

# University of Limerick Income Continuance Plan



This Plan is underwritten by Utmost PanEurope dac.



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## Disclaimers

This booklet is intended as a guide only. The Plan is governed by the master Policy Document No. 511756 issued by Utmost Corporate Solutions. Members of the Plan may request a copy of the policy document from the Plan owners or the Dublin office of Commarket Group Financial Services Ltd.

This booklet is issued subject to the provisions of the policy and does not create or confer any legal rights. The information contained herein is based upon our current understanding of Revenue law and practice as of June 2021.

While great care has been taken in the preparation of this booklet, if there is any conflict between it and the policy document, the policy document will prevail.

No part of this booklet should be read in isolation.

Please save a copy of this booklet for future reference.

Information in this booklet is correct as of June 2021 but may change. For the latest information, please see [commarket.ie](http://commarket.ie).

Where we say 'Plan', we mean University of Limerick Income Continuance Plan.

Where we say 'Insurer', we mean Utmost Corporate Solutions.

Where we say 'we' or 'us', we mean Commarket Group Financial Services Ltd.

# 1. Introduction



## Disability Benefit:

A replacement income of up to **75%\* of your annual Salary** if you cannot work due to illness or injury

Please ensure you read the entire booklet so that you are aware of all benefits, terms, conditions and exclusions associated with the Plan.

\*Less any other income that you may be entitled to, for example half pay, Ill Health Early Retirement Pension, Temporary Rehabilitation Remuneration (previously known as pension rate of pay), State Illness or Invalidity Benefit.

# Eligibility

You may apply to join this Plan if you are:

1. An employee of the University of Limerick.

You must remain an employee of the University of Limerick to remain an eligible member of the Plan

2. Under age 65

3. Actively at work.

This means you:

- are medically able to work your normal contracted hours **and**
- have not received medical advice to refrain from work **and**
- are not medically restricted from fully performing the normal duties associated with your occupation.

Membership of this Plan became compulsory for employees of the University of Limerick on the 1st May 2009. Since this date, all new staff members who meet the eligibility requirements are automatically accepted into the University of Limerick Income Continuance Plan.

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 44 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'.

Those who are job/work sharers (This means working 50% or less than the normal working week) and who satisfy the above criteria may apply to join.

Apply to join now, simply  
call us on **(01) 408 8054**

# Roles

## Cornmarket's role includes:

1. Negotiating with the Insurers to obtain the best possible benefits and cost.
2. Assisting members who wish to make a claim from the Plan.
3. Promoting the Plan.

## The Insurer's role includes:

1. Deciding the policy terms and conditions and creating a policy document to reflect these.
2. Medically assessing applications and claims.
3. Deciding the various aspects of an individual member's cover, for example, if membership of the Plan can be reactivated, if refunds can be made and if arrears and/or a declaration of health are required.

# 2. Benefits

## Disability Benefit

In the event that your salary is affected because you are unable to work due to illness or injury, this Benefit aims to pay you an income of up to **75% of Salary** after a certain period of time known as the deferred period. See page 9 for definition of Salary and details of the deferred period.

The Disability Benefit paid is less any other income, reward, award, pension, or benefit that you are entitled to.

For example:

- Temporary Rehabilitation Remuneration (TRR) – May be paid by your employer to you where there is a reasonable prospect of you returning to work.
- State Illness Benefit/State Invalidity Pension – Those paying PRSI at the 'A' rate may be entitled to this benefit from the State.
- Ill Health Early Retirement Pension (IHERP) – Those who retire on the grounds of ill health may be entitled to this from their employer.

This applies regardless of whether you are a 'D' or 'A' PRSI contributor and whether you contribute to the Superannuation Scheme or not.

There is no limit to the number of Disability Benefit claims you can make while a member of the Plan.

If you are in receipt of a Disability Benefit and return to work on a part time basis, you may, in some circumstances, still be paid a Disability Benefit under the Plan. This is referred to as a Proportionate Disability Benefit.

# Example of how the Disability Benefit works

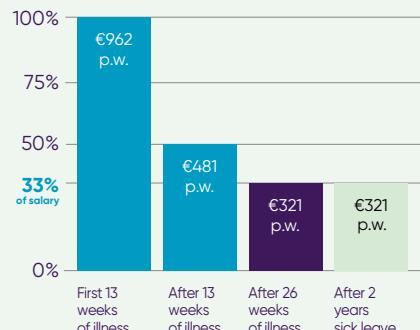
This example is based on a Public Sector employee, who is a member of the Superannuation Scheme with 20 years' service earning €50,000 per annum, who is now unable to work due to disability arising from illness or injury. It is assumed that standard Public Sector sick leave arrangements apply, extended paid sick leave under the Critical Illness Protocol does not apply

and III Health Early Retirement Pension is granted after 2 years.

