

CAOGA Group Life Plan

Spouse/Civil Partner or Nominated Person Application form

References to 'the Scheme' in this application form shall mean the CAOGA Group Life Plan

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

*In the interim the premium rate is based on age bands, as outlined in the policy booklet. Your premiums will only change in line with changes to your age.

1. Eligibility confirmation

Your Spouse or Partner may apply to join this Plan if the eligibility criteria below is fulfilled.

Please tick to confirm that:

1. You and your **Spouse/Civil Partner or Nominated Person** are members of CAOGA
2. You understand that you and your **Spouse/Civil Partner or Nominated Person** must remain members of CAOGA
3. Your **Spouse/Civil Partner or Nominated Person** is over age 18 **and** under age 45
4. You are employed by Óglaigh na hÉireann/Defence Forces Ireland in either:
 - The Army
 - The Naval Service
 - The Air Corps
5. You are a member of the CAOGA Group Life Plan **or** Your application to join the CAOGA Group Life Plan was declined by the Insurer
6. Your **Spouse/Civil Partner or Nominated Person** is actively at work or capable of being actively at work*** (whether employed or not)

Definition of Spouse/Civil Partner or Nominated Person

- A Spouse/Civil Partner is defined as the lawful Spouse, or registered Civil Partner of the CAOGA member.
- A Nominated Person is defined as the person who is living with the serving member in a spousal-type relationship for 12 or more continuous months.

Serving members current gross annual salary:**

€

**Basic annual salary, plus rostered pay, plus any other pensionable allowances or payments (if applicable). If working as a job sharer please provide current job sharing salary.

***Actively at work for those employed 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

For those not employed means you:

- Have not received medical advice to refrain from work
- Are not currently out of work on sick leave.

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'.

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.

If you cannot confirm that all the above criteria applies to you and/or your Spouse/Civil Partner or Nominated Person, 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 give us your personal information please note it is important that you know what your data protection rights are.

In this regard, Cornmarket's Data Privacy Notice available at www.cornmarket.ie/data-privacy-notice, details how Cornmarket as a company processes your personal data and the legal bases we rely on for processing your personal data. It also provides you with important information regarding your rights in relation to the personal data we hold about you and with information on how you can exercise these rights. If you would like to receive a copy of this by post please contact us at (01) 408 4000 to request this.

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

3. Advice and non-advice based options

Please advise which statement best describes the circumstance in which you are applying for membership of the 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 have attended a presentation with a Cornmarket Financial Advisor and I have made a decision based on the information presented that I wish to apply for membership of the Scheme. I confirm I have not received a consultation with a Cornmarket Financial Advisor. Should I wish to receive advice from a Financial Advisor, I acknowledge that I can call Cornmarket regarding same on (01) 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.

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: / /

4. (a) Personal details of the CAOGA serving member

Title: Date of birth: / /

First name: Surname:

Home address:

Tel. Home: Mobile: Gender: Male Female

Email:

Date joined service: / / Member status: Cadet Officer

4. (b) Personal details of the Spouse/Civil Partner or Nominated Person

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

First name: Surname:

Tel. Home: Mobile: Gender: Male Female

Email:

Relationship between serving member and nominated member: Married: Civil Partners: Nominated Person:

5. (a) Which application route should you take?

There are two application options:

- 1 Preferential declaration** - This means that once your Spouse/Civil Partner or Nominated Person can tick Yes to question 1 and tick No to question 2 in Section 5(c), the application will not be medically assessed and will be accepted based on this declaration. If your Spouse/Civil Partner or Nominated Person has any doubt and/or question regarding their ability to complete the preferential declaration, then they should apply using the medical questions route instead, as described in the next paragraph.
- 2 Medical questions** - This means that, as your Spouse/Civil Partner or Nominated Person cannot tick Yes to question 1 and tick No to question 2 in Section 5(c), they must answer each of the medical questions in section 6 and 7, read Section 9 and supply all relevant data. The application will be medically assessed and further medical evidence may be sought before a decision will be made on the application.

5. (b) Medical and other important information

Your personal health information:

In addition to Irish Life's Data Privacy Notice, the following is more detail relating to your personal health information that they collect and use in connection with this contract.

