CAOGA Group Life Plan

Spouse/Civil Partner/Nominated Person Application Form

Underwritten by Irish Life Assurance plc.











CAOGA Group Life Plan

Spouse/Civil Partner/Nominated Person Application form

Important Information

This Plan is underwritten by Irish Life Assurance plc. (Irish Life).

The Plan benefits are provided by Irish Life, and are governed by the policy document as agreed with the Plan Owner (CAOGA).

This Plan has been arranged by Cornmarket Group Financial Services Ltd. (Cornmarket) on behalf of the Plan Owner.

Cornmarket also provides advisory and administrative services to members of the Plan.

Information provided by you and your Spouse/Civil Partner/Nominated Person on this form will be used by Irish Life and Cornmarket separately.

References & Definitions

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

References to 'the Proposer' in this application form shall mean the CAOGA serving member who is applying to have their Spouse/Civil Partner/Nominated Person insured.

References to 'the Life to be Insured' in this application form shall mean the Spouse/Civil Partner/Nominated Person of the CAOGA member who the CAOGA member is applying to have insured. Please note that references to the 'Proposer' and the 'Life to be Insured' are not used in the Plan booklet.

References to 'we' in this application form shall mean the Proposer and the Life to be insured.

Spouse/Civil Partner/Nominated Person for the purposes of this Plan is defined as:

- · Your Legal Spouse or
- · Your Registered Civil Partner or
- · A person with whom you are cohabiting, in a spousal type relationship, for 12 months or more at the date of application for cover.

The person that the Proposer is nominating as the Life to be Insured on this application form must continue to meet the above definition, in order to remain covered under the Plan.

Warning: The current premium may increase at the next Plan review on or after 1st January 2026*

*In the meantime the premium rate is based on age bands, as outlined in the Plan booklet. Your premiums will change based on your age band.

Important: Beneficiaries and correspondence

Please note any benefits from the Plan shall be distributed at the discretion of the Trustee/Grantees. All correspondence and communication regarding the Plan will be sent to the Proposer.

1. Eligibility confirmation for the Proposer

work today as defined in Section 7(b)

Irish Life and the Plan Owner require that the below eligibility criteria is met in order to apply for your Spouse/Civil Partner/Nominated Person to be covered under the Plan.

Please tick to confirm that you, the Proposer,:	
1. And the Life to be Insured are both members of CAOGA	

	L	
2	Understand that you and the Life to be Insured must both remain members of CAOGA to remain covered under the Plan	
3.	Confirm that the Life to be Insured is over age 18 & under age 45	
4.	Are employed by Óglaigh na hÉireann/Defence Forces Ireland in one of the following:	
	• The Army or	
	• The Naval Service or	
	• The Air Corps	
5.	Fit into one of the following categories:	
	• you are a member of the CAOGA Group Life Plan or	
	• you have had an application to join the CAOGA Group Life Plan declined by the Insurer or	
	you are in the process of applying to be a member of the CAOGA Group Life Plan	
6.	Understand that you must continue to fit into one of the categories listed in point 5 above, in order for the Life to be Insured to remain covered under the Plan	
7.	Have read and understand the definition of Spouse/Civil Partner/Nominated Person as outlined on the previous page and confirm your relationship with the Life to be Insured satisfies the definition of Spouse/Civil Partner/Nominated Person	
8.	Understand that your relationship with the Life to be Insured must continue to meet the definition of Spouse/Civil Partner/Nominated Person in order for the Life to be Insured to remain covered under the Plan	

If you, the Proposer, cannot confirm that all the above criteria applies to you and, where applicable, to the Life to be Insured, then you should not proceed any further with this application.

9. Confirm that the Life to be Insured is actively at work today/capable of being actively at work today and that you and the Life to be Insured both understand the meaning of actively at work today/capable of being actively at

2. Data privacy notices

(applies to both the Proposer and the Life to be Insured)

Before you provide your personal information please note it is important that you know how your personal data will be processed and what your data protection rights are.

Cornmarket

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 Cornmarket relies on for processing your personal 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 Cornmarket at (01) 408 4000 to request this.

Irish Life

It is 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 Irish Life's website at www.irishlife.ie/ila-privacy-notice or you can ask Irish Life for a copy.

