will also need to complete Section 9 and Sections 11 or 12 as relevant. If you have any doubt and/or question regarding your ability to complete the preferential declaration, or regarding your responses to questions in Section 7, 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 all of the statements in Section 5(c) are true to you, you must answer each of the medical questions in Section 6, and 7. You must supply required information in Section 8 and complete all remaining sections of this application form. 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

Please tick to confirm

I am under age 40

In the past 12 months I have not been:

- Absent from work due to illness or injury or any other medical condition for more than 10 working days in a row
- Prescribed, advised to take or taken any medication for more than 4 weeks (not counting the contraceptive pill)
- Referred to a consultant or hospital for follow up

I am not currently:

- under review by any consultant or hospital
- awaiting any medical appointment test or surgery or the results of any test or surgery

In the last five years I have not, because of a medical condition:

- been refused or postponed insurance cover
- had insurance cover offered only if I paid an extra premium
- had insurance cover offered with one or more medical conditions excluded

If you cannot tick all 9 boxes above, please proceed to complete Section 6 followed by Section 7.

If you can tick all 9 boxes above, please proceed to Section 7.

6. Medical questions

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

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

In the last 3 years have you:

2. Had time off work due to illness or injury for more than 10 working days in a row?

Yes

No

In the last 5 years have you:

3. Been diagnosed with any mental or behavioural disorder that has required hospital treatment or referral to a psychiatrist or other specialist?

Yes

No

4. Been diagnosed with or had symptoms of anxiety, stress, depression, chronic fatigue syndrome or any eating disorders?

Yes

No

5. Had any pain or disorder relating to your back, neck, joints, bones or muscles, including arthritis or rheumatism?

Yes

No

6. Had any medical tests or investigations e.g. blood tests, scans, MRIs, X-ray etc.?

Yes

No

7. Because of a medical condition: been refused or postponed insurance cover, had insurance cover offered only if you paid an extra premium, or had insurance cover offered with one or more medical conditions excluded?

Yes

No

Are you currently:

8. Awaiting any appointment, test, surgery or investigation with your own doctor or any other medical professional?

Yes

No

9. Experiencing any symptoms for which you have not yet sought medical advice or treatment e.g. unexplained weight loss, bleeding from bowels/change in bowel habit, breast or testicular changes, cough lasting more than 3 weeks etc.?

Yes

No

If you answered "Yes" to any of the questions above, please provide details below or on a separate sheet.

Question	Nature of illness	Duration & dates off work	Name and address of doctor consulted	Any restriction on daily activities

7. Coronavirus (Covid-19) Medical Questions

The following questions must be answered by every applicant to the Scheme, regardless of the application route taken above. Please read the questions carefully and ensure that you fully understand each question before answering it.

In the last month have you:

1. Tested positive for coronavirus (COVID-19)? Yes No
2. Had continuous symptoms of a cough, sore throat, a high temperature or fever, breathing difficulties or any other symptoms of coronavirus (COVID-19)? Yes No
3. Been in contact with someone who has been confirmed or suspected to have a coronavirus (COVID-19) diagnosis? Yes No
4. Been awaiting test results for possible coronavirus (COVID-19) infection or have been advised to take one? Yes No
5. Been advised to self-isolate by a medical professional/GP? Yes No
If YES to question 5 above, are you:
self-isolating due to symptoms of coronavirus (COVID-19) Yes No
or
because you have been in contact with someone confirmed with the virus Yes No
or
self-isolating because you believe you are infected? Yes No
6. Do you have any of the following conditions: heart disease, chronic lung disease, cancer, diabetes or are you undergoing immunosuppressive treatment? Yes No

Note: A postponement will be applied for all cases with any evidence of Coronavirus (COVID-19), symptoms or diagnosis appearing before or during the application process.

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 your G.P. for further information.

Name & address of present G.P.:

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

- Arrange for a nurse to call you to gather this information. This is referred to as a Tele-Interview. Further information in Section 10.

Tel. Home:

Mobile:

Work:

Preferred contact time: Morning Afternoon Evening

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

Confirmation of cover

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.
- **Accepted with special terms** - This means you may be offered acceptance but with certain illnesses or conditions excluded. If this is the case, you will be asked whether or not you wish to proceed with the acceptance with special terms.
- **Postponed** - This means due to your current medical circumstances, the insurer cannot make a decision on your application but will review a new application from you in a certain period of time e.g. 12 months.
- **Declined** - This means that unfortunately the insurer is unable to offer you cover under the Scheme.

If your application is accepted with special terms, postponed or declined, you can ask Utmost PanEurope 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 understand and agree that my contract with Utmost PanEurope will be based on the declarations in this form, my completed application form (online or otherwise), any supplementary questions answered, any statements made to Utmost PanEurope in writing or by telephone, any information I give to a medical examiner acting for Utmost PanEurope and all terms and conditions given to me by Utmost PanEurope.

I have read and understand the important information about my obligation to tell Utmost PanEurope about all material facts in connection with the application and I understand that if I do not tell Utmost PanEurope 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, Utmost PanEurope will not refund my premiums and Utmost PanEurope 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 Utmost PanEurope 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 Utmost PanEurope has accepted me for cover. I understand that Utmost PanEurope can use my personal information for any subsequent applications to Utmost PanEurope.