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

In addition to the personal health information Irish Life collects from you, they will request and receive your relevant personal health information from GPs, consultants, hospitals or other health professionals, and share your relevant personal health information with GPs, consultants, hospitals or other health professionals, if needed.

Material facts:

You must tell Irish Life all relevant information when answering all of the questions. If you do not, or if any answers are not true and complete, Irish Life could treat your membership of the Scheme to be void. If you fail to reveal all material facts there will be no cover provided to you under the Scheme, Irish Life will not refund the payments and they will not pay a claim.

A material fact (relevant information) includes anything that would likely influence the assessment and acceptance of an application for insurance. If you are not sure whether something is relevant, you should disclose it anyway. If there is anything not covered by the questions on this form that you think Irish Life should know, please disclose it in the section under the medical questions. Irish Life may also contact you if they need to ask you for further information on your answers or as part of any subsequent claim. Irish Life will rely on what you tell them and they will not automatically clarify or confirm any information you provide.

If your health, circumstances, or answers to any of the questions in this application form change between the date you apply for cover and the date your application is accepted, you must let Irish Life know immediately as failure to do this may result in a claim being refused.

Genetic test information:

You should not disclose any genetic test (that is, any analysis of chromosomes, DNA or RNA to detect genetic abnormalities in individuals) which you may have had.

You must however, disclose if you are having treatment for, or experiencing symptoms of, a genetic condition. You will be asked for full information about your family history, including all genetic conditions.

5. (c) Preferential declaration

(for completion by Spouse/Civil Partner or Nominated Person)

Please tick to confirm:

- Are you being nominated by the serving CAOGA member to have cover within 3 months of them joining Óglaigh na hÉireann/Defence Forces Ireland? Yes No
- Have you (the Spouse/Civil Partner or Nominated Person) ever been declined or accepted on special terms for membership of any other Life Plan or, if you have been a member of such a Plan, have you ever had your membership removed by the Insurer? Yes No

If you satisfy the eligibility confirmation on page 1 and have answered Yes to question 1 and answered No to question 2 above, no further medical details are required, and you can proceed to Section 8. The Caoga serving member will also need to complete Section 10. If you cannot answer Yes to question 1 and answer No to question 2 above, all remaining sections on this application form will need to be completed.

6. Medical questions

(for completion by Spouse/Civil Partner or Nominated Person)

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

Are you currently:

- Awaiting any appointment, test, surgery or investigation with your own doctor or any other medical professional? Yes No
- Experiencing any symptoms for which you have not yet sought medical advice or treatment? Yes No

In the last 3 years have you:

- Had time off work due to illness or injury for more than 10 working days in a row? Yes No

In the last year have you:

- Been prescribed, advised to take or taken any medication or treatment lasting more than two weeks including tablets, creams, inhalers, drops or sprays? (You can ignore any oral contraceptive treatment) Yes No

In the last 5 years have you:

- Had any medical tests or investigations? Yes No
- Because of a medical condition: been refused or postponed insurance cover, had insurance cover offered only if you paid an extra premium, or had insurance cover offered with one or more medical conditions excluded? Yes No

If you answered "Yes" to any of the questions above, please provide details below or on a separate sheet.

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

7. Additional medical details

(for completion by Spouse/Civil Partner or Nominated Person)

Depending on the information you provide to medical questions in Section 6, 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 for the Spouse/Civil Partner or Nominated Person

The Insurer will assess the potential risk of insuring you and then make a decision on this application. The 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 the CAOGA serving member 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, 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 postponed or declined, you can ask Irish Life to furnish your GP with the reasons for their decision.

Correspondence and payment of benefits

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

8. Declaration

(for completion by the CAOGA serving member and the Spouse/Civil Partner or Nominated Person)

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.

Spouse/Civil Partner or Nominated Person's Declaration

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

I have read and understand the important information about my obligation to tell Irish Life about all material facts in connection with the application and I understand that if I do not tell Irish Life all material facts, this contract could be void. If this happens, I understand and acknowledge there will be no cover available to me under the Scheme, Irish Life will not refund my premiums and Irish Life 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 Irish Life 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 Irish Life has accepted me for cover. I understand that Irish Life can use my personal information for any subsequent applications to Irish Life.

I authorise Irish Life to request and receive my personal health information now (or as part of any claim assessment including after my death) from any GPs, consultants, hospitals or other health professionals who at any time have attended me concerning my physical or mental health and to share my personal health information with any health professional for the purpose of processing my application and assessing claims.

