

NFVSP Salary Protection Scheme Application form

Underwritten by Aviva Life & Pensions Ireland DAC (Aviva).



6 Months' FREE Salary Protection

Offer Details:

- ✓ To be eligible for **6 months free membership** of the Scheme, you must fulfil the eligibility criteria in Section 1 of the application form and be:
 - Under age 40 **and**
 - Applying to join the Scheme for the 1st time
- ✓ The 6 months free membership means 6 consecutive months from the 1st of the month following the date you are accepted as a member of the Scheme by the insurer.
- ✓ This offer is not available to existing members of any Salary/Income Continuance Scheme administered by Cornmarket.



Cornmarket Group Financial Services Ltd. is regulated by the Central Bank of Ireland.

The NFVSP Salary Protection Scheme is underwritten by Aviva Life & Pensions Ireland DAC.

Aviva Life & Pensions Ireland Designated Activity Company, a private company limited by shares, trading as Aviva Life & Pensions Ireland and Friends First, is regulated by the Central Bank of Ireland.

18883 NFVSP SPS App Cover V2 03-24 WEB

NFVSP Salary Protection Scheme

Application form

This Scheme is underwritten by Aviva Life & Pensions Ireland Designated Activity Company (Aviva). The Scheme benefits are provided by Aviva, and are governed by the policy document as agreed with the Scheme Owner (the NFVSP). This Scheme has been arranged by Cornmarket Group Financial Services Ltd. (Cornmarket) on behalf of the Scheme Owner. Cornmarket also provides advisory and administrative services to members of the Scheme. Information provided by you on this form will be used by Aviva and Cornmarket separately. References to 'the Scheme' in this application form shall mean the NFVSP Salary Protection Scheme.

Warning: The current premium may increase at the next Scheme review on or after 1st March 2025*

*In the meantime the premium rate should remain at the current 2.47% of salary. However, your individual premiums will increase or decrease in line with your salary if you are paying directly from salary.

1. Eligibility confirmation

Aviva and the Scheme Owner require you to fulfil all of the eligibility criteria below to apply to join the Scheme.

Please tick to confirm that you:

1. An employee of an organisation within:
 - the National Federation of Voluntary Service Providers (NFVSP)
2. Understand that you must remain an employee of an organisation of the NFVSP to remain eligible for Scheme membership
3. Are under age 60
4. Are working 8 hours or more per week
5. Are employed under at least one of the following conditions:
 - a) A full-time permanent basis **or**
 - b) A fixed-term contract of at least 12 months duration **or**
 - c) Have completed a 6 month contract and been offered another contract
6. Are actively at work today and understand the meaning of actively at work today as defined in Section 7(b).

Occupation:

Current gross annual salary:** €

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

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.

Important: I acknowledge that if I am accepted as a member of the Scheme and I submit a Disability Benefit claim that is paid for 36 months, then I will be required to undergo a Functional Assessment Test in order to continue receiving Disability Benefit.

I understand that there may be alternative Salary Protection products available to me, for example an individual Salary Protection policy or one that is linked to union membership. Should I wish to receive advice from a Financial Advisor, I acknowledge that I can call Cornmarket regarding same on (01) 470 8054.

Having considered the information above, I confirm I wish to proceed with my application for this Scheme.

Applicant's signature:

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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If you cannot confirm that all the above criteria applies to you, then you are not eligible to apply to join this Scheme and should not proceed any further with this application.

2. Data privacy notices

Before you provide your personal information please note 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.

Aviva

Before you provide your personal information, please note that Aviva Life & Pensions Ireland Designated Activity Company is the underwriter of this policy and therefore will need to collect and use personal information about you in order to underwrite your policy and to provide you with cover under the policy.

Aviva is a Data Controller and will use your personal information and share it within the Aviva Group, with its commercial partners and authorised agents/service providers to provide and administer financial products and services requested by you and to manage its operations effectively. Aviva may have a regulatory/legal obligation to provide certain personal information to regulatory authorities. Aviva also has a legitimate interest in processing data for management information purposes, and to detect and prevent fraud. Where your personal information is processed outside the European Economic Area, Aviva will always take steps to put safeguards in place. Personal information will only be kept for as long as it is reasonably needed and for the period necessary to manage Aviva's business and/or as required by law.