3. (a) Personal details - the Proposer				
Title: Address:				
First name:				
Surname:				
Date of birth:				
Tel. Home: Gender: Male Female				
Email:				
Date you joined service: DD/MM/YYYYY				
Are you employed in the Public Sector? Yes No Employment ranking: Cadet Officer				
If yes: a) When did you start working in the Public Sector? \[\bullet \bulle				
b) Did you re-enter Public Sector employment after 1st April 2004 with a break of more than 26 weeks that was not due to a career break or unpaid leave.				
If yes, please provide the date here:				
3. (b) Personal details - Life to be Insured				
Title: Address:				
First name:				
Surname:				
Date of birth:				
Tel. Home: Gender: Male Female				
Email:				
Relationship between Proposer and Life to be insured: Spouse Civil Partner Nominated Person				

4. (a) Medical and other important information For the Life to be Insured

Your personal health information:

In addition to Irish Life's Data Privacy Notice, the following is more detail relating to the personal health information of the Life to be Insured that Irish Life collects and uses in connection with this contract.

Irish Life needs your relevant personal information and personal health information for underwriting decisions. This will determine whether Irish Life 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 uses 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, Irish Life 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.

Relevant information:

When deciding whether to insure you and when setting the terms and conditions, Irish Life will rely on the information you have given. You must answer all questions that Irish Life has asked in this form honestly and with reasonable care. Where Irish Life asks you to answer a specific question, the subject matter of the question is relevant to the risk that Irish Life is being asked to accept. If your answers are not true and complete, Irish Life may be entitled to:

- Cancel cover & any benefits under the Plan without a return of premium to the Proposer,
- Refuse a claim,
- Reduce the amount of any claim,
- Reduce the amount of cover and/or,
- Treat the policy as if it had been entered into on different terms.

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, relating to any of the questions asked in Section 5, you should disclose this information in the box provided in this section. Irish Life may also contact you to ask you for further information on your answers or as part of any subsequent claim. Irish Life may rely on the information you have provided and may not automatically clarify or confirm any information you provide.

If the application for cover is accepted, the Proposer will be issued an acceptance letter. In this letter, Cornmarket may ask the Proposer on Irish Life's behalf, to advise if there has been any change to the health or circumstances of the Life to be Insured, or answers to any of the questions provided in your application form and any supplementary questions. If there have been any changes between the date of your application and the date that you are accepted into the Plan, this may affect the original acceptance terms issued to the Proposer.

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 disclose, when required by the medical questions, 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.

For the Proposer

You, the Proposer, must answer all questions that Irish Life has asked you in this application form honestly and with reasonable care. If your answers are not true and complete, Irish Life may be entitled to:

- Cancel cover & any benefits under the Plan without a return of premium to you,
- Refuse a claim.
- Reduce the amount of any claim, and/or
- Reduce the amount of cover.

4. (b) Application options:

Preferential declaration (to be completed by both the Proposer and the Life to be Insured) - This means that once you, the Proposer and the Life to be Insured, can tick to confirm all of the statements in Section 4(c), the application will not be medically assessed and it will be accepted based on this declaration. If you, the Proposer or the Life to be Insured, have any doubt and/or question regarding your ability to complete the preferential declaration, then the Life to be Insured should answer all medical questions in Section 5 instead, as described in the next paragraph.

Medical questions (to be completed by the Life to be Insured only) - This means that, as you, the Proposer and the Life to be Insured, cannot tick to confirm all of the statements in Section 4(c), the Life to be Insured must answer each of the medical questions in section 5 and 6, read Section 8 and supply all relevant data. The application will be medically assessed and further medical evidence may be sought from the Life to be Insured before a decision will be made on the application.

4. (c) Preferential declaration (for completion by the Proposer and the Life to be Insured)
Please tick to confirm the following:
I, the Proposer, am nominating the Life to be Insured for cover under the Plan within 3 months of joining Óglaigh na hÉireann/Defence Forces Ireland
2. I, the Life to be Insured, have never because of a medical condition had insurance cover:
refused or postponed
offered only if I paid an extra premium
offered with one or more medical conditions excluded
If you cannot tick both statements in 1 and 2 above, please proceed to complete Section 5 and all other Sections. If you can tick both statements in 1 and 2 above, please proceed to complete Sections 7(a) and 7(b).

