

Fire Brigade Income Protection Plan



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Disclaimers

This booklet is intended as a guide only. The plan is governed by the master Policy Document No. 715400 issued by Friends First. Members of the plan may request a copy of the policy document from the plan owners or the Dublin office of Cornmarket 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 July 2019.

If there is any conflict between this document 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 July 2019 but may change. For the latest information, please see cornmarket.ie

Where we say 'Insurer' in this booklet, we mean Friends First.

Where we say 'we' or 'us' we mean Cornmarket Group Financial Service Ltd.

1. Introduction

Overview of Key Benefits



Disability Benefit

A fixed benefit of **up to €383 replacement income** per week* if you can not work due to illness or injury

*Subject to a maximum of 75% of salary, less any other income that you may be entitled to e.g. half pay, Ill Health Early Retirement Pension, Temporary Rehabilitation Remuneration, State Illness Benefit or State Invalidity Benefit.

Eligibility

You may apply to join this plan if you are:

1. A fire fighter employed by a Local Authority or an Emergency Service Controller employed by Dublin Fire Brigade.
You must remain an employee of the Fire Brigade to remain an eligible member of this plan **and**
2. Under age 55 **and**
3. Working 8 hours or more per week **and**
4. Employed on one of the following basis:
 - A full-time permanent basis **or**
 - A fixed-term contract of at least 12 months duration **and**
5. Actively at work*.

*Actively at work means you:

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

You are considered to be 'actively at work' if you are on paid or unpaid maternity leave.

You are not considered to be 'actively at work' if you are on any form of unpaid leave other than maternity leave or on Career Break.

Those who are job/work sharers (i.e. work 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) 470 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 e.g. 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. Disability Benefit

In the event that your salary is affected because you are unable to work due to illness or injury, this plan aims to pay you a fixed benefit **subject to a maximum of 75% of salary** after a certain period of time known as the Deferred Period. See page 9 for definition of Salary.

After you have passed the Deferred Period, once your salary reduces to half pay, the plan aims to pay you a replacement income of up to €239.00* per week. See Page 9 for details on the Deferred Period.

Once your salary has stopped altogether, the plan aims to pay you a replacement income of up to €383.00* per week.

*The Disability Benefit paid is less any other income, reward, award, pension, or benefit that you are entitled to (regardless of whether you are receiving this amount or not). For example:

- Temporary Rehabilitation Remuneration (TRR) – May be paid by your employer to you where there is a realistic 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 Partial Disability Benefit. See page 10 for further information.



Disability Benefit

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 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 taken into account for the calculation of the Deferred Period.

Definition of Salary

For the purpose of this policy, salary is defined as earned income in the 12 months prior to the date of disability.

For the purpose of claiming from the plan, Salary will be established at the end of the relevant Deferred Period.

Exclusions

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

- War/Conflict
- Self harm
- Taking alcohol or drugs (unless directed by a registered medical practitioner)
- The deliberate neglect of health by failure to seek or follow medical advice

When you apply to join the plan, the Insurer may offer you cover with an exclusion(s) 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 exclusion(s) applies to you, then sick leave used for the excluded condition(s) cannot be taken into account for the calculation of the Deferred Period.

Disability Benefit

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 Partial Disability

Following the payment of a disability claim, if you:

- return to work with the consent of the Insurer either to your normal job or to a new job and
- are partially disabled due to illness or injury, the Insurer may continue to pay a Partial Disability claim if:
 - your monthly earnings are reduced due to the partial disability **and**
 - you are earning less than the average monthly earnings that you had in the 12 months immediately before your period of disability.

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

The maximum benefit is €250,000 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 you have been accepted with an excluded condition, any sick leave relating to that condition, will not be taken into account for the calculation of the Deferred Period.

If your claim is admitted...

- the fixed benefit less any other income you may be entitled to (subject to a maximum of 75% of salary) will be paid for a maximum of two years only. After this a pension amount will be deducted from the benefit regardless of whether or not you are in receipt of same. This is referred to as Notional Early Retirement Pension (NERP).
- 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.