Aviva's Data Privacy Policy explains the most important aspects of how Aviva uses your information, how long Aviva holds your data and the legal basis it relies on for the processing of your personal data. It also provides you with important information regarding your rights in relation to your personal data and how you can exercise these rights. Aviva's Data Privacy Policy is available on its website at www.aviva.ie/about-and-support/privacy/ or you can ask Aviva for a copy by contacting Aviva's data protection team by emailing them at DPO@aviva.com, writing to the Data Protection Officer, Aviva, Building 12, Cherrywood Business Park, Loughinstown, Co Dublin, D18 W2P5 or calling them on (01) 8987000. If you have any questions about how Aviva uses personal information, manages personal information within its business or if you want to exercise your rights stated above, please contact Aviva's Data Protection Officer using the contact details outlined above.

3. Personal details

Title:	<input type="text"/>	Address:	<input type="text"/>
First name:	<input type="text"/>	<input type="text"/>	
Surname:	<input type="text"/>	<input type="text"/>	
Date of birth:	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	
Tel. Home:	<input type="text"/>	Mobile:	<input type="text"/>
		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Email:	<input type="text"/>		

Are you employed in the Public Sector? Yes No

If yes:

a) When did you start working in the Public Sector?

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:

4. Medical and other important information

Your personal health information:

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

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

In addition to the personal health information Aviva collects from you, Aviva 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.

Information to be provided by the life to be insured.

You have a duty to answer all questions asked by Aviva fully, honestly, accurately and with reasonable care. Failure to disclose all relevant information requested by Aviva during the application and claims process could render your contract void or result in a claim being denied or reduced.

Please remember that **Aviva will** use the answers given to assess the terms and the extent of benefits Aviva can offer. If you are in any doubt as to whether information is relevant in your responses to Aviva's specific questions (for example the questions regarding your medical history, smoking history, details of occupation, travel, pastimes and previous serious illness and/or income protection claims made by you), you should tell Aviva anyway. Please note these are not exhaustive examples of questions which may be asked by Aviva.

Before your policy starts, you must tell Aviva immediately about any alterations or changes to the information you provided in response to these questions including changes to your circumstances (e.g. medical conditions).

Any alterations and/or changes must be sent to Aviva's registered office Aviva Life & Pensions Ireland Designated Activity Company, Building 12, Cherrywood Business Park, Loughlinstown, Co Dublin D18 W2P5.

In accordance with the Disability Act 2005, you should not tell Aviva the results of any genetic tests which you have had.

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.

Please note: In answering the questions below, you do not need to disclose details relating to the following ailments: Acne, Anal fissure (single episode only), Bronchitis (provided fully recovered), Candidiasis, Chickenpox, Colds, Food poisoning, Ganglion, Glandular fever (provided fully recovered), Haemorrhoids or piles, Hayfever (without Asthma), Influenza, Laryngitis, Measles, Mild allergies, Miscarriage (assuming no complications), Mumps, Nasal polyps, Pregnancy (assuming no complications), Sinus infection, Sore throat, Stomach bug (including Gastroenteritis once fully recovered), Sunstroke, Thrush, Tonsillitis, Verruca.

1. In the last 12 months have you:

Been absent from work due to illness or injury for more than 10 consecutive working days? Yes No

Details if yes:

2. Are you currently:

Taking any prescribed drugs or medication or receiving any treatment, or have you done so in the last 6 months? Yes No

Details if yes:

3. In the last 4 years have you:

Attended, or been advised to attend, any doctor, specialist, consultant, counsellor, hospital or clinic for any medical check-up, blood, saliva or urine test, treatment, investigation or operation? Yes No

Details if yes:

4. Have you ever had:

a) Any kind of medical attention or time off work for depression, stress, anxiety, chronic fatigue, M.E., extreme exhaustion or other mental or nervous disorder? Yes No

