

# Fórsa Group Life Plan

## For members of the Civil Service

### Application form

References to 'the Scheme' in this application form shall mean the Fórsa Group Life Plan for members of the Civil Service.

**Warning: The current premium may increase at the next Scheme review on or after 1st August 2021\***

\*Please note: in the interim the premium rate will remain solely based on the sum assured you have selected, as outlined in Section 4.

### 1. Eligibility confirmation

**You must fulfil all of the eligibility criteria below to apply.**

**Please tick to confirm that you:**

1. Are employed by a government department in the Civil Service
2. Are under age 65
3. Are working 8 hours or more per week
4. Are employed under at least one of the following conditions (tick one):
  - a) A permanent basis **or**
  - b) A fixed-term contract of at least 12 months duration **or**
  - c) Working continuously for the last 12 months.
5. Are a member of your employer's Superannuation Scheme
6. Are actively at work today\*\*

\*\*See Section 10 for definition of actively at work today.

Occupation:

Current gross annual salary:\*\*\*

€

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

**Job/work sharers:** Job/work sharing applicants who satisfy the eligibility conditions (above) are eligible to join the Scheme. A job/work sharer is someone who works 50% or less than the normal working week.

**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

Before you provide your personal information please note that 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 data. It also provides you with important information regarding your rights in relation to the personal data Cornmarket holds 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.

### Aviva's Data Privacy Notice

Aviva Life & Pensions Ireland dac 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. Aviva's Data Privacy Notice, available at [www.aviva.ie/group/data-protection](http://www.aviva.ie/group/data-protection), details how Aviva 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 Aviva 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:

## 4. Level of Cover

Please select the level of cover you wish to apply for:

Sum assured	Gross weekly premium	
€75,000	€3.30	<input type="checkbox"/>
€105,000	€4.50	<input type="checkbox"/>
€135,000	€5.70	<input type="checkbox"/>

## 5. Personal details

Title:	<input type="text"/>	Date of birth:	<input type="text"/> <sup>Day</sup>	<input type="text"/>	/	<input type="text"/> <sup>Month</sup>	<input type="text"/>	/	<input type="text"/> <sup>Year</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name:	<input type="text"/>	Surname:	<input type="text"/>									
Home address:	<input type="text"/>											
	<input type="text"/>											
Tel. Home:	<input type="text"/>	Mobile:	<input type="text"/>	Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>				
Email:	<input type="text"/>											

## 6. Medical and other important information

### Your personal health information:

In addition to Aviva'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.

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

In addition to the personal health information Aviva 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 Aviva all relevant information when answering all of the questions. If you do not, or if any answers are not true and complete, Aviva 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, Aviva 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 Aviva should know, please disclose it in the section under the medical questions. Aviva may also contact you if they need to ask you for further information on your answers or as part of any subsequent claim. Aviva 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 Aviva 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.

## 7. Medical questions

**Please note:** In answering the questions in either this Section or in Section 8, if required, 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, Verucca, 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 2 years? ..... 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. 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 one or more medical conditions excluded? ..... Yes  No

**If you answered Yes to any of the above questions, please complete Sections 8 to 12. If you answered No to all of the above questions, please complete Sections 10 to 12.**

## 8. Further medical information

You are not required to disclose any genetic test results you may have had and we will disregard any genetic tests which may come into our possession. You are, however, required to provide us with full details (other than genetic tests) in answer to the health questions including full details about your family history as required in the health details section.

