

GRA Specified Illness Cover Plan

Nominated Spouse/Partner application form

Warning: The current premium may increase at the next Plan review on or after 1st October 2020*

*In the interim, the premium for the GRA Specified Illness Cover Plan should remain at the current rate of €5.80 gross per week for members and €10.54 gross per week for serving members and their Spouse/Partner.

1. Eligibility confirmation

You (the GRA member) must fulfil all of the eligibility criteria below to add or change your Spouse/Partner* covered under the Plan.

Please tick to confirm that:

1. You are a member of:
 - a) The Garda Representative Association (GRA) **and either**
 - a member of the GRA Specified Illness Cover Plan
 - applying to be a member of the GRA Specified Illness Cover Plan
 - or**
 - b) A recognised staff association in An Garda Síochána **and** a member of the GRA Specified Illness Cover Plan
2. You are aged over 18 **and** under age 65
3. Your Spouse/Partner* was not a previous claimant of the Plan

Once-off Offer

Application must be completed and returned to Cornmarket Group Financial Services Ltd. before 24th October 2019.

*Definition of Spouse/Partner

Your Legal Spouse **or**

Your Registered Civil Partner **or**

A person of the same or of the opposite sex with whom you are cohabiting, in a spousal type relationship, for 12 months or more at the date of application for cover.

Important: If you are a trainee, please contact Cornmarket on (01) 200 0100, and an alternative application will be issued to you.

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

Important

The person that you nominate as your Spouse/Partner on this form must continue to meet the above definition of Spouse/Partner, in order to be eligible to receive benefit under the Plan in the event of a claim.

Your Spouse/Partner can be accepted as a member of the GRA Specified Illness Cover Plan only if you are a member, or applying to be a member, at the time of his/her application. Your Spouse/Partner can continue as a member of the Plan as long as you also remain a member of the Plan. However, if you are no longer eligible because you have made a claim, then your Spouse/Partner can remain as a member of the Plan.

2. Data Protection

Cornmarket's Data Privacy Notice

Cornmarket's Data Privacy Notice, available at www.cornmarket.ie/data-privacy-notice, details how we as a company process your personal data and the legal bases we rely on for the processing of 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.

Friends First's Data Privacy Notice

Friends First 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. Friends First's Data Privacy Notice, available at www.friendsfirst.ie, details how Friends First 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 Friends First 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 Plan:

I have received advice

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

I have not sought or received advice

I have attended a presentation with a Cornmarket Financial Advisor and I have made a decision based on the information presented that I wish to apply for membership of the Plan. I confirm I have not received a consultation with a Cornmarket Financial Advisor. Should I wish to receive advice from a Financial Advisor, I acknowledge that I can call Cornmarket regarding same on (01) 200 0100. I also acknowledge that the Plan 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.

I researched details of the Plan 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) 200 0100. I also acknowledge that the Plan 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.

Member's signature: Date: / /

4. (a) Personal details of the GRA member

Title: Date of birth: / /

First name: Surname:

Home address:

Tel. Home: Mobile:

Email: Gender: Male Female

Garda Registration Number:

I confirm that I am a member of the Garda Representative Association or a recognised staff association in An Garda Síochána, and I understand that membership of this Plan is conditional upon my continued membership of the GRA or a recognised staff association in An Garda Síochána. If I am a member of a recognised staff association other than the GRA, I confirm that I was previously a member of the GRA before being promoted.

Please tick to confirm

4. (b) Nominated Spouse/Partner's personal details

Title: Date of birth: ^{Day} / ^{Month} / ^{Year}

First name: Surname:

Gender: Male Female

IMPORTANT: I understand that cover is provided on the basis that I may never claim for a medical condition that I suffered from, or that I was aware of, before completing this application form.

Please tick to confirm

Nominated Spouse/
Partner's Signature: Date: ^{Day} / ^{Month} / ^{Year}

Correspondence and benefits payable

Please note all correspondence and communication regarding the Plan(s) will be sent to the GRA member. Any benefits from the Plan(s) shall be made payable to the GRA member.

Important: Sections 5, 6, 7 and 9 are applicable to the Spouse/Partner only.

5. Medical and other important information

Your personal health information:

In addition to Friends First'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.