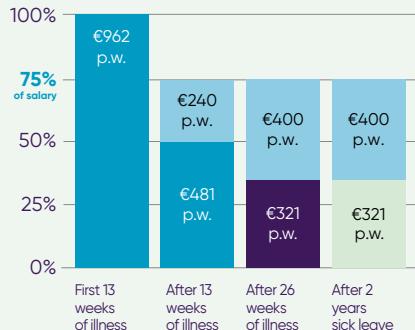
For those who are a class A PRSI contributor, their Superannuation Scheme Pension is integrated to take account of the value of the Contributory State Pension in calculating the pension payable. In the event of illness, they may typically claim State Illness Benefit.

## D Rate PRSI Example

### WITHOUT Income Continuance

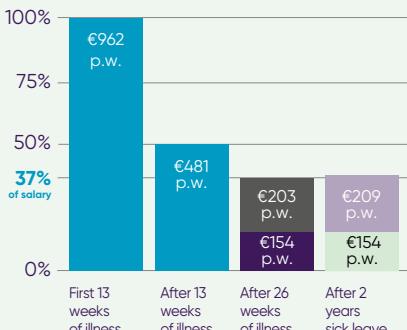


### WITH Income Continuance

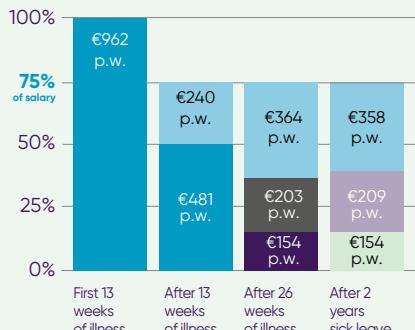


## A Rate PRSI Example

### WITHOUT Income Continuance



### WITH Income Continuance



**Plan Benefit**

**Sick Pay**

**Temporary Rehabilitation Remuneration**

**III Health Early Retirement Pension**

**State Illness Benefit**

**State Invalidity Pension**

## Deferred Period

After you are accepted as a member of the Plan, if you need to make a claim, the deferred period is the waiting period, before the Disability Benefit becomes payable. For the purposes of this Plan the waiting period is:

- 13 weeks (92 days) disability in a rolling 12 month period or 26 weeks (183 days) in a rolling 4 year period, where standard sick leave has been granted.
- 26 weeks (183 days) disability in a rolling 12 month period or 52 weeks (365 days) in a rolling 4 year period, where extended paid sick leave has been granted - referred to as Critical Illness Protocol.

If you have been accepted with an excluded condition, any sick leave relating to that condition, will not be used in the calculation of the deferred period.

## Definition of Salary

For the purposes of this Plan, Salary is defined as basic annual salary.

Premiums for the Plan are taken directly from your salary by your employer. Tax relief is applied automatically so there is no need to submit a Tax Relief Claim Form.

Your premiums will automatically increase and decrease in line with any changes to your salary and as a result, the Salary covered by the Plan will be your salary as confirmed by your employer on the last day of your deferred period.

You must ensure that the premiums deducted are correct and reflect your Salary.

Salary will be established at the end of the relevant deferred period.

## **Remember...**

As this is an insurance policy, you must keep up your premium payments in order to stay on cover. Failure to pay premiums could result in your membership of the Plan lapsing. This means you will no longer be a member of the Plan and you will not be covered for any benefits. In the event that you wish to become a member of the Plan again, you would have to re-apply and your application would be medically underwritten. Your application may be accepted, postponed, declined or accepted with a medical condition(s) excluded.

## **Exclusions**

There are general exclusions on Disability Benefit, in relation to illnesses or injuries resulting from:

- War/Conflict
- Self harm
- A criminal act
- Taking drugs or alcohol
- Taking part in aviation
- The use of mass destruction weapons

If you had to complete an application to join the Plan, the Insurer may offer you cover with a medical condition(s) excluded that applies specifically to you. For example, if you inform the Insurer that you have a back problem on your application form, they may offer you membership of the Plan with a back exclusion. This means that you would never be able to claim for an illness or injury relating to your back. If this happens, a form will be sent to you as part of the application process with the details of the exclusion(s) and you will have the opportunity to decide if you wish to accept the cover with the exclusion(s) or not. If an exclusion(s) applies specifically to you, then sick leave used for the excluded medical condition(s) cannot be used for the calculation of the deferred period.

