CAOGA Group Life Plan

Application form

This Plan is underwritten by MetLife Europe d.a.c. (MetLife).
The Plan benefits are provided by MetLife, 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 on this form will be used by MetLife and Cornmarket separately.
References to 'the Plan' in this application form shall mean the CAOGA Group Life Plan.

Warning: The Premium may increase after the next Plan review on or after 1st July 2029*

*In the meantime the premium rate is based on age bands, as outlined in the policy booklet. Your premiums will change based on your age band. Membership is free during your initial training period.

Important: If you are currently a cadet and are applying to join the Plan within 3 months of joining service, please contact Cornmarket on **(01) 470 8054** and an alternative application form will be issued to you.

1. Eligibility confirmation

MetLife and the Plan Owner require you to fulfil all of the eligibility criteria below to apply to join the Plan.
Please tick to confirm that you:

1. Are a member of Cumann Árachais Oifigeach an Ghnáth-Airm (CAOGA) ☐
2. Understand that you must remain a member of CAOGA to remain eligible for Plan membership ☐
3. Are over age 18 **and** 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. Are actively at work today and understand the meaning of actively at work today as defined in Section 7(b) ☐

Job/work sharers: Job/work sharing applicants (those who work 50% or less than the normal working week) who satisfy the eligibility conditions (opposite) are eligible to apply.

If you cannot confirm that all the above criteria applies to you, then you are not eligible to apply to join this Plan using this application form and should not proceed any further.

2. Data privacy notices

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.

MetLife

It is important that you know how and why MetLife uses your personal information. This is set out in the MetLife Privacy Notice which is always available on MetLife's website at www.metlife.ie/privacy-policy or you can ask MetLife for a copy.

3. Personal details

Title:

First name:

Surname:

Date of birth: D D / M M / Y Y Y Y

Address:

Tel. Home: Mobile: Eircode:

Email: Gender: Male Female

Are you employed in the Public Sector? Yes No

If yes:

a) When did you start working in the Public Sector? D D / M M / Y Y Y Y

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. Yes No

If yes, please provide the date here: D D / M M / Y Y Y Y

4. (a) Medical and other important information

Your personal health information:

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

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

In addition to the personal health information MetLife collects from you, MetLife 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, MetLife will rely on the information you have given. You must answer all questions that MetLife has asked in this form honestly and with reasonable care. Where MetLife asks you to answer a specific question, the subject matter of the question is relevant to the risk that MetLife is being asked to accept. If your answers are not true and complete, MetLife may be entitled to:

- Cancel your membership & benefits under the Plan without a return of premium,
- 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.

You may also encounter difficulty in obtaining insurance cover elsewhere.

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. MetLife may also contact you to ask you for further information on your answers or as part of any subsequent claim. MetLife may rely on the information you have provided and may not automatically clarify or confirm any information you provide.

If your application for cover is accepted, you will be issued an acceptance letter. In this letter, Cornmarket may ask you on MetLife's behalf, to advise if there has been any change to your health, circumstances, 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 you.

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.

4. (b) Application options:

Preferential declaration – This means that if you can answer 'No' to all of the questions in Section 4(c), your application will not be medically assessed and your application will be accepted based on this declaration. If you have any doubt and/or question regarding your ability to complete the preferential declaration, then you should apply using the medical questions route in Section 5 instead as described in the next paragraph.

Medical questions – This means that, if you answer 'Yes' to any of the questions in Section 4(c), you must answer each of the medical questions in Section 5, complete all other Sections and supply all relevant data. Your application will be medically assessed and further medical evidence may be sought before a decision will be made on your application.

4. (c) Preferential declaration

Please tick to confirm your answer:

Are you aged 40 or over? ..... Yes ☐ No ☐

In the past 12 months have you been:

- absent from work due to illness or injury or any other medical condition for more than 10 working days in a row? ..... Yes ☐ No ☐
- prescribed, advised to take or taken any medication for more than 4 weeks (not counting the contraceptive pill)? ..... Yes ☐ No ☐
- referred to a consultant or hospital for follow up? ..... Yes ☐ No ☐

Are you currently:

- under review by any consultant or hospital? ..... Yes ☐ No ☐
- awaiting any medical appointment, test or surgery or the results of any test or surgery? .. Yes ☐ No ☐

In the last five years have you, because of a medical condition:

- been refused or postponed insurance cover? ..... Yes ☐ No ☐
- had insurance cover offered only if you paid an extra premium? ..... Yes ☐ No ☐
- had insurance cover offered with one or more medical conditions excluded? ..... Yes ☐ No ☐

If you have answered 'Yes' to any of the questions above, please proceed to complete Section 5 and all other Sections.

If you have answered 'No' to each question above, please proceed to complete Sections 7(a) and 7(b).

5. Medical questions

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.

In the last year have you:

1. 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 ☐

Details if yes: Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on daily activities.

In the last 5 years have you:

2. Had any mental health condition requiring inpatient treatment or referral to a specialist or psychiatrist, including any eating disorder or an alcohol problem? Yes ☐ No ☐

Details if yes: Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on daily activities.

