

# Fire Brigade Group Income Protection Plan

## Application form

References to 'the Scheme' in this application form shall mean the Fire Brigade Group Income Protection Plan

**Warning: The current premium may increase on or after the next Scheme review on 1st March 2022\***

\*In the interim the premium rate will remain at the current rate of €11.78 gross per week.

### 1. Eligibility confirmation

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

1. Are (tick one):
  - a Fire Fighter employed by a Local Authority
  - an Emergency Service Controller employed by Dublin Fire Brigade
2. Understand that you must remain a member of the fire brigade to remain eligible for Scheme membership
3. Are under age 55
4. Are working 8 hours or more per week
5. Are employed under at least one of the following conditions:
  - a) A full-time permanent basis **or**
  - b) A fixed-term contract of at least 12 months duration
6. Are actively at work today\*\*

\*\*This means you are:

- Working your normal contracted number of hours
- Have not received medical advice to refrain from work
- Are not restricted from fully performing the normal duties associated with your occupation.

Those on paid or unpaid maternity leave are considered 'actively at work'.

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

Occupation:

Current gross annual salary:\*\*\* €

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

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

### 6 Months' Free Offer

If you are eligible for the **Free Offer** your Plan premiums will commence 6 months from the date you are accepted into the Plan. To be eligible for the 6 months' free membership of the Plan, you must:

- Fulfil the eligibility criteria opposite
- Be applying to join the Plan within 3 months of becoming a Fire Brigade member

This offer is not available to any existing members of any other Salary/Income Continuance Scheme administered by Cornmarket.

The **6 months' free membership** means 6 consecutive months from the 1st of the month following the date you are accepted as a member of the Plan. This offer is effective from the 1st March 2019 and is subject to change.

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

## 2. Data privacy notices

### Cornmarket's Data Privacy Notice

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

In this regard, Cornmarket's Data Privacy Notice available at [www.cornmarket.ie/data-privacy-notice](http://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.

### Friends First's Data Privacy Notice

Friends First Life Assurance Company dac (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](http://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 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 4. Personal details

Title:

Date of birth:

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

First name:

Surname:

Home address:

  

Tel. Home:

Mobile:

Gender:

Male

Female

Email:

Date you became a permanent Fire Fighter or Emergency Service Controller:

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

## 5. (a) 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 Scheme to be void. If you fail to reveal all material facts there will be no cover provided to you under the Scheme, 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.

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

There are two application options:

**1 Preferential declaration** - This means that once you can tick yes to confirm the statement in Section 5(c), your application will not be medically assessed and your application will be accepted based on this declaration. If you have any doubt and/or question regarding your ability to complete the preferential declaration, then you should apply using the medical questions route instead, as described in the next paragraph.

**2 Medical questions** - This means that, as you cannot tick to confirm the statement in Section 5(c), you must answer each of the medical questions in Section 6 and 7, read Section 9 and supply all relevant data. Your application will be medically assessed and further medical evidence may be sought before a decision will be made on your application.

## 5. (c) Preferential declaration

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

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

If you have answered **No**, you must complete all sections.

## 6. Medical questions

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

**Please note:** In answering the questions below, you do not need to disclose details relating to the following ailments: Acne, Anal fissure (single episode only), Hayfever (without Asthma), Ganglion, Minor allergies, Thrush/Candidiasis, Chickenpox, Colds/Influenza, Food poisoning, Measles, Heat Stroke/Sunburn/Sunstroke, Laryngitis, Lockjaw (provided full recovery has been made), Mumps, Pharyngitis, Stomach bug (including Gastroenteritis once fully recovered), Glandular fever (provided fully recovered), IGTN, Haemorrhoids/piles, Verruca, Childhood Bronchitis, Pregnancy (assuming no complications), Miscarriage (assuming no complications), Sinusitis/Nasal Polyps, Tonsillitis/Quinsy.

1. Have you been absent from work due to illness or injury for more than 10 consecutive working days in the last 12 months? Yes  No
2. Are you currently taking any prescribed drugs or medication or receiving any treatment, or have you done so in the last 6 months? Yes  No
3. Have you attended, or been advised by your GP to attend, any doctor, specialist, consultant, counsellor, hospital or clinic for any medical check-up, blood, saliva or urine test, treatment, investigation or operation in the last 4 years? Yes  No
4. Have you ever suffered from or had treatment for:
  - (a) Stress, post-natal depression, anxiety, depression, nervous breakdown or mental disorder? Yes  No
  - (b) Slipped disc, whiplash or other neck or back problem? Yes  No
5. Has any application for life, critical illness or salary protection cover (disability benefit) on your life to any insurer ever been declined, postponed, accepted at an increased premium or with exclusion imposed? Yes  No

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

## 7. 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 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 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, they cannot make a decision on your application but will review a new application from you in a certain period of time e.g. 12 months.
- **Declined** - This means the insurer is refusing your application for membership of the Scheme.

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

## 8. Declaration

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

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

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

I have read and understand the important information about my 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, this contract could be void. If this happens, I understand and acknowledge there will be no cover available to me under the Scheme, Friends First will not refund my premiums and Friends First 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 Friends First 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 Friends First has accepted me for cover. I understand that Friends First can use my personal information for any subsequent applications to Friends First.

I 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 confirm that I have completed and understand the scheme eligibility criteria section of this application form. I confirm that all answers provided by me in this regard are true and complete and I understand that membership of this Scheme is conditional upon my continued union membership if applicable and employment. I also confirm that I am actively at work today and that I understand the meaning of actively at work today\* (as described below).

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

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 Friends First

A member of Cornmarket staff may correct/amend my details entered into Sections 4, 10 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 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 Friends First's Data Privacy Notices and where to find these.

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"/>

**\*Actively at work today – This means you are:**

- Working your normal contracted number of hours
- Have not received medical advice to refrain from work
- Are not restricted from fully performing the normal duties associated with your occupation

**Those on paid or unpaid maternity leave are considered 'actively at work'.**

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

## 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.

## 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.

### 10. 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 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 Deduction at Source (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 Deduction at Source (DAS) facility.

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)



## 11. SEPA direct debit mandate

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

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

<b>SEPA direct debit mandate</b>		Unique mandate reference	
Cornmarket Group Financial Services Ltd. (Cornmarket), Christchurch Square, Dublin 8, Ireland.		<b>Creditor identifier: IE27ZZZ993020</b>	
<b>Legal text:</b> By signing this mandate form, you authorise <b>Cornmarket</b> to send instructions to your bank to debit your account and your <b>bank</b> to debit your account in accordance with the instruction from <b>Cornmarket</b> . As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank. Please complete all the fields below marked with *.			
*Your name:	<input type="text"/>		
Your address:	<input type="text"/> <input type="text"/>		
*City/postcode:	<input type="text"/>	*Country:	<input type="text"/>
*IBAN:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
*Swift BIC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type of payment:	Recurrent <input checked="" type="checkbox"/>
Creditor's name: Cornmarket Group Financial Services Limited.			
Creditor's address: Christchurch Square, Dublin 8.			
Country: Ireland.			
*Signature:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Second signature**:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
**Required when bank account is held in two names.			
<b>Helpful Tip! You can find your IBAN and BIC number on your bank statement.</b>			

CREITOR'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. Friends First Life Assurance Company dac is regulated by the Central Bank of Ireland. Friends First is part of Aviva.