## Limitations and Restrictions

### Definition of Disability

In order for a claim to be paid, the Insurer must be satisfied that you are totally disabled. This means that you are totally unable to carry out the duties of your normal occupation because of illness or injury, and that you are not engaged in any other occupation (whether or not for profit, reward, remuneration or benefit-in-kind).

### Definition of Proportionate Disability

Following the payment of a disability claim, the Insurer may pay a proportionate Disability Benefit if you have reduced earnings, as a result of:

- returning to work on a part time basis **or**
- returning to work in any other occupation within the University of Limerick.

Payment of Disability Benefit is conditional on you satisfying the definitions outlined above.

Disability Benefit will not be paid if you cannot work due to strike.

The maximum benefit is €180,000 per year.

Any sick leave used before you are accepted as a Plan member will not be used in the calculation of the deferred period.

### If your claim is admitted...

- the benefit you receive from the Insurer will be treated as income and as such is liable to income tax, PRSI, Universal Social Charge, etc. The Insurer will deduct any tax due from the benefit made to the member, in the same way as an employer deducts tax from an employee.

### Disability Benefit will continue until:

- You recover,
  - You resign,
  - You go back to work (proportionate benefit may continue to be paid if the return is at a reduced level due to partial disability),
  - The Insurer decides that you are fit to return to work based on medical evidence\*,
  - You reside outside of the UK and countries listed in the EEA (European Economic Area) unless agreed otherwise with the Insurer in advance,
  - You retire (except if you are claiming from the Plan and retire on an Ill Health Early Retirement Pension),
  - You reach age 65 or
  - You die,
- whichever is earliest.

\*1 month's notice will be given before your Disability Benefit is ended. If medical evidence supports that a longer notice period is required to achieve a successful return to work, this could be extended.

## **Late Notification of Claims**

It is not often possible to retrospectively assess the validity of a claim in cases where a significant period of time (approximately 3 months) has passed since your salary reduced or ceased. For this reason, it is vital that you register your claim promptly. In the event you notify us of a claim late, the Insurer may decline to assess your claim. This will be decided on a case-by-case basis.

# 3. Cost

The total Plan premium is **0.66% of gross salary**. This includes the 1% insurance levy.

**Warning:** The current premium may increase after the next Plan review which should take place on/after 1st April 2025.

## Income Tax Relief

Your full Plan premium is eligible for income tax relief.

If you are paying income tax at 20% your net premium rate will be 0.53%.

If you are paying income tax at 40% your net premium rate will be 0.40%.

The rate at which income tax relief is applied may depend on your individual tax circumstances.

Here are some examples of the cost for various salary amounts taking income tax relief into account:

| Income  | Weekly gross cost | Weekly net cost at 20% income tax | Weekly net cost at 40% income tax |
|---------|-------------------|-----------------------------------|-----------------------------------|
| €30,000 | €3.79             | €3.04                             | n/a                               |
| €40,000 | €5.06             | €4.05                             | €3.04                             |
| €50,000 | €6.32             | n/a                               | €3.79                             |
| €60,000 | €7.59             | n/a                               | €4.55                             |
| €70,000 | €8.85             | n/a                               | €5.31                             |



# 4. Claims

## Roles

### Cornmarket's role

Our role is to help guide members through the claims process. We have considerable experience in this area and, work closely with the claimant, Insurer, and third parties to help get claims processed as efficiently as possible. We have our own dedicated, in-house Claims Administration Team. The team members will do all they can to help in a member's time of need. If you need to make a claim, it will be dealt with in a professional and sensitive manner.

Our contact details for making a claim are:

- Phone: **(01) 408 4018**  
In the interest of Customer Service we may record and monitor calls.
- Email: **spsclaims@cornmarket.ie**
- Post: **SPS Claims Department, Cornmarket Group Financial Service Ltd, Christchurch Sq., Dublin 8**

### The Insurer's role

The Insurer's role is to medically assess claims and decide whether or not claims should be paid. If they decide that a claim should be paid, they will calculate and pay the benefit.