5. Medical questions

(for completion by the Life to be Insured)

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

If you answer 'Yes' to any of the questions, please provide details regarding the nature of the illness, duration & dates off work, name and address of doctor consulted and any restriction on daily activities.

	cluding tablets, c				No
De		creams, inhalers, drops or sprays? (You can ignore any oral contraceptive treatment)	Yes		
	etails if yes:	Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on do	ily act	ivitie	es.
the	e last 5 years hav	ve you:			
	*	ealth condition requiring inpatient treatment or referral to a specialist or psychiatrist, including er or an alcohol problem?	Yes		No
De	etails if yes:	Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on do	ily act	ivitie	S.
. Н	ad any medical t	ests, investigations or surgery?	Yes [No
De	etails if yes:	Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on do	ily act	ivitie	s.
. Ве	ecause of a medi	ical condition had insurance cover:			
•	refused or post;	poned?	Yes		No
	offered only if yo	ou paid an extra premium?	Yes		No
	offered with one	e or more medical conditions excluded?	Yes [No
De	etails if yes:	What was the decision? Reason for decision, Date decision was made.			
. Н	e last 10 years had diabetes, a st	roke, or any problems with your heart or kidneys? Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on do	Yes [ivitie	No es.
. Ho	ad diabetes, a st	roke, or any problems with your heart or kidneys?	L	ivitie	
De	ad diabetes, a st	roke, or any problems with your heart or kidneys? Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on do	ily act		No
De	ad diabetes, a st etails if yes:	roke, or any problems with your heart or kidneys? Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on document or a tumour or leukaemia?	ily act		No
De De	ad diabetes, a st etails if yes: ad any form of co etails if yes:	Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on documer or a tumour or leukaemia? Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on documer or a tumour or leukaemia?	Yes [No
De De	ad diabetes, a st etails if yes: ad any form of co etails if yes:	roke, or any problems with your heart or kidneys? Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on document or a tumour or leukaemia?	ily act		No
De De De De Av	ad diabetes, a st etails if yes: ad any form of co etails if yes:	Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on documer or a tumour or leukaemia? Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on documer or a tumour or leukaemia?	Yes [Yes [ziviti€	No No
De Avere y	and diabetes, a state at all sif yes: and any form of contains if yes: ou currently: vaiting any apponentails if yes*:	Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on doctor or a tumour or leukaemia? Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on doctor or all illness, duration & dates off work, doctor consulted (incl address), restriction on doctor or any other medical professional? Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on doctor or any other medical professional?	Yes Yes Yes Yes Yes	ivitie	No No No es.
De D	and diabetes, a state at all sif yes: and any form of content and any form of	Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on doctor or a tumour or leukaemia? Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on doctor or all illness, duration & dates off work, doctor consulted (incl address), restriction on doctor or any other medical professional? Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on doctor or any other medical professional?	Yes Yes Yes Yes Yes	ivitie	No No No es.

6. Further medical information (for completion by the Life to be Insured)					
Depending on the information you provide in your answers to the above questions in Section 5, Irish Life may ask for further medical information from you and/or your GP or may ask you to have a tele-interview with a nurse. We will explain the tele-interview process in more detail in Section 8.					
Irish Life may also ask you to have a medical examination with your doctor, an independent doctor or a nurse.					
a) Do you have a GP in Ireland or abroad?	Yes No				
If yes, please provide the name and address of your GP:					
b) Have you visited any other GP (in Ireland or abroad) in the last 2 years?	Yes No				
If yes, please provide the name and address of that GP:					
c) If Irish Life asks you to have a tele-interview what time of day do you prefer to					
be contacted? Morning Afternoon	n Evening				

What happens next?

Irish Life will assess the potential risk of providing cover on the Life to be Insured and then make a decision on the application. The application may be:

- Accepted If the application is accepted by Irish Life cover for the Life to be Insured will begin from the date Irish Life accepts the application and the Proposer will be sent a formal acceptance letter confirming that cover is in place.
- **Postponed** This means due to current medical circumstances of the Life to be Insured, Irish Life cannot make a decision on the application but will review a new application in respect of the Life to be Insured in a certain period of time e.g. 12 months.
- Declined This means Irish Life is refusing the application for cover in respect of the Life to be Insured.

If the application is postponed or declined, the Life to be Insured can ask Irish Life to provide the reasons for this decision, which may in certain circumstances be provided to the Life to be Insured's GP.