1. Are you due to have any check-up in the next 12 months in connection with any medical condition or symptoms, or are you waiting for the result of any medical investigation? ..... Yes  No
2. Are you taking any prescribed drugs or medication or are you experiencing any signs of ill health or disability for which you have not yet consulted a doctor? ..... Yes  No
3. Have you in the last five years lived or worked abroad, are you currently doing so or do you intend to in the future? (Holidays, travel to, or residence in the EU, North America, Switzerland, Scandinavia, Australia or New Zealand can be ignored). If yes, please tell us where and for how long ..... Yes  No
4. Have you ever tested positive for HIV/AIDS, Hepatitis B or C or have you been tested/treated for any other sexually transmitted disease, or are you awaiting the results of any such tests? ..... 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 one or more medical conditions excluded? ..... Yes  No
6. Have either of your parents, or any brothers or sisters, died or suffered from heart disease, cardiomyopathy, a stroke, diabetes, high blood pressure, kidney disease, cancer, multiple sclerosis, nervous disorder, motor neurone disease, polycystic kidneys, polyposis of the colon or any hereditary disease such as Huntington's disease before age 65? If yes, please give full details i.e. which family member and age at diagnosis. If cancer, please advise site of same (e.g. colon, breast etc) ..... Yes  No
7. Please tell us your height (without shoes) in feet/inches  feet  inches
8. Have you smoked any cigarettes, e-cigarettes, cigars, pipes or tobacco in the last 12 months? If yes, how many per day? .....
9. Please tell us your weight (in indoor clothes) in stones/lbs  stones  lbs
10. How many units of alcohol do you consume weekly? (1 unit = 1/2 pint of beer or a glass of wine or standard spirit measure) .....
11. Have you ever been treated for alcohol abuse, or been advised by a doctor to cease or reduce your alcohol consumption, or taken drugs such as cannabis, cocaine, heroin or any non-prescribed drugs? ..... Yes  No
12. Do you, or do you intend to, engage in hazardous or extreme sports or pastimes of any kind e.g. mountaineering, motor sports, diving, equestrianism or aviation (other than as a fare paying passenger)? ..... Yes  No

## 8. Further medical information (continued)

13. Are any of the following an important part of your occupation or working environment? If yes, please provide details, including your occupation title

- Manual or physical activity or working at heights or depths ..... Yes  No
- Working in extreme temperatures ..... Yes  No
- Working with machinery or tools or with explosives or chemicals ..... Yes  No
- Working in the armed forces ..... Yes  No
- Working at sea/offshore ..... Yes  No

14. Have you ever had, or been suspected of having, or consulted anyone, for example doctors, specialists, hospitals, clinics, counsellors, osteopaths or physiotherapists, about any of the following, listed a - q? If you answer "Yes" to any of these questions, please give relevant details in section 9 (a), e.g. description of condition, medication being taken, doctors/counsellors etc. consulted, and current status of condition.

- a) Cancer or any other growth be it malignant or benign (innocent), leukaemia, lymphoma, Hodgkin's disease, brain or spinal tumour, lumps, bumps, tumours or moles, including any mole or freckle that has bled, become painful, changed colour or increased in size, whether seen by a doctor or not? ..... Yes  No
- b) Any disease or disorder of the heart or circulatory system, irregular heart beat, or raised cholesterol, fainting, palpitations, undue shortness of breath, chest pain, rheumatic fever or raised blood pressure? ..... Yes  No
- c) Stroke or a Transient Ischemic Attack (TIA), brain haemorrhage or permanent brain injury? ..... Yes  No
- d) Diabetes? ..... Yes  No
- e) Asthma, bronchitis, pneumonia, pleurisy, tuberculosis, sarcoidosis or any other respiratory disorder? ..... Yes  No
- f) Any problems or abnormalities with your kidneys or bladder, or any abnormality of your urine e.g. the presence of sugar, albumin or blood, or recurrent infections? ..... Yes  No
- g) Crohn's disease, ulcerative colitis, ulcer, gallstones, or any disease of your stomach, pancreas, bowels or liver?... Yes  No
- h) Multiple sclerosis, tremor, Parkinson's disease, paralysis, Alzheimer's disease, dementia or cerebral palsy, numbness, loss of power or tingling in any of your limbs or face, or any other disorder of the central nervous system? ..... Yes  No
- i) Epilepsy, fits, seizures, blackouts or migraine? ..... Yes  No
- j) Any problem with your eyes or vision (not wholly corrected by spectacles) including blurred or double vision and optic neuritis? ..... Yes  No
- k) Any problem with your ears, hearing or balance? ..... Yes  No
- l) Depression, stress, anxiety, chronic fatigue, ME, exhaustion or other nervous or mental disorder? ..... Yes  No
- m) Anaemia or any blood disorder? ..... Yes  No
- n) Back pain, disc problem, lumbago, sciatica, arthritis, neck pain, gout or any other muscular, rheumatic, bone or other joint problem? ..... Yes  No
- o) Psoriasis, eczema, dermatitis, or any other skin problem? ..... Yes  No
- p) A CT scan, MRI scan or any other X-ray examination within the last 5 years? ..... Yes  No
- q) A blood test, special investigation or any surgical operation\* within the last 5 years? ..... Yes  No