# Disability Benefit Claims

## How do I make a Disability Benefit claim?

Contact us as soon as you think that your salary may reduce to half pay or cease altogether due to illness or injury because:

Disability Benefit claims take approximately three months to process from the date your completed claim form is received. The exact length of time it will take to process a claim is dependent upon how long it takes for the Insurer to get data from third parties such as G.P.s, specialists and employers. With that information they must be satisfied that:

- A member is a valid member of the Plan **and**
- A member is or was medically incapable of working for the period being claimed for, **and**
- They are paying the correct benefit amount.

It is often not possible for the Insurer to retrospectively assess the medical validity of a claim. If they cannot medically assess a claim, the Insurer reserves the right to decline to assess the claim. See Late Notification of Disability Benefit Claims on page 12.

## Can I nominate someone to contact Cornmarket on my behalf in relation to a Disability Benefit claim?

You can nominate someone to contact us on your behalf and to assist you with your claim, for example, your spouse, next of kin etc. If you wish to do this, please send us a letter,

signed and dated by you, outlining the name, address, and date of birth of your nominated person. Please be aware that if you nominate someone to act in this capacity, they will have access to the information related to your claim such as your medical, salary and financial details. However, they will not have the authority to make any changes, to your membership of the Plan.

## What will happen after I initially contact Cornmarket to make a Disability Benefit claim?

Following an initial phone call, if appropriate, we will send you a claim form, information about the Plan and details of the documentation you will need to provide.

You should return the forms and documentation to us as soon as possible and we will send these to the Insurer. The Insurer will then start medically assessing your claim.

## Are all Disability Benefit claims medically assessed?

All claims will be medically assessed by the Insurer. If you have been granted Ill Health Early Retirement by your employer, this does not mean that you will be automatically entitled to Disability Benefit from the Plan.

As part of their assessment, the Insurer may require you to:

1. provide medical evidence from your doctor (your doctor may charge you for this) **and/or**
2. provide medical evidence from your specialist **and/or**

3. attend an Independent Medical Examination (IME). It generally takes about 3 weeks for the IME report to be returned to the Insurer **and/or**

4. attend the Insurer's Occupational Health Advisor.

Items 2, 3 and 4 are at the Insurer's expense and reasonable travel expenses will be covered, if travel is necessary.

We will liaise with your employer, the Insurer and you throughout the assessment.

## What happens after my Disability Benefit claim is assessed?

Following the assessment, the Insurer will make a decision on your claim. Claims can be admitted or declined.

## What will happen if my Disability Benefit claim is admitted and I have completed the relevant deferred period?

- The Insurer will arrange for benefit to be paid to your bank account. Disability Benefit will be paid in arrears and may be paid on a monthly basis. Therefore, it may take up to four weeks after your claim is admitted to receive your first benefit. If your claim is admitted after you have been reduced to half-pay or your pay has ceased altogether, the benefit may be backdated to the date when salary was first affected.
- As a benefit is subject to income tax, you can request the Revenue Commissioners to issue a Revenue Payroll Notification (RPN) to the Insurer. This will enable the Insurer to apply

the correct tax rate for future benefits. However, the first benefit may have emergency tax rates applied. Any overpayment or underpayment of tax may be subsequently rectified.

- In order to ensure you continue to meet the definition of disablement, the Insurer may seek completed continuation forms, certificates of continued disablement, medical certificates from your doctor, and/or require you to attend an independent medical examination and/or organise for a Health Claims Advisor to visit you. Claims in payment for greater than 6 years, will not be subject to ongoing medical assessments.
- In the event that you fail to follow medical advice, the Insurer may cease paying you benefits.
- You will not be expected to pay premiums towards the Plan while claiming. However, if your benefit stops for some reason other than reaching the ceasing date of that benefit, you will be expected to start paying premiums again in order to maintain your cover.
- For claims admitted after 1st April 2020, the Disability Benefit paid by the Plan increases by 3% each year, or the rate of increase in the Consumer Price Index if lower. For claims admitted before the 1st April 2020, the Disability Benefit paid by the Plan increases by 5% each year, or the rate of increase in the Consumer Price Index if lower.

## **What will happen if my Disability Benefit claim is declined?**

- If your claim is declined, the Insurer will inform you of the reasons for the decision in writing.
- You may appeal the decision by sending additional evidence supporting the fact that your claim should be admitted to the Chief Medical Officer of the Insurer. The review of their decision may require you to attend further Independent Medical Examinations.
- If you do not appeal, you must return to work and premiums must continue or restart in order for you to remain a member of the Plan.
- If your appeal with the Insurer is unsuccessful, you may bring your case to the Financial Services and Pensions Ombudsman.