I authorise Utmost PanEurope 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 employment by the University of Limerick. I also confirm that I am actively at work today and that I understand the meaning of actively at work today* (as described below).

I 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, including specified illness cover if applicable, I understand:

- The meaning of disability
- The benefits available and the exclusions, restrictions and limitations associated with same
- Disability payments from other sources
- The terms and conditions
- There is a 30 day cooling-off period, which begins when my membership is accepted by Utmost PanEurope.

A member of Cornmarket staff may correct/amend my details entered into Sections 4, 11 and 12 (not including signatures or dates) in order to ensure my application is processed in a timely manner. A copy of any such amendment will be sent to me when my application is processed and I undertake to advise Cornmarket without delay should any such amendment be incorrect. I understand that fields or declarations left unanswered or answered incorrectly, will likely result in a delay with the processing of my application or potentially prevent the application from being processed altogether.

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

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

Applicant's signature:

Date:

 /

***Actively at work today - This means you:**

- Are medically able to work 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 maternity leave are considered 'actively at work'.

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

10. Tele-interview

Why are tele-interviews used?

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

Tele-interviews are used because:

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

The information you provide will be treated in the strictest confidence, and used only in the assessment of your application or in the event of a claim. With this in mind, the nurse will ask you to confirm some personal information, as a security check and to ensure confidentiality and that you are comfortable to undertake the interview at that particular time.

After this, they will ask you relevant questions required to process your application.

Instruction

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

When will the tele-interview take place?

You will be contacted normally within a day or so of Cornmarket submitting your application form to the insurer to arrange a suitable time for your interview. If, when you are called, it is not a convenient time, then just ask to re-arrange to a more convenient time.

If you have not been contacted within 3 days, or you have been away or out of touch you may like to phone Teladoc on 01 5410326.

If you have call barring on your phone, please arrange to allow Teladoc 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 8am to 8pm Monday to Friday.

It is important that you are in a confidential environment and able to speak freely and have the time to spare to complete the interview. The interview takes on average 20 minutes to complete. It is better not to conduct the interview over a mobile phone, but if this is your preference, we will do so. We will not complete an interview if you are driving.

What do I need to prepare?

If a Tele-interview is deemed necessary by the insurer then your application for insurance cannot be processed until the interview has taken place. To prepare for your interview, please take some time to gather the following information and have this to hand when you receive the call:

- Any medication you are currently taking (including the name and dosage)
- Any past or present medical condition suffered, (other than very minor ailments such as the common cold)
- Any tests or investigations, e.g. blood pressure, cholesterol tests. It would be helpful if you phone your GP or whoever did these tests, to get the results.
- Details of any serious condition, such as cancer, heart attack, stroke, suffered by a member of your immediate family (your mother, father, brothers or sisters, or half brothers and sisters).
- We will ask for your height and weight. If you do not know your weight, please try and weigh yourself prior to the interview.
- It is helpful to think about your recent medical history, for example in the past few years, did you visit the doctor or have you missed any time off work? If so, why and what medication did you receive?

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

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

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

What happens after the tele-interview?

You will be sent a transcript of the call to check and ensure that the information is complete and accurate. Although a little time consuming it is in your best interest to undertake this task with all due care. If you are aware of inaccurate or incomplete details or of any changes required to the report, you are required to amend the transcripts.

Mandates

Instruction

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

11. 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 a DAS facility.

Applicant's signature:

Date: Day Month Year

First name:

Surname:

Workplace name:

Workplace address:
(or School Role number
for teachers)

Employee number:

(Please refer to payslip)

Pay Area/Group Code

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

12. Payment by Direct Debit

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

- Where you are eligible to claim tax relief on your premiums, 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.
- In the event that our direct debit instruction request is returned unpaid, Cornmarket may resubmit this request to your bank and will notify you in advance of this.
- Cornmarket may contact you by phone/post/SMS/email with regard to non-receipt of any direct debit premiums
- It is your responsibility to notify Cornmarket of any changes to bank account or address details.
- Cornmarket reserves the right to amend the direct debit payment amount in keeping with your policy terms and conditions.

SEPA direct debit mandate	Unique mandate reference
Cornmarket Group Financial Services Ltd. (Cornmarket), Christchurch Square, Dublin 8, Ireland. Creditor identifier: IE27ZZZ993020	
<p>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 *.</p>	
*Your name:	
Your address:	
*City/postcode:	*Country:
*IBAN:	
*Swift BIC:	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:	Date: Day / Month / Year ____ / ____ / ____
Second signature**:	Date: Day / Month / Year ____ / ____ / ____
**Required when bank account is held in two names.	
Helpful Tip! You can find your IBAN and BIC number on your bank statement.	
CREDITOR'S USE ONLY: Debtor identification code: _____	
Description of the contract: GROUPPROTECTIONSCHEME	

Christchurch Square, Dublin 8

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

or visit **cornmarket.ie**

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

The Scheme is underwritten by Utmost PanEurope designated activity company. Utmost Corporate Solutions is a brand name used by Utmost PanEurope dac. Utmost PanEurope dac is regulated by the Central Bank of Ireland. Utmost PanEurope dac is a designated activity company registered in Ireland (number 311420), with a registered office at Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland.

15437 UL ICP Application 04-20