I 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 and my Spouse/Civil Partner continued union membership if applicable and employment with the relevant employer if applicable.

I also confirm that I am actively at work today or capable of being actively at work 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 Irish Life.

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, I understand:

- The terms and conditions
- The benefits available and the exclusions, restrictions and limitations associated with same
- There is a 30 day cooling-off period, which begins when my membership is accepted by Irish Life

A member of Cornmarket staff may correct/amend my details entered into Section 4(b) (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 my spouse/partner when my application is processed. 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 CAOGA's decisions in such matters are binding on all members of the Scheme.

I confirm I have been informed about Cornmarket's and Irish Life'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"/>	<input type="text"/>

***Actively at work for those employed 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.**

For those not employed means you:

- **Have not received medical advice to refrain from work**
- **Are not currently out of work on sick leave.**

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'.

8. Declaration (continued)

CAOGA serving member's declaration

I confirm that the applicant is my spouse/civil partner (as applicable). 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 shall be the basis of my spouse/civil partner's application for membership under the Scheme. I understand that membership of this scheme is conditional upon my and my spouse/civil partner or nominated person's continued union membership if applicable and employment with the relevant employer if applicable.

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 Irish Life.

I confirm I have 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, I understand:

- The terms and conditions
- The benefits available and the exclusions, restrictions and limitations associated with same
- There is a 30 day cooling-off period, which begins when my membership is accepted by Irish Life

A member of Cornmarket staff may correct/amend my and my Spouse/Civil Partner or Nominated Person's details entered into Sections 4(a), 4 (b) and 10 (not including signatures or dates) in order to ensure my spouse/civil partner or nominated person's application is processed in a timely manner. A copy of any such amendment will be sent to me when my spouse/civil partner or nominated person's application is processed and I undertake to advise Cornmarket without delay should any such amendment be incorrect.

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 CAOGA's decisions in such matters are binding on all members of the Scheme. I confirm I have been informed about Cornmarket's and Irish Life's Data Privacy Notices and where to find these.

CAOGA serving
member's signature:

Date:

Day		Month		Year					

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 50 22. If you have call barring on your phone, please arrange to allow MorganAsh to phone you, or you may like to call them on the above number.

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

The Nurses are able to undertake interviews from:

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

It is important that you are in a confidential environment and able to speak freely and have the time to spare to complete the interview. The interview takes on average 20 minutes to complete. It is better not to conduct the interview over a mobile phone, but if this is your preference, we will do so. We will not complete an interview if you are driving.

What do I need to prepare?

If a Tele-interview is deemed necessary by the insurer then your application for insurance cannot be processed until the interview has taken place. To prepare for your interview, please take some time to gather the following information and have this to hand when you receive the call:

- Any medication you are currently taking (including the name and dosage)
- Any past or present medical condition suffered, (other than very minor ailments such as the common cold)
- Any tests or investigations, e.g. blood pressure, cholesterol tests. It would be helpful if you phone your GP or whoever did these tests, to get the results.
- Details of any serious condition, such as cancer, heart attack, stroke, suffered by a member of your immediate family (your mother, father, brothers or sisters, or half brothers and sisters).
- We will ask for your height and weight. If you do not know your weight, please try and weigh yourself prior to the interview.
- It is helpful to think about your recent medical history, for example in the past few years, did you visit the doctor or have you missed any time off work? If so, why and what medication did you receive?

If you are not sure whether something is important, then it is best to mention it.

What if I do not wish to discuss my medical details over the phone?

If you are not happy providing your medical details over the phone, please advise MorganAsh when they call you or contact Cornmarket on (01) 470 8054 and we will post you the relevant forms for your completion instead. You can then post these forms back to Cornmarket.

What happens after the tele-interview?

You will be sent a transcript of the call to check and ensure that the information is complete and accurate. Although a little time consuming it is in your best interest to undertake this task with all due care. If you are aware of inaccurate or incomplete details or of any changes required.

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

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.

CAOGA serving member'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"/>

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)

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.
The underwriter for this Plan is Irish Life Assurance plc.
Irish Life Assurance plc is regulated by the Central Bank of Ireland.
Telephone calls may be recorded for quality control and training purposes.