## **What if I am on a Fixed Term Contract and make a Disability Benefit claim?**

If you are unable to work due to illness or injury and your contract ends before the expiry date of the deferred period, your claim will be considered subject to the usual medical evidence requirement. For example, if a member suffers an illness with 3 months remaining on their contract, and remains unable to work due to illness or injury to the end of the deferred period, their claim will be considered in the normal manner.

## **If my illness is due to an injury at work, how does this affect my Disability Benefit claim?**

Please inform our Claims Administration team as soon as possible, if this applies to you.

If, as a result of your workplace injury, you are entitled to an additional payment, it may mean that your income remains higher than 75% of your salary and therefore there will be no Disability Benefit payable from the Plan.

## **What happens if I return to work after making a Disability Benefit claim?**

If you return to your normal occupation at your normal hours, or to full salary (for example, you take annual leave), you must inform us at the earliest opportunity and ensure that premiums restart in order for you to remain a member of the Plan.

If you return to your normal occupation at reduced hours, or to a different occupation at reduced pay, the Insurer may continue to pay you a benefit but at a proportionately reduced amount. This will be subject to medical evidence supporting the view that you are only partially fit for work.

# Tax Return Service for members making a Disability Benefit Claim

Cornmarket's Tax Return Service is available to claimants who are in receipt of Disability Benefit for a continuous period of 3 months or more. Only claimants who submitted their claim after 1st April 2020 are eligible to avail of this service.

The Cornmarket Tax Return Service will prepare and file your tax return and act on your behalf with Revenue, to ensure that you do not pay any more tax than is necessary from multiple sources. They will also reclaim any overpayments of tax which may have been made by you during the period of your claim. The service includes PAYE returns and up to two rental properties, where relevant. Additional properties or returns for non-PAYE income may attract extra charges, and/or may not be offered within this service.

For more information,  
please call **(01) 406 4106**.

# 5. Frequently Asked Questions

## How can I apply to join the Plan?

Since the Plan became compulsory on 1st May 2009, all new staff members who meet the eligibility requirements are automatically accepted into the University of Limerick Income Continuance Plan without medical underwriting.

If you are a staff member who opted out of the Plan before 1st May 2009, you may apply to join the Plan at a later date subject to full medical underwriting.

To apply you must complete an application form either:

- With your Cornmarket Consultant **or**
- Over the phone – Call **(01) 408 8054**

The Insurer may underwrite (medically assess) your application. This process may include providing medical information by telephone to a nurse or attending a medical examination at the Insurer's expense. Following the underwriting period, the Insurer may accept your application, postpone your application, decline your application or offer you membership of the Plan with certain specified conditions excluded from cover.

During the application process it is important that you tell the Insurer all relevant medical information. This means information that the Insurer would regard as likely to influence the assessment and acceptance of your application. If you do not:

- your membership of the Plan could be void; you will not be covered under the Plan,
- a claim will not be paid and the Insurer will not refund any premiums you have paid,
- you may find it difficult to purchase another Life Insurance product.

## What happens if my application is accepted?

Your cover begins from the date the Insurer accepts your application.

- You will be sent a formal acceptance letter.
- Premiums should start as soon as possible after you are accepted as a member.

## What happens if my application is not accepted?

If your application is postponed, declined or if you are offered acceptance with certain specified conditions excluded you may request details for the reasons for the decision to be sent from the Insurer to your own doctor and you may appeal the decision.

## What if I have unearned income?

In general, investment and rental income will not be considered when making a claim under the Plan.

## **What if I plan to take a career break or unpaid leave?**

If you plan to take a career break or unpaid leave please contact us by calling **(01) 408 4195** or emailing [spsadmin@cornmarket.ie](mailto:spsadmin@cornmarket.ie).

In order to ensure your membership of the Plan does not lapse, please contact us in advance if you plan to do any of the following:

- Acquire a second job
- Go on secondment
- Avail of the Shorter Working Year Scheme
- Change role/job
- Change terms of employment
- Start job sharing/work sharing (this means working 50% or less of the normal working week).

## **What if I am placed on administrative/special/gardening leave?**

Please contact us on **(01) 408 4195** as soon as possible.

## **What if I have another Salary Protection/Income Protection/Income Continuance Plan?**

You may be over-insured as you cannot receive a benefit of more than 75% of your salary. In other words, you cannot receive benefit from both this Plan and another similar plan. If you are in this situation, please contact us to arrange an appointment with one of our Consultants.