3. Had any medical tests, investigations or surgery? Yes ☐ No ☐

Details if yes: Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on daily activities.

4. Because of a medical condition had insurance cover:

- refused or postponed? Yes ☐ No ☐
- offered only if you paid an extra premium? Yes ☐ No ☐
- offered with one or more medical conditions excluded? Yes ☐ No ☐

Details if yes: What was the decision? Reason for decision, Date decision was made.

In the last 10 years have you:

5. Had diabetes, a stroke, or any problems with your heart or kidneys? Yes ☐ No ☐

Details if yes: Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on daily activities.

6. Had any form of cancer or a tumour or leukaemia? Yes ☐ No ☐

Details if yes: Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on daily activities

Are you currently:

7. Awaiting any appointment, test, surgery or investigation with your own doctor or any other medical professional? Yes ☐ No ☐

Details if yes*: Nature of illness, duration & dates off work, doctor consulted (incl address), restriction on daily activities.

*If you have answered Yes to this question, MetLife may not be able to make a decision on your application until the medical investigations are complete and the results are available to MetLife.

8. Experiencing any symptoms for which you have not yet sought medical advice or treatment? Yes ☐ No ☐

Details if yes: Nature of illness, duration & dates off work, restriction on daily activities.

5. Medical questions (continued)

Important: If there is any relevant information you have not been able to fully provide details of in the allocated space(s) above, please include them here:

6. Further medical information

Depending on the information you provide in your answers to the above questions in Section 5, MetLife may ask for further medical information from you and/or your GP.

MetLife 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:

What happens next?

MetLife 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 Plan your cover will begin from the date MetLife accepts your application and you will be sent a formal acceptance letter confirming that you are a member of the Plan.
- **Postponed** - This means due to your current medical circumstances, MetLife 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 MetLife is refusing your application for membership of the Plan.

If your application is postponed or declined, you can ask MetLife to provide the reasons for this decision, which may in certain circumstances be provided to you through your 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

I authorise for a member of Cornmarket staff to correct/amend my details entered into Section 3 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 confirm I have been informed about Cornmarket's Data Privacy Notice and where to find this.

I confirm I have read and understand the Medical and other important information section and I 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 my membership is accepted by MetLife.

Advice and non-Advice based options

Please tick to advise which statement best describes the circumstance in which you are applying for membership of the Plan:

I have received 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 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 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.

Applicant's signature: _____ Date: D D / M M / Y Y Y Y

7. (b) MetLife declaration

I understand that this application form along with any supplementary information given to MetLife will form my application for cover.

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

I also understand that my membership of this Plan with MetLife comprises of my 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.

I 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.

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

- Cancel my membership & benefits under the Plan without a return of premium,
- 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.

I also understand that I may encounter difficulty in obtaining insurance cover elsewhere.

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

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

I understand that membership of this Plan will not start until MetLife has accepted me for cover.

I understand that MetLife may use my personal information when underwriting any subsequent applications for cover with MetLife.

I authorise MetLife 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 Plan eligibility criteria. I confirm that all answers provided by me in this regard are answered honestly and with reasonable care and I understand that my cover is dependent upon continuing to satisfy the eligibility conditions of the Plan. I also confirm that I am actively at work today and that I understand the meaning of actively at work today* as defined below.

***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 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 51 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.

7. (b) MetLife declaration (continued)

I 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 I am eligible to avail of the period of free Plan membership, my premium payments to the Plan will automatically commence at the end of the period of free Plan membership. I understand that the period of free Plan membership will commence when I am formally accepted into the Plan by MetLife.

I confirm I have read and understand the Medical and other important information section and I 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 my membership is accepted by MetLife.

I understand that it is a condition of membership that I 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. I also understand the Plan Owner's decisions in such matters, as agreed with MetLife, are binding on all members of the Plan.

I confirm I have been informed about MetLife's Data Privacy Notice and where to find this.

Applicant's signature:

Date: D D / M M / Y Y Y Y

If you have any queries,
please contact Cornmarket:

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

Cornmarket

Payment Mandate

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.

Employment Details

Payroll Provider / Group (select one):

- ☐ Department of Education & Skills Teachers Payroll
- ☐ Educational Shared Business Services (Universities, TUs and IoTs)
- ☐ HSE Regions (incl. Tusla)
- ☐ Educational Training Boards
- ☐ Non-HSE Hospitals
- ☐ Local Authority Sector
- ☐ Other

National Shared Services Office (NSSO) Payrolls

- ☐ Government Departments
- ☐ Garda Payroll (serving)
- ☐ Prison Officers Payroll (serving)
- ☐ Other (incl Garda civilian)

Employer: _____ Employee number: _____

Workplace name: _____ Pay Area/Group Code: _____

Workplace address: _____ (Where applicable, required for HSE, please refer to your payslip)

(or School Roll number for teachers)

Pay frequency ☐ Weekly ☐ Fortnightly ☐ Monthly

Payment Instruction

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. 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 the DAS facility.

Member's signature: _____ Date: D D / M M / Y Y Y Y