Details if yes:

b) Any pain or restriction in movement in the back, neck, shoulder or joints (including traumatic injury), a slipped disc, sciatica, rheumatic, arthritic or muscular complaints including gout, repetitive strain injury, neuralgia or fibromyalgia? Yes No

Details if yes:

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

a) been refused or postponed insurance cover? Yes No

b) had insurance cover offered only if you paid an extra premium? Yes No

c) had insurance cover offered with one or more medical conditions excluded? Yes No

Details if yes:

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, Aviva may ask for further medical information from you and/or your GP.

Aviva 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 Aviva or a third party on Aviva's behalf need to contact you, what time of day do you prefer to be contacted?

Morning Afternoon Evening

What happens next?

Aviva will assess the potential risk of insuring you and then make a decision on your application. Your application may be:

- **Accepted** - If you are accepted as a member of the Scheme your cover will begin from the date Aviva accepts your application and you will be sent a formal acceptance letter confirming that you are a member of the Scheme.
- **Accepted with exclusion(s)** - This means you may be offered acceptance but with certain illnesses or conditions excluded. If this is the case, you will be asked whether or not you wish to proceed with the acceptance with certain illnesses or conditions excluded.
- **Postponed** - This means due to your current circumstances, Aviva 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 Aviva is refusing your application for membership of the Scheme.

If your application is accepted with exclusions, postponed or declined, you can ask Aviva 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 Aviva.
- That where disability benefit is an available Scheme benefit
 - the meaning of disability as explained in the Scheme Summary Booklet
 - the reductions to the benefit where there are disability payments from other sources

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 Scheme:

I have received advice

Following a consultation, I have been advised to apply for membership of the Scheme by a Cornmarket Financial Advisor. I have obtained the Scheme Information and the Cornmarket Terms of Business document and will review them within the cooling off period. I also acknowledge that the Scheme 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 Scheme myself and have decided that it is an appropriate product for me. I confirm that I have access to the Scheme 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
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7. (b) Aviva declaration

I, the life to be insured, declare that the information on this application form and all other information furnished by me and/or on my behalf (whether in my handwriting, any other hard copy form, by any electronic means or verbally) in relation to this application for insurance cover in respect of me is true, accurate and complete. I understand the consequences (as outlined in the Medical and other important information section of this form) for cover if this is not the case.

Before my cover starts, I will confirm in writing to Aviva Life and Pensions Ireland Designated Activity Company, Building 12, Cherrywood Business Park, Loughlinstown, Co Dublin, D18 W2P5, if there are any changes to the information I have provided in this form and, if applicable, to any supplementary questions answered, up until the date I have received written confirmation that my benefits have been accepted by Aviva. For example if I have experienced any new health issues or symptoms, or where I am attending or being referred for any medical appointment or consultation or if I am receiving or if I am due to receive treatment or if there is any information I wish to update that I previously did not tell Aviva about. It is my responsibility to notify Aviva immediately of changes and/or alterations that occur to the information I provided previously in response to Aviva's specific questions. I acknowledge that any changes may affect the terms and the cover Aviva can offer, and that Aviva reserves the right to offer amended terms and/or decline cover.

Please note in accordance with the Disability Act 2005, you should not tell Aviva the results of any genetic tests which you have had.

With the exception of the results of genetic tests, I consent to Aviva seeking information relevant to the application for insurance cover in respect of me from and I authorise the giving of such information by:

- any doctor or other person who may be in possession of, or hereafter acquire, any information regarding my health.
- any insurance company to which an application has been made on my life for life, accident, specified illness, sickness, disability or income protection cover.

I agree that this consent/authority shall remain in force after my death as well as prior thereto.

I have read and understand the Aviva Data Privacy Policy, as noted in Section 2 above.

Where I am providing information about another person (e.g. family members), I confirm that I have:

- let them know what information I have shared with Aviva
- shared the relevant Data Privacy Policy with them and
- obtained their confirmation that they have read and understand the Data Privacy Policy. I understand that Aviva requires, for the purposes of the insurance cover in respect of me, that I have their confirmation as outlined here.