## **When does my cover under the Plan cease?**

- Your 65 birthday
- If you retire (other than on grounds of ill health) **or**
- If you resign **or**
- If you no longer fulfil the eligibility requirements **or**
- If your premiums cease **or**
- If you become unemployed **or**
- If you die.

We will not be automatically informed if some of the above events occur so please ensure we are advised at the earliest opportunity.

## **Can I cancel my membership of the Plan?**

Membership of this Plan became compulsory for employees of the University of Limerick on the 1st May 2009. This is a condition of your contract of employment with the University of Limerick, therefore we cannot accept any cancellation request from members of the Plan.

If you opted-out or cancelled your membership of the Plan before 1st May 2009, and you then wish to become a member again, you may have to apply for membership again and provide information about the state of your health. If your health deteriorated between the time you cancelled your membership of the Plan and re-applied, you may not be accepted as a member again or you may be accepted with a medical condition(s) excluded.

## **Is there a surrender or cash-in value associated with the Plan?**

As with other insurance such as car insurance, your premiums meet the cost of your cover. If you do not have a claim admitted, you will not receive a benefit from the Plan.

There is no surrender or cash-in value associated with this Plan; it is not a savings plan.

## **What commission does Cornmarket receive from the Insurer?**

Renewal charge paid by the Insurer to Cornmarket ..... 10%

## **What if I travel abroad?**

In order to remain on cover under this Plan you must remain a resident within the UK or countries listed in the EEA (European Economic Area).

Your cover under the Plan will not be affected if you travel briefly for normal holiday purposes. However, if you decide to reside or work abroad you must contact us immediately. In such circumstances, the Insurer may decide to vary your premium and benefits accordingly or cease your membership of the Plan.

If you are in receipt of Disability Benefit from the Plan, you must remain a resident within the UK or countries listed in the EEA (European Economic Area) to continue receiving this benefit.

The Insurer reserves the right to request that claimants come back to Ireland for an Independent Medical Examination during this period. If during this period

you are required to attend a medical assessment you must return to Ireland for it, the expense of which must be agreed between you and the Insurer in advance. Only reasonable expenses will be covered by the Insurer.

## **Are all claims paid?**

Most claims are paid.

When claims are not paid it is usually due to one or more of the following reasons:

- Medical opinion is that the member is not disabled from carrying out their normal occupation.
- If a member was required to complete an application form to join the Plan, and did not give all relevant, requested medical information (information that the Insurer would regard as likely to influence the assessment and acceptance of your application). This is called non-disclosure. In addition to being the reason for a claim not being paid, non-disclosure may also result in membership of the Plan being cancelled. If this occurs, premiums will not be refunded.
- A claim is notified late, for example, approximately three months after salary is affected/diagnosis has occurred and hence the Insurer is no longer in a position to medically assess the claim.
- The illness or injury is a result of one of the general exclusions that exist on the Plan.
- The member attempts to claim for an illness or injury for which they received a specific exclusion.

## **What if I wish to make a complaint about the service I have received from Cornmarket?**

Please write to: **Compliance**  
**Department, Cornmarket Group**  
**Financial Services Ltd, Christchurch**  
**Square, Dublin 8.**

Or

Email: **complaints@cornmarket.ie.**

If you are dissatisfied with the outcome of your complaint through Cornmarket, you may submit your complaint to the Financial Services and Pensions Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, or log onto [www.fspo.ie](http://www.fspo.ie).

# 6. General Plan Information

This is a group protection scheme. This means that the costs and benefits cannot be changed by any individual member. Instead, the Plan owner reviews the Plan periodically with a Broker and Insurers and then decides the best combination of benefits, cost, restrictions, limitations and features for all the members of the Plan. At a review it may be decided that the Plan should move Brokers and/or Insurers. In the event that this occurs, all Plan membership data will be transferred to the new Broker and/or Insurer. Additionally, at a review, it may be decided to terminate the Plan altogether. In the event that this occurs, any members who are already receiving a Disability Benefit will continue to receive that benefit under the terms of the Plan.

Decisions taken by the Plan owner will be binding on all members. The Plan owner is the University of Limerick. The next Plan review is due on or after 1st April 2025.

The current Plan broker is Cornmarket Group Financial Services. The current Plan Insurer is Utmost Corporate Solutions.

The current Plan policy number is 511756.

# Notes

# Notes



Apply to join the Plan:  
Call us on **(01) 470 8054**  
or email **clientservices@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 Plan is underwritten by Utmost Corporate Solutions, 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.