

GRA Group Life Plan

Application form

Warning: The current premium may increase at the next Plan review on or after 1st January 2024*

*In the interim, the premium for the GRA Group Life Plan should remain at the current rate of €7.35 gross per week for members.

1. Eligibility confirmation

**You must fulfil all of the eligibility criteria below to apply.
Please tick to confirm that you:**

1. Are a member of the:
 - Garda Representative Association (GRA)
2. Are aged over 18 **and** under age 70
3. Are not retired

Once-off Major Concession

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

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.

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.

It is also important that you know how and why Irish Life uses your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on their website at www.irishlifecorporatebusiness.ie or you can ask them for a copy.

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.

Applicant's signature: Date: / /

4. Personal details

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 and I understand that membership of this Plan is conditional upon my continued membership of the GRA.

Please tick to confirm

5. (a) Medical and other important information

Your personal health information:

In addition to Irish Life'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.

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

In addition to the personal health information Irish Life 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 Irish Life all relevant information when answering all of the questions. If you do not, or if any answers are not true and complete, Irish Life 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, Irish Life 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 Irish Life should know, please disclose it in the section under the medical questions. Irish Life may also contact you if they need to ask you for further information on your answers or as part of any subsequent claim. Irish Life 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 Irish Life 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. For applicants under age 45** – Please read the actively at work statement in Section 5(c). If it applies to you, please sign the statement and proceed to Section 7. If it does not apply to you, please complete Section 5(d).
- 2. For applicants over age 45** – Please complete the medical questions in Section 5(d) and complete all remaining sections as appropriate.

5. (c) Actively at work applicants under age 45

I confirm that I am actively at work or capable of being actively at work* today. This means I:

- am working my normal contracted number of hours **and**
- have not received medical advice to refrain from work **and**
- am not restricted from fully performing the normal duties associated with my occupation.

*The following are considered 'Actively at Work':

- Those on paid and unpaid maternity leave.
- Employees on paid leave/holidays (but you must still meet the requirements associated with both (b) and (c) above).

If you cannot confirm that the above statement is true to you, please proceed to section 5 (d)

Applicant's signature:

Date:

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

5. (d) Medical questions

For applicants under age 45 who cannot complete the 'Actively at Work' statement in Section 5(c) and all applicants over age 45:

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

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

6. 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 Plan 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 Plan.
- **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 the insurer is refusing your application for membership of the Plan.

If your application is accepted with special terms, postponed or declined, you can ask Irish Life to furnish your GP with the reasons for their decision.

7. GRA Group Life Plan for GRA members Spouse/Partner

Important: I understand that once I am accepted as a member of this Plan, my spouse/partner* will also be covered. However, I understand and acknowledge that if my spouse/partner should die for any reason other than as a result of an accident within the first 12 months of my acceptance date, a claim will not be paid.

*Definition of Spouse/Partner

A spouse/partner is defined as:

- Your Legal Spouse **or**
- Your Registered Civil Partner **or**
- A person who has been living in a spousal type relationship with the member for a minimum period of 12 months prior to the date of death of the Partner

8. Spouse/Partner's personal details

Title:	<input type="text"/>	Date of birth:	<input type="text"/> ^{Day} <input type="text"/> ^{Month} / <input type="text"/> <input type="text"/> ^{Year} <input type="text"/> <input type="text"/> <input type="text"/>
First name:	<input type="text"/>	Surname:	<input type="text"/>
Gender:	Male <input type="checkbox"/>	Female	<input type="checkbox"/>

9. Declaration

WARNING: Please read this declaration 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) 200 0100 for further information.

I wish to join the GRA Group Life Plan. I confirm that I am a member of the Garda Representative Association. I understand that membership of this Plan is conditional upon my continued membership of the GRA.

I understand that if I leave the GRA or a recognised staff association in An Garda Síochána I must leave the Plan as I can no longer claim from the Plan nor can I re-join the Plan at a future date. I understand that it is a condition of membership that I accept that 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. In relation to all benefits available under the Plan,

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 Irish Life

I declare that:

I confirm that I have completed and understand the plan eligibility criteria section of this application form.

I understand and agree that my contract with Irish Life will be based on this application form including all declarations and consents, any statements made to Irish Life in writing or by telephone, any information I give to a medical examiner acting for Irish Life and all terms and conditions given to me by Irish Life.

I have read and understand the important information about my obligation to tell Irish Life about all material facts in connection with the application and I understand that if I do not tell Irish Life 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, Irish Life will not pay a claim. I also understand that I may encounter difficulty in obtaining cover elsewhere.

A material fact (relevant information to the declaration above) is one that an insurer would regard as likely to influence the assessment and acceptance of the application for insurance. If you are not sure whether something is relevant, you should tell us anyway.

A member of Cornmarket staff may correct/amend my details entered into Sections 4, 8 and 11 (not including signatures or dates) in order to ensure my application is processed in a timely manner. A copy of any such amendment will be sent to me when my policy is processed and I undertake to advise Cornmarket without delay should any such amendment be incorrect. 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 declare that all information, statements and answers I have provided, are true and complete. I understand that I must tell Irish Life in writing about any changes in my circumstances between the date I applied for the cover and the date my application is accepted. I understand that this contract will not start until Irish Life has accepted me for cover. I understand that Irish Life can use my personal information for any subsequent applications to Irish Life.

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

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

PLEASE TAKE TIME TO REVIEW THE ABOVE STATEMENTS.

Applicant's signature:

Date:

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

10. 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 50 22. 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.

11. 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 Group Life Plan. Such premiums will be paid to the registered administrator of the GRA Group Life 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:

GRA Member's
Signature:

Date: / /

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.
Irish Life Assurance plc is regulated by the Central Bank of Ireland.
The underwriter for this plan is Irish Life Assurance plc.