I understand that in the interests of customer service and to ensure the accuracy of records, telephone conversations between Aviva and me may be recorded.

I understand that references to "Aviva" apply to Aviva Life & Pensions Ireland Designated Activity Company, the company in the Aviva Group that underwrites the insurance cover (for which an application is being made in respect of me).

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

I understand that in the event of my application not proceeding, information provided in connection with my application will be retained by Aviva for a period of up to six years to facilitate any future application by me to Aviva.

I confirm that I have completed and understand the Scheme eligibility criteria. I confirm that all answers provided by me in this regard are answered honestly, accurately and with reasonable care and I understand that my cover is dependent upon continuing to satisfy the eligibility conditions of the Scheme. 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**
- **Are not currently absent from work due to experiencing COVID-19 symptoms i.e. continuous cough, a high temperature or breathing difficulties, testing positive for COVID-19, being advised to have a COVID-19 test or waiting on a COVID-19 test result.**

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 Scheme.

I understand that where there is the potential for a period of free Scheme 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 Scheme membership, my premium payments to the Scheme will automatically commence at the end of the period of free Scheme membership. I understand that the period of free Scheme membership will commence when I am formally accepted into the Scheme by Aviva.

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 Aviva.
- That where disability benefit is an available Scheme benefit
 - the meaning of disability as explained in the Scheme Summary Booklet
 - the reductions to the benefit where there are disability payments from other sources

I understand that it is a condition of membership that I accept that the Scheme is a reviewable group scheme and that at the next review date the terms of the Scheme may be amended or terminated altogether. I also understand the Scheme Owner's decisions in such matters, as agreed with Aviva, are binding on all members of the Scheme.

Applicant's signature:

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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If you have any queries,
please contact Cornmarket:

Christchurch Square, Dublin 8

Call us on **(01) 470 8054**

or visit **[cornmarket.ie](https://www.cornmarket.ie)**

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17964 NFVSP SPS App V2 03-24 WEB

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:

SEPA direct debit mandate

Unique Mandate Reference

Cornmarket Group Financial Services Ltd., Christchurch Square, Dublin 8, Ireland. Creditor Identifier: IE27ZZ993020

By signing this mandate form, you authorise Cornmarket Group Financial Services Ltd (Cornmarket) to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instruction from Cornmarket. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank. Please complete all the fields below marked with*.

*Your Name:

*Your Address:

*City/Postcode: *Country:

*IBAN:

*Swift BIC:

*Type of Payment: Recurrent

Creditor's Name: Cornmarket Group Financial Services Limited.

Creditor's Address: Christchurch Square, Dublin 8.

Country: Ireland.

*Signature:

*Date:

**Second Signature:

*Date:

** Required when bank account is held in two names

*** Preferred payment day (between 1st-28th) each month

***Preferred Deduction date: Please enter above the preferred date in the month (e.g. 26th) which you would like Cornmarket to request the monthly premium from your account. Please note where the date selected in a given month falls on a non-banking date, our request will be made for the following banking day. Please note where you select a date, which is within 14 days of the inception date of the policy Cornmarket may take this as prior agreement to waive your 14 days' notice of direct debit commencement.

By completing the mandate, you accept the following terms and conditions:

- In the event that our direct debit instruction request is returned unpaid, Cornmarket may, at their discretion, resubmit this request up to 10 working days after the initial payment was due.
- A default in payment may result in ineligibility for direct debit payment plans with Cornmarket Group Financial Services Ltd for future policies.
- Cornmarket may contact you by phone/post/SMS/Email with regard to non-receipt of any monthly Direct Debits.
- It remains the responsibility of the policyholder to notify Cornmarket of any change of bank account or address details.
- Cornmarket reserves the right to amend the direct debit amount in keeping with your policy terms and conditions.

CREDITOR'S USE ONLY: Debtor identification code:

Description of the contract: **GROUPPROTECTIONSCHEME**

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