If your claim is admitted, Disability

Benefit will continue until:

- You recover **or**
- You resign **or**
- You go back to work (benefit may continue to be paid if the return is at a reduced level due to partial disability) **or**
- The Insurer decides that you are fit to return to work based on medical evidence* **or**
- You reside outside of the Member States of the European Union, USA, Canada, Japan, Australia, New Zealand, Switzerland and Norway for more than 6 calendar months (unless agreed otherwise with the Insurer in advance) **or**
- You retire (except if you are claiming from the plan and retire on an Ill Health Early Retirement Pension) or
- You reach age 55 **or**
- You die,

whichever is earliest.

*If you have been in continuous receipt of benefit for more than 12 months, 3 months' notice will be given before your Disability Benefit is ended.

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 elapsed since your salary reduced or ceased. For this reason, it is vital that you register your claim promptly. In the case of late notification of a claim, cases will be assessed on individual merit and the Insurer reserves the right to decline to assess the claim.

Early Intervention (EI) Programme

Members of the plan can avail of an Early Intervention Programme through Friends First that includes access to a network of both physical and mental health professionals, providing services such as dietetics, physiotherapy, counselling or psychotherapy. Friends First covers the cost for members to avail of these services.

Eligibility

In order to avail of EI, you must:

- be a member of the Fire Brigade Income Protection Plan **and**
- on paid **or** unpaid sick leave for a minimum period of 4 consecutive weeks **or** have previously used EI when on sick leave, and have since returned to work and continue to use EI **and**
- be, in the Insurer's opinion, likely to claim from the plan.

How to avail of EI

If 4 weeks of sick leave has passed, and you have not recovered enough to return to work, please contact us on (01) 408 4018 as soon as possible. We will then notify the Insurer and they will contact you directly to decide if EI is suitable for you. This is done on a case-by-case basis. If you are suitable for EI, the Insurer will arrange the relevant services for you through their rehabilitation partners.

Early Intervention will be available to plan members as long as the service is retained by Friends First.

3. Cost

The total cost of the plan is **€11.78 gross per week**.

Warning: The current premium may increase after the next plan review which should take place on/after 1st March 2022.

Income tax relief

The plan premium is eligible for income tax relief. The gross premium will appear on your payslip (if you're paying through salary); however the net cost to you will be significantly less. Here are some examples of cost for various salary amounts taking income tax relief into account:

	Cost per week
Gross Premium	€11.78
Net Premium if paying income tax at 20%	€9.42
Net Premium if paying income tax at 40%	€7.07



Payment Methods

Your premiums may be paid via deduction at source from salary or direct debit.

If you pay your premiums through salary

Your premiums automatically receive income tax relief. You are eligible for income tax relief at your highest rate of income tax.

If you pay your premium by direct debit

- You will need to send a Premium Statement to Revenue in order to claim income tax relief. If, throughout the course of your membership of the plan, 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.
- You may incur charges from your bank.

Remember...

As this is an insurance policy, you must keep up your premiums 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 on cover for any benefits. In the event that you wish to become a member of the plan again, you would have to apply to be a member and your application would be medically underwritten. Your application may be accepted, postponed, declined or accepted with exclusions.

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.**

Our offices are open Monday – Friday 9:00 – 17:30.

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 is payable, they will calculate and pay the benefit.



Disability Benefit Claims

How to make a Disability 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, unions/associations 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 11.

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, 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, for example, to cancel 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. complete a tele-claims interview with a nurse **and/or**
4. attend an Independent Medical Examination (IME). It generally takes about 3 weeks for the IME report to be returned to the Insurer **and/or**
5. attend the Insurer's Occupational Health and Safety Advisor.

Items 2, 3, 4 and 5 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?

- If your claim is admitted, and you 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 disabled, the Insurer may seek completed continuation forms, certificate 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.
- 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.
- The benefit paid to you by the plan increases by 3% each year, or the rate of increase in the Consumer Price Index if lower.
- If you plan to return to work or take up other paid work, you must inform the Insurer immediately.

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, 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.

How does Ill Health Early Retirement Pension (IHERP) affect my Disability Benefit claim?

If you are making a claim and decide not to apply for IHERP, perhaps because you intend to return to work, and the Insurer agrees that there is a reasonable expectation of you returning to work, then the Insurer may pay a fixed benefit subject to a maximum of 75% of salary less any State Illness Benefit or Temporary Rehabilitation Remuneration for a maximum of 2 years. This means no deduction will be made from the Benefit for an amount equivalent to IHERP, as no IHERP is being claimed.