IMPORTANT: Please read the declarations in Sections 7(a) & 7(b) below carefully and ensure that you fully understand them before signing them. If you cannot complete these declarations, please contact your local Cornmarket Consultant or call (01) 470 8054 for further information.

7. (a) Cornmarket declaration

(for completion by the Proposer and the Life to be Insured)

We, the Proposer and the Life to be Insured, authorise for a member of Cornmarket staff to correct/amend our details entered into Section 3(a) & 3(b) in order to ensure this application is processed in a timely manner. A copy of any such amendment will be sent to the Proposer when the application is processed and we undertake to advise Cornmarket without delay should any such amendment be incorrect. We understand that fields or declarations left unanswered or answered incorrectly, will likely result in a delay with the processing of this application or potentially prevent the application from being processed altogether.

We confirm we have been informed about Cornmarket's Data Privacy Notice and where to find this.

We confirm we have read and understand the Medical and other important information section and we understand:

- · The benefits available and the exclusions, restrictions and limitations associated with them
- The terms and conditions
- · There is a 30 day cooling-off period, which begins when this application is accepted by Irish Life.

Advice and non-adv	vice based options					
Please tick to advise which Insured:	h statement best describes the circumstance in which you, the Proposer, are applying to cover the Life to be					
I, the Proposer, have rece	ived advice					
Following a consultation, I have been advised to apply for membership of the Plan by a Cornmarket Financial Advisor. I have obtained the Plan Information and the Cornmarket Terms of Business document and will review them within the cooling off period. I also acknowledge that the Plan Information and the Cornmarket Terms of Business document are available either from Cornmarket's website or alternatively by calling Cornmarket on (01) 470 8054. (Please ask your advisor to provide their advisor code						
I, the Proposer, have not	sought or received advice					
I researched details of the Plan myself and have decided that it is an appropriate product for me. I confirm that I have access to the Plan Information and the Cornmarket Terms of Business document, either via Cornmarket's website or by calling Cornmarket on (01) 470 8054, and I will review these within the cooling-off period. 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 this 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.						
We, the Proposer and the	Life to be Insured, are making this declaration separately & independently.					
Proposer's signature:	Date: D D / M M / Y Y Y Y					
Life to be Insured's signature:	Date: D D / M M / Y Y Y					

7. (b) Irish Life declaration

(to be completed by the Proposer and the Life to be Insured)

We, the Proposer & the Life to be Insured, separately and independently understand that this application form along with any supplementary information given to Irish Life will form the application for cover.

We understand and agree that the information that we have provided in this application form, and, if applicable, any supplementary questions answered, any statements made to Irish Life in writing or by telephone (which will be recorded in writing) and/or any information provided to Irish Life on behalf of the Life to be Insured from a GP, hospital, consultant or heath professional is material to the decision of Irish Life to allow membership into the Plan and is relied on by Irish Life for setting acceptance terms for membership into this Plan.

We also understand that membership of this Plan with Irish Life comprises of acceptance terms, and the following Plan documents:

- the Plan policy document,
- the terms and conditions included in the Plan Summary Booklet and,
- any Plan Review documents following a review.

We also understand as this is a reviewable group plan, the terms and conditions for the Plan, and as a result the Plan documents listed above, may change at subsequent Plan reviews.

We have read and understand the Medical and other important information section about our obligation to answer all questions asked by Irish Life in this application form and in connection with the application. We also understand that if we do not answer these questions honestly and with reasonable care, Irish Life may be entitled to:

- · Cancel cover & any benefits under the Plan without a return of premium to the Proposer,
- Refuse a claim.
- · Reduce the amount of any claim,
- · Reduce the amount of cover and/or,
- · Treat the policy as if it had been entered into on different terms.

We also understand that the Life to be Insured may encounter difficulty in obtaining cover elsewhere.

We have read over the answers to all the questions on this form and declare that all answers (including any answers written down for us) are true and complete. We declare that we have answered all of the questions in this form honestly and with reasonable care.

We understand that if this application for cover is accepted, the Proposer will be issued an acceptance letter. In this letter, Cornmarket may ask the Proposer on Irish Life's behalf, to advise if there has been any change to the health of the Life to be Insured, or to our circumstances or our answers to any of the questions provided in the application form and any supplementary questions. If there have been any changes between the date this application is submitted and the date of acceptance of cover for the Life to be Insured by Irish Life, this may affect the original acceptance terms issued.

