

CAOGA Group Life Assurance Plan

Application Form - Addendum

Declaration

I wish to apply to join the CAOGA Group Life Assurance Plan using either the (Please tick to confirm):

Irish Life Standard Application Form (6230Cb) **or**

Irish Life Nominated Member (Spouse/Partner) Standard Application Form (6231Cb)

Please note: A completed Addendum must be submitted along with your Standard Application Form.

1 Salary Deduction Mandate

To: The Finance Officer, Employer: _____

Please deduct until further notice from my pay the appropriate amount in respect of my premium under the CAOGA Group Life Assurance Plan. Such premiums will be paid to the insurer/registered administrator of the CAOGA Group Life Assurance Plan (as directed by CAOGA) on the appropriate dates. I recognise that these deductions are being made solely as a measure of convenience to me and that they may be terminated at any time. I also recognise that the ultimate responsibility for ensuring that the correct deductions have in fact been made, and that deductions are cancelled when appropriate, rests with me and that beyond making remittances on foot of sums deducted as stated, my employer accepts no responsibility of any kind in this matter. I further understand that should I wish to amend or cancel this deduction I will submit this request in writing to Cornmarket Group Financial Services Ltd.

Applicant's Name (BLOCK CAPITALS): _____

Service Number:



CAOGA Member's Signature: _____

Date: / /

2 Data Protection Declaration

Data Protection Notices

- The information that you provide to Irish Life, CAOGA and Cornmarket will be held on a computer database and/or any other way and will be used to administer this Plan and any other products and services supplied to you and any future agreements, contracts or arrangements you may have with Irish Life.
- You have the right of access to your personal data held by Irish Life, CAOGA and/or Cornmarket by sending a written request and on payment of a small fee to the relevant company.
- You also have the right to require Irish Life, CAOGA and/or Cornmarket to correct any inaccuracies in the personal data that they hold about you.
- You also have the right to question the purpose for which your data is held.

Data Protection Consents: I declare that I consent:

- To the processing and holding (on computer or otherwise) of all information disclosed by me, or on my behalf, in relation to the Plan by Cornmarket, CAOGA and Irish Life, its servants and agents (together with such other information supplied or obtained by Irish Life) including sensitive personal data (being medical records and/or financial details) and the holding or processing of same for underwriting, administrative, customer care and service purposes **and**
- To the disclosing of my personal data (personal and sensitive) to persons necessary in connection with the above purposes, to regulatory authorities or as required by law, to reinsurers and health professionals and other companies in the Irish Life Group or the Great-West Lifeco Group. This may involve the transfer of personal data, including sensitive personal data, to countries outside the European Economic Area **and**
- That this information may be used in future to contact me, the CAOGA member, by mail/email/telephone/mobile phone/SMS about Cornmarket services or CAOGA updates which may be of interest to me. I understand that the information provided by me will not be passed on to third parties for the purposes of direct marketing. I also understand that I may at any stage, at no cost, instruct Cornmarket/CAOGA in writing to no longer hold my data for the purpose of sending me such information.

If you do not wish to receive information about preferential Cornmarket deals available to you, please tick here:



CAOGA Member's Signature: _____

Date: / /



Nominated Spouse/Partner's Signature:
(if applying for the CAOGA Nominated Member
Group Life Assurance Plan)

Date: / /



CAOGA LIFE COVER PLAN FOR NOMINATED MEMBER (SPOUSE/PARTNER)

STANDARD APPLICATION FORM

GROUP POLICY: 25929

Prior to completing this form please read carefully. Please ensure that you fully understand all the items. **Please complete this form fully using BLOCK CAPITALS.** A copy of this completed proposal form is available on request.

Section 1: Personal Details

Title (Mr/Ms/etc)

First Name Surname
Please use both the first name and surname in your employee records.

Address

Phone Work Mobile
Please provide your mobile phone number and your email address, both are needed so you can access your pension saving details through our online services.

Email

Date of Birth / / Male Female

Relationship Status Married Single Widow(er) Separated Divorced Civil Partner

Date of Marriage / /

Section 2: Details of Serving Member

First Name Surname

Service Number

Section 3: Confirmation of Eligibility for Membership (spouse/partner)

Important Information

You should obtain a copy of the Plan booklet and understand the conditions before joining. Please carefully read each question below and the declaration overleaf before completion.