However, 2 years after the date Disability Benefit commences, a pension amount will be deducted from the benefit regardless of whether or not you are in receipt of same. This is referred to as Notional Early Retirement Pension (NERP).

If you retire subsequently and an IHERP is paid, the additional amount that was paid under the plan since the effective date of early retirement must naturally be repaid to the Insurer.

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 you suffer an illness with 3 months remaining on your contract and you remain unable to work due to illness or injury to the end of the Deferred Period, your 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 hence 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 (e.g. 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.

If you return to work but have to stop working again due to the same illness or injury within a period of 6 calendar months from the date of your return, you will not be expected to complete the Deferred Period again. This is referred to as a 'linked claim'.

5. Frequently Asked Questions

How can I apply to join the plan?

To apply, you must complete an application form either:

- Over the Phone - Call **(01) 470 8054**
- With your Cornmarket Consultant
- By printing and completing an application form at **cornmarket.ie**

Applications may require underwriting (medical assessment) which 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.
- You will have 30 days after the date the acceptance letter is sent to you to cancel your membership of the plan and receive a full refund of any premiums paid.
- 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 taken into account 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 to discuss the options that may be available to you by calling **(01) 408 4195** or emailing **spsadmin@cornmarket.ie**.

If you wish to avail of the Career Break options, you must apply within 4 months of taking a Career Break. Otherwise your membership of the plan will cease. You must remain in the Fire Brigade for the duration of your Career Break.

If you wish to avail of the Unpaid Leave options you must notify us at least 4 weeks in advance of the commencement of unpaid leave.

Additionally, if you plan to do any of the following, please contact us in advance in order to ensure your membership of the plan does not lapse, and so that we can offer you any cost and/or benefit options which may be applicable:

- Acquire a second job
- Go on Secondment
- Change role/job
- Change terms of employment
- Start Job sharing/work sharing (i.e. work 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.

When does my cover under the plan cease?

- Your 55th birthday **or**
- 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 you leave the Fire Brigade **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?

Yes. You may cancel your membership of the plan at any time by clearly instructing us to do so in writing. Please ensure your name, address and date of birth is included on the cancellation instruction. If you cancel within 30 days of the acceptance letter being sent to you, we will cancel your membership of the plan and refund you any premiums you have paid.

If you cancel your membership of the plan, and then wish to become a member again, you will 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 an exclusion(s).

What happens if I cease to be a member of the Fire Brigade?

If you leave the Fire Brigade you must inform us in writing. We will then cancel your membership of the plan.

Is there a surrender or cash-in value associated with the plan?

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

What commission does Cornmarket receive?

Initial charge	€200
Premium Deduction Charge.....	2.5%
Renewal charge paid by the Insurer to Cornmarket	10%

What if I travel abroad?

You can travel or reside anywhere in the world, but entitlement to Disability Benefit while travelling or residing outside the member states of the European Union, USA, Canada, Japan, Australia, New Zealand, Switzerland and Norway is restricted to a maximum of 13 weeks in any one year period subject to an overall limit of 39 weeks in total.

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, the Insurer will pay this benefit to you if you are living anywhere

in the world for a maximum of 6 months. The Insurer reserves the right for claimants to 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. After 6 months, you must return to live in any of the above mentioned countries. In exceptional cases where a beneficiary is forced to live abroad, the Insurer will consider this on a case-by-case basis.

Are all claims paid?

The great majority of 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 his or her normal occupation.
- When applying to join the plan, the member 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.**

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, Lincoln House, Lincoln Place, Dublin 2, or log onto www.fspo.ie.

General Plan Information

Fire Brigade Income Protection Plan

The plan owner is Merlow Trust Ltd.

The current plan broker is Cornmarket Group Financial Services Ltd.

The current plan Insurer is Friends First.

The current policy number for this plan is 715400.

This is a group protection plan. 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 next plan review is due on or after 1st March 2022.

Join the plan: Call us on **(01) 470 8054**
or email **clientservices@cornmarket.ie**

For general plan queries: Call us on **(01) 408 4195**
or email **spsadmin@cornmarket.ie**

To make a claim: Call us on **(01) 408 4018**
or email **spsclaims@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. Friends First is a registered trading name of Aviva in Ireland. Aviva Life & Pensions Ireland Designated Activity Company, trading as Aviva Life & Pensions Ireland and Friends First, is regulated by the Central Bank of Ireland.