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

In addition to the personal health information Friends First 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 Friends First all relevant information when answering all of the questions. If you do not, or if any answers are not true and complete, Friends First could treat your membership of the Plan to be void. If you fail to reveal all material facts there will be no cover provided to you under the Plan, Friends First 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 Friends First should know, please disclose it in the section under the medical questions. Friends First may also contact you if they need to ask you for further information on your answers or as part of any subsequent claim. Friends First 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 Friends First 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.

6. Medical questions (to be completed by the Nominated Spouse/Partner)

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

In the past 12 months I have been:

1. Absent from work due to illness or injury or any other medical condition for more than 20 working days in a row Yes No
2. Prescribed, advised to take or taken any medication for more than 4 weeks (not counting the contraceptive pill) .. Yes No
3. Referred to a consultant or hospital for follow up Yes No

I am currently:

4. Under review by any consultant or hospital Yes No
5. Awaiting any medical appointment test or surgery or the results of any test or surgery Yes No

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

6. Been refused or postponed insurance cover Yes No
7. Had insurance cover offered only if I paid an extra premium Yes No
8. Had insurance cover offered with one or more medical conditions excluded Yes No

Have any of your:

9. Natural parents, brothers or sisters ever been diagnosed with or died from any of the following before age 60:
Heart Attack or Angina, Cancer (including Leukaemia or Lymphoma), Multiple Sclerosis, Muscular Dystrophy,
Motor Neurone Disease, Cardiomyopathy, Polycystic Kidney Disease, Familial Colon Polyps, Stroke, Diabetes,
Huntington's Disease, Alzheimer's Disease, Parkinson's Disease, Haemochromatosis Yes No

If you answered Yes to Questions 1-8 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

If you answered Yes to Question 9 above, please provide details below or on a separate sheet.

Question	Family member (e.g. father, sister etc.)	Nature of illness
9		
9		
9		
9		
9		

7. Further medical information (to be completed by the Nominated Spouse/Partner)

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 9.**

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 your nominated spouse/partner and then make a decision on your nominated spouse/partner's application. Your nominated spouse/partner's application may be:

- **Accepted** - If your nominated spouse/partner are accepted as a member of the Plan your nominated spouse/partner's cover will begin from the date the insurer accepts your nominated spouse/partner's application and you will be sent a formal acceptance letter confirming that your nominated spouse/partner are a member of the Plan.
- **Accepted with special terms** - This means your nominated spouse/partner may be offered acceptance but with certain illnesses or conditions excluded. If this is the case, you/your nominated spouse/partner will be asked whether or not you wish to proceed with the acceptance with special terms.
- **Postponed** - This means due to your nominated spouse/partner's current medical circumstances, the Insurer cannot make a decision on your nominated spouse/partner's application but will review a new application from your nominated spouse/partner in a certain period of time e.g. 12 months.
- **Declined** - This means the insurer is refusing your nominated spouse/partner's application for membership of the Plan.

If your nominated spouse/partner's application is accepted with special terms, postponed or declined, your nominated spouse/partner can ask Friends First to furnish their GP with the reasons for their decision.

8. Declaration

WARNING: Please read this declaration carefully and ensure that you fully understand it before signing it. In the event that any part of the declaration is untrue or incomplete in any respect, your Spouse/Partners cover may be rendered void and any claim you make may not be paid. If you cannot complete this declaration, please contact your local Cornmarket consultant or call (01) 200 0100 for further information.

I confirm that I have completed and understood the Plan eligibility criteria section of this application form. I confirm that I am a member of the Garda Representative Association or a recognised staff association in An Garda Síochána. If I am a member of a recognised staff association other than the GRA, I confirm that I was previously a member of the GRA before being promoted. I confirm I am a member of, or applying to be a member of, the GRA Specified Illness Cover Plan.

I confirm that the person I am nominating for Spouse/Partner cover on this application form is either: Please tick one of the following:

- My Legal Spouse
 My Registered Civil Partner
 A person of the same or of the opposite sex with whom I am cohabiting, in a spousal type relationship.

I understand that membership for my Spouse/Partner and me under the Plan is conditional upon my continued membership of the GRA or being a full time member of a recognised staff association in An Garda Síochána on promotion. I understand if I leave the GRA or a recognised staff association in An Garda Síochána that my nominated Spouse/Partner and I must leave the Plan, because we can no longer claim from the Plan, nor can we re-join the Plan at a future date.

I understand that it is a condition of membership that I accept that the Plan is a reviewable Group Plan and the GRA may amend the terms of the Plan or terminate the Plan altogether and that decisions of the GRA in such matters are binding on all members.