I confirm that:

I have read and understood the conditions of membership and I am eligible to join the Plan.

I am capable of being actively at work on today's date.

I am joining the Plan within three months of becoming eligible to join.

If you are unsure about the eligibility conditions, please consult your advisor.

Section 4: Contact Details - Medi Phone

From time to time, Irish Life may require more medical or risk-related information. If this is the case, you will be contacted by telephone by a nurse working for MorganAsh Ltd. (specialist company who carry out the phone calls on Irish Life's behalf) to obtain more information regarding your medical history. This will help Irish Life process your application more quickly. It is essential that you provide all requested information regarding your medical history. This telephone call will be recorded and will form part of your application for cover. For details of how the 'Medi-Phone call' works, please see overleaf [Medi-Phone: your questions answered](#).

Contact Details - Please provide as many phone numbers as possible and your preferred contact time.

Telephone Home Mobile Work

Email Address

Preferred contact time Morning Afternoon Evening

Section 7: Declaration - You must read carefully before signing

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 Cornmarket Financial Services for further information.

I wish to join the Life Assurance scheme for CAOGA nominated members. I confirm that I am a spouse/partner of a member of CAOGA. I understand that it is a condition of membership that I accept that CAOGA may amend the terms of the CAOGA nominated members scheme or terminate the CAOGA scheme altogether and that decisions of CAOGA in such matters are binding on all members. I can confirm that I have received, read and understand the key features of the scheme booklet.

I declare that:

- I am actively at work today, or capable of being actively at work today.*

I understand and agree that my contract with Irish Life will be based on this application form including all declarations and consents, any supplementary questions answered, any statements made to Irish Life's underwriting team or in response to any phone calls received by Medi-Phone call, any information I give to a medical examiner acting for Irish Life Assurance plc and all terms and conditions furnished to me by Irish Life and Cornmarket Financial Services.

I have read and understand the important information concerning my obligation to tell Irish Life Assurance plc about all material facts (relevant information) in connection with the application and all my answers to the questions asked are in every respect true and complete. I understand that if I do not tell Irish Life Assurance plc all material facts (relevant information), this

Spouse/Partner's Signature

Date / /

contract could be void. If this happens, there will be no cover under the contract and no premiums will be refunded. In these circumstances, Irish Life will not pay a claim. I also understand that I may encounter difficulty in obtaining cover elsewhere.

I consent to Irish Life obtaining information from or sharing information with:

- any doctor who at any time has attended me concerning anything which affects my physical or mental health,
- any health professional for the purpose of processing my application,
- any insurance company where I may have applied or may make a claim.

I authorise Irish Life to access and receive this information. I agree that this authority will stay in force after my death. I hereby acknowledge that I have received and understand the contents of the Terms of Business document.

I understand that I must tell Irish Life in writing about any changes in my health or circumstances between the date I applied for cover and the date my application is accepted. I understand that this contract will not start until Irish life has accepted me for cover.

PLEASE TAKE THE TIME TO REVIEW THE ABOVE STATEMENTS AND YOUR ANSWERS TO THE QUESTIONS.

***'Actively at work' means that you:**

- are working your normal contracted number of hours
- have not received medical advice to refrain from work; and
- are mentally and physically capable of fully performing the normal duties

Warning: The current premium may increase after the next review of the scheme at 01/01/2021.

Section 8: Data Protection Declaration Irish Life

Data Protection Notices and Consents

1. The information that you provide to Irish Life will be held on a computer database and/or any other way and will be used to administer this plan and any other products and services supplied to you and any future agreements, contracts or arrangements you may have with Irish Life.
2. You have the right of access to your personal data held by Irish Life by sending a written request and on payment of a small fee.
3. You also have the right to require Irish Life to correct any inaccuracies in the personal data that it holds about you.
4. You also have the right to question the purpose for which your data is held.