We understand that membership of this Plan will not start until Irish Life has accepted the application for cover.

We understand that Irish Life may use the Life to be Insured's personal information when underwriting any subsequent applications for cover in respect of the Life to be Insured with Irish Life.

I, the Life to be Insured, 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 this application and assessing claims.

I, the Proposer, confirm that I have completed and understand the Plan eligibility criteria. I confirm that all answers provided by me in this regard are answered honestly and with reasonable care and we understand that cover is dependent upon the Proposer and the Life to be Insured continuing to satisfy the eligibility conditions of the Plan.

We also confirm that the Life to be Insured is actively at work today/capable of being actively at work today and that we understand the meaning of actively at work today*/capable of being actively at work today** as defined below.

*Actively at work today - This means you (the Life to be Insured):

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

Those on paid or unpaid statutory maternity, adoptive, parent's or paternity leave are considered `actively at work' as long as this period of leave is not in excess of 47 weeks in total. Your deferred period will only start on the day you are due to return to work.

Those on career break, taking carer's leave or other forms of unpaid leave are not considered `actively at work'.

Those taking parental leave are not considered `actively at work' unless they are working a reduced number of hours every week throughout their leave and otherwise meet the eligibility criteria of the Plan.

- **Where the Life to be Insured is not employed but is capable of being actively at work today, they must not:
- · Have received medical advice to refrain from work.

We understand that where there is the potential for a period of free Plan membership at the beginning of this contract, as described at the start of this application form where relevant, and the Proposer is eligible to avail of the period of free Plan membership, premium payments to the Plan will automatically commence at the end of the period of free Plan membership. We understand that the period of free Plan membership will commence when the application for cover has been formally accepted by Irish Life.

We confirm we have read and understand the Medical and other important information section and we understand:

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

7. (b) Irish Life declaration (continued) We understand that it is a condition of membership that we accept that the Plan is a reviewable group plan and that at the next review date the terms of the Plan may be amended or terminated altogether. We also understand the Plan Owner's decisions in such matters, as agreed with Irish Life, are binding on all members of the Plan. We confirm we have been informed about Irish Life's Data Privacy Notice and where to find this. We, the Proposer and the Life to be Insured, are making this declaration separately & independently. Proposer's signature: Date: Date:

8. Tele-interview - Important information for the Life to be Insured

Why are tele-interview used?

You, the Life to be Insured, may be contacted by telephone by a qualified nurse working for MorganAsh Ltd. (a specialist company that carries out these phone calls on Irish Life's behalf) to obtain more information about your present health, lifestyle, occupation, and the medical history of you and your family. Irish Life engages MorganAsh to carry out these interviews for them and the information gathered is only used by Irish Life and no other organisation has access to this.

Tele-interviews are used because:

- They enable Irish Life to tailor medical questions to each applicant.
- They enable Irish Life to obtain a clear understanding of your health in order to risk assess the application more quickly and offer 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 will be used only in the assessment of the application for cover 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 this 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 the application for cover and, if accepted, will form the basis of the insurance contract with Irish Life along with any other medical information obtained by Irish Life. Therefore, all the questions should be answered fully and honestly, as failure to do so could invalidate 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 this application form to Irish Life 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 working days, or if 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 30-60 minutes to complete. MorganAsh will not complete an interview if you are driving.

What do I need to prepare?

If a tele-interview is deemed necessary by Irish Life then this application for insurance cover 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:

- · Details of any medication you are currently taking (including the name and dosage)
- · Details of any past or present medical condition suffered, (other than very minor aliments such as the common cold)
- Details of 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 or stroke, suffered by a member of your immediate family (your mother, father, brothers or sisters, or half brothers and sisters).
- MorganAsh 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?

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 they will contact Irish Life who will post you the relevant forms for your completion instead. You can then post these forms back to Irish Life's Chief Medical Officer using the pre-paid envelope provided with the forms.

What happens after the tele-interview?

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

If you have any queries, please contact Cornmarket:

Christchurch Square, Dublin 8 Call us on **(01) 470 8054** or visit **cornmarket.ie**