\*Note: The following operations can be ignored: Tonsillectomy, Appendectomy, Vasectomy, Adenoidectomy, Wisdom teeth extraction, Traumatic orchidectomy, Caesarean Section (assuming not currently pregnant), Cosmetic surgery (unless reconstructive after illness), Corrective laser surgery for Myopia, IGTN.

**If you have answered Yes to any of the above questions, please provide further details in Section 9 (a). Alternatively, you may send any further information to Aviva's Chief Medical Officer, Underwriting Team, Cherrywood Business Park, Loughlinstown, Dublin 18.**

## 9. (a) Further medical information (continued)

### Additional Details

If you answered 'Yes' to any of the questions in Sections 7 and 8, please give details. Please use a separate sheet if you do not have enough room below.

Question	Nature of illness	Duration & dates off work	Name and address of doctor consulted	Additional Details

If you answered Yes to Question 6 in Section 8 above, please provide details below or on a separate sheet.

Question	Family member (e.g. father, sister etc.)	Nature of illness
6		
6		
6		
6		
6		

## 9. (b) Further medical information (continued)

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 you to have a medical examination with your own doctor, an independent doctor or a nurse.

## Confirmation of cover

Aviva 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.
- **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 Scheme.

If your application is postponed or declined, you can ask Aviva to furnish your GP with the reasons for their decision.

## 10. 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 Aviva Life & Pensions Ireland dac will be based on the declarations in this form, my completed application form (online or otherwise), any supplementary questions answered, any statements made to Aviva in writing or by telephone, any information I give to a medical examiner acting for Aviva and all terms and conditions given to me by Aviva.

I have read and understand the important information about my obligation to tell Aviva about all material facts in connection with the application and I understand that if I do not tell Aviva 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, Aviva will not refund my premiums and Aviva 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 Aviva 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 Aviva has accepted me for cover. I understand that Aviva can use my personal information for any subsequent applications to Aviva.

I authorise Aviva 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 Aviva.

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 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 Aviva

A member of Cornmarket staff may correct/amend my details entered into Sections 5, 11 and 12 (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 the owner of the Scheme's decisions in such matters are binding on all members of the Scheme.

I confirm I have been informed about Cornmarket's and Aviva'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 statutory maternity, adoptive or paternity leave are considered 'actively at work' as long as this period of leave is not in excess of 42 weeks in total. Your deferred period will only start on the day you are due to return to work.**

**Those on Career Break, Carer's Leave, Parental Leave or other forms of unpaid leave are not considered 'actively at work'**

## 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.

## 11. 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 (DAS) 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 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 DAS facility.

Applicant's signature:

Date:

Day                      Month                      Year  
 /  /

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)



## 12. Payment by direct debit

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

- Where you are eligible to claim tax relief on your premiums, 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.
- In the event that our direct debit instruction request is returned unpaid, Cornmarket may resubmit this request to your bank and will notify you in advance of this.
- Cornmarket may contact you by phone/post/SMS/email with regard to non-receipt of any direct debits.
- It remains the responsibility of the policy holder to notify Cornmarket of any changes to bank account or address details.
- Cornmarket reserve the right to amend the direct debit payment amount in keeping with you policy terms and conditions.

By completing the below mandate, you accept these terms and conditions.

SEPA direct debit mandate		Unique mandate reference
Cornmarket Group Financial Services Ltd. (Cornmarket), Christchurch Square, Dublin 8, Ireland.		<b>Creditor identifier: IE27ZZ993020</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"/>	
*Swift BIC:	<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"/>
Second signature**:	<input type="text"/>	Date: <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>		

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