I declare that I consent to the

- A. processing and holding (on computer or otherwise) of all information disclosed by me, or on my behalf, in relation to the plan by Irish Life, its servants and agents (together with such other information supplied or obtained by Irish Life) including sensitive personal data (being medical records and/or financial details) and holding or processing of same for underwriting, administrative, customer care and service purposes, and
- B. disclosing of my personal data (personal and sensitive) to persons necessary in connection with the above purposes, to regulatory authorities or as required by law, to reinsurers and health professionals and other companies in the Irish Life Group or the Great-West Lifeco Group. this may involve the transfer of personal data, including sensitive personal data, to countries outside the European Economic Area.

Spouse/Partner's Signature

Date / /

Section 9: Mediphone - Your Questions Answered

What is Medi-Phone?

Medi-Phone is an interview over the phone. We use it to gather medical or 'risk-related' information when you apply for Income Protection cover. Risk-related information might include details of your current health, past medical history, family medical history, occupational risks and sports or hobbies.

How does Medi-Phone work?

All phone calls are made by qualified nurses who work for MorganAsh (a specialist company who are conducting the interviews on behalf of Irish Life).

They will first 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 to gather the health information we need.

1. Details of any medication you are currently taking (name and dosage).
2. Details of any past or present medical conditions suffered.
3. Details of any tests or investigations, e.g. blood pressure, cholesterol tests. You may like to phone your GP or whoever did these tests, to get the results.
4. You may be asked for your height and weight. If you do not know your weight, please try to weigh yourself prior to the interview.
5. It is helpful to think about your recent medical history, for example in the past three years, did you visit the doctor or have you missed any time off work? If so, why and what medication did you receive?

The call will be recorded and will be a permanent part of your application for cover. Calls should take approximately 15 to 30 minutes. Once we have gathered the relevant details as part of the Medi-Phone call, a skilled Irish Life

underwriter will assess the information and, in most cases, make a final decision on whether we can accept your application.

Cornmarket Financial Services will then write to you to communicate this decision. In certain circumstances we may require some further medical evidence from your doctor and/or from yourself. You will be advised if this is necessary.

A copy of the interview will be sent to you for your records. If you need to change anything, or would like to add anything to the report, you can make the amendment, sign it and return it to Irish Life in the Freepost envelope provided with the report.

What are the advantages of Medi-Phone over getting the information by paper?

1. We tailor each interview to you and your personal circumstances making the process easier and quicker than completing a standard application form.
2. It may be more convenient for you.
3. We can get better quality information on your health history.

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

This is not a problem. Following a Medi-Phone call, if you are not happy providing your medical details over the phone, we will post you the relevant forms for your completion. You can then post these forms back to Cornmarket Financial Services. If you have any questions in relation to this please contact Cornmarket Financial Services on 01 408 8054.

Section 10: Eligibility

To be eligible to apply for membership of the CAOGA Life Assurance Scheme with this form:

- Your legal spouse or registered civil partner must work for COAGA or
- A person with whom you are cohabiting in a spousal type relationship for a minimum of 12 months at the date of applying for cover must work for COAGA. The person that you have nominated as your spouse/partner on this form must continue to meet the above criteria, in order to be eligible to receive benefit under the Plan in the event of a claim.

Section 11: Confirmation of Plan Membership

Your cover will commence from the date Irish Life accepts your application. You will receive a formal acceptance letter confirming that you have been included as a member of the CAOGA Scheme. Irish Life will assess the potential risk of insuring you before membership of the Scheme can be confirmed.

This may involve attending for a medical examination. In a small percentage of cases membership of the CAOGA Scheme may be refused. In such cases applicants will receive a letter confirming that they have not been accepted into the Scheme. In other cases membership may be offered subject to the condition that certain medical conditions are excluded from cover or subject to the payment of an additional contribution. In these circumstances applicants may seek additional clarification from their own doctor who can contact Irish Life to request reasons for their decision.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

In the interest of customer service we may record and monitor calls. Irish Life Assurance plc, registered in Ireland number 152576, vat number 9F55923G.

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In the interest of customer service we will monitor calls.

Irish Life Assurance plc, Registered in Ireland Number 152576, VAT number 9F55923G.

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Irish Life