I confirm that I have received the Plan Summary booklet and the Cornmarket Terms of Business document and will review them within the 30 day cooling off period. I understand the benefits available and exclusions/restrictions and policy conditions that apply to the Plan, including those relating to pre-existing conditions.

We have read over the information we have given in the application form and declare that, to the best of our knowledge and belief, all information given is true.

I understand that the cover for my nominated Spouse/Partner will commence on the date the application is confirmed as accepted by Friends First. I, the nominated spouse/partner, authorise Friends First 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 understand that in the interest of customer service and to ensure the accuracy of records, telephone conversations between Friends First and me or my nominated Spouse/Partner may be recorded. I undertake to inform Friends First of any change in my or my nominated Spouse/Partners country of residence during the life of the policy. We have read and understand the important information about our obligation to tell Friends First about all material facts in connection with the application and I understand that if I do not tell Friends First all material facts (relevant information to the declaration above) this contract could be void. If this happens, there will be no cover under the contract and premiums will not be refunded. In these circumstances, Friends First will not pay a claim. I, the spouse/partner, also understand that I may encounter difficulty in obtaining cover elsewhere.

I understand that my contract with Friends First will be based on this application form including all declarations and consents and any statements made to Friends First in writing or by telephone, any information given to a medical examiner acting for Friends First and all terms and conditions given to me by Friends First. Please note that failure to consent to the above will prevent Friends First from processing your nominated Spouse/Partner's application further, furthermore, failure to answer any question contained herein may result in Friends First refusing to accept your application or denying a claim.

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

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

A member of Cornmarket staff may correct/amend details entered into Sections 4a, 4b and 10 (not including signatures, dates, or tick boxes) in order to ensure the application is processed in a timely manner. A copy of this form, including the medical section, showing any such amendment will be sent to the GRA member, when the nominated Spouse/Partner's 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 spouse/partner's application or potentially prevent the application from being processed altogether.

I understand that all correspondence regarding the Plan will be sent to me, the GRA member. In addition, I understand a copy of this application form, including the responses to medical questions in Section 6, will be sent to me, the GRA member, when this application is processed.

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

PLEASE TAKE TIME TO REVIEW THE ABOVE STATEMENTS.

Member's Signature:

Date: / /

Nominated Spouse/
Partner's Signature:

Date: / /

9. Tele-interview

Why are tele-interviews used?

You may be contacted by telephone by a qualified nurse working for MorganAsh Ltd. (a specialist company who carry out the phone calls on the insurer's behalf) to obtain more information 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 MorganAsh on Free-phone 1800 80 53 98. If you have call barring on your phone, please arrange to allow MorganAsh to phone you, or you may like to call them on the above number.

When you schedule a time for your interview, you will be given an hour's time slot and you should get a call in the first 30 minutes of this hour. If you are not free to answer the questions when called, the Nurse will be happy to arrange a more suitable time for the interview to take place.

The Nurses are able to undertake interviews from:

- 9am to 9pm Monday to Thursday.
- 9am to 7pm on Fridays.
- 10am to 2pm on Saturdays.

It is important that you are in a confidential environment and able to speak freely and have the time to spare to complete the interview. The interview takes on average 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 MorganAsh 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.

10. Salary deduction mandate (to be completed by the GRA member)

To: The Finance Officer/Pension Administrator:

Please deduct until further notice from my pay the appropriate amount in respect of my premium under the GRA Specified Illness Cover Plan. Such premiums will be paid to the registered administrator of the GRA Specified Illness Cover Plan (as directed by the GRA) on the appropriate dates. I recognise that these deductions are being made solely as a measure of convenience to me and that they may be terminated at any time. I also recognise that the ultimate responsibility for ensuring that the correct deductions have in fact been made, and that deductions are cancelled when appropriate, rests with me and that beyond making remittances on foot of sums deducted as stated, my employer accepts no responsibility of any kind in this matter. 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 on a monthly basis. I further understand that should I wish to amend or cancel this deduction I will submit this request in writing to Cornmarket Group Financial Services Ltd.

Name (BLOCK CAPITALS):

Garda Registration Number:

Member's Signature:

Date:

	Day			Month			Year				
	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>				

Christchurch Square, Dublin 8

Call us on **(01) 200 0100**

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 Plan is underwritten by Friends First. Aviva Life & Pensions Ireland Designated Activity Company, trading as Aviva Life & Pensions Ireland and Friends First, is regulated by the Central Bank of Ireland