

Civil Service Income Protection Scheme Application Form

A scheme that goes to work when you can't

What is Income Protection?

If you can't work due to illness or accident, Income Protection will take over when your salary is reduced while on sick leave from work, providing up to 75% of your salary (inclusive of half pay, any early retirement pension or social welfare benefit you may be entitled to).

All members of Fórsa can apply to join the Income Protection Scheme, some applicants may be subject to medical underwriting.

Cover to age 67 for new entrants to the Civil Service since 1st April 2004.

No Underwriting required if joining the scheme within 18 months of employment commencement.

Improved provisions for job-sharers, term timers, temporary and part-time workers, (working 8 hours or more), adoptive and parental leave and leave to care for dependents.

Accidental death benefit of €20,000 free of charge.

What will it cost?

Clerical Officers

The cost of cover is 1.27% of your gross basic salary. Deductions are made from salary and full income tax relief is allowed at source. Example:

| Gross Salary | Gross Cost Per week | Net Cost per week (20% tax payer) |
|--------------|---------------------|-----------------------------------|
| €23,572 | €5.74 | €4.59 |

Executive Officers

The cost of cover is .99% of your gross basic salary. Deductions are made from salary and full income tax relief is allowed at source. Example:

| Gross Salary | Gross Cost Per week | Net Cost per week (40% tax payer) |
|--------------|---------------------|-----------------------------------|
| €40,000 | €7.59 | €4.55 |

Join now and get up to...



Excellent cover for a small contribution and a minimum of effort. Just complete the attached form and send it to GroupRisk@LFS.ie or post it to our offices (address on reverse)

CIVIL SERVICE INCOME PROTECTION SCHEME APPLICATION FORM FOR CLERICAL AND EXECUTIVE GRADES

Personal Details

Full name

Title Mr Mrs Miss Ms Date of birth

Address

PPS number Mobile number

Email address

I am applying to join the Forsa Group Income Protection Plan for:

Please tick relevant Grade: CO EO, HEO, AO

Employment Details

Employer Department/Unit

Work address

Occupation Staff number

Date joined Civil/Public Service Sector

Employment status Permanent Temporary Full time Part time (Must be working more than 20% of full time hours)

Current Gross Annual Salary Superannuation scheme member Yes No

Confirmation of Eligibility for Membership – Important Information

You should obtain a copy of the Plan booklet and understand how the Income Protection Plan works and the terms and conditions before joining.

I confirm that: I am a member of Fórsa I am actively at work* on the date of signing declaration

* Actively at work means that you:

- are working the normal number of hours required by your contract of employment, either at your normal place of business or at a location to which you are required to travel from business
- are mentally and physically capable of following the duties of your normal occupation, and
- have not received medical advice to refrain from work.

Where the requirement to be actively at work refers to a particular day, which is not a working day, you will be considered to be actively at work unless your medical records show that you were suffering from a medical condition which would reasonably have prevented you from working normally. We will consider prearranged absence for statutory leave such as maternity or paternity leave or holiday to be actively at work unless medical records show that on the relevant date you were suffering from a medical condition which would have reasonably been expected to prevent you from working normally.

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

Are you joining the plan within 18 months of joining service? Yes No

Date of joining the service

If 'Yes' Please skip the medical details and sign both the declaration and the salary deduction mandate on page 6.

If 'No' Please complete all sections of this form including the declaration and salary deduction mandate on page 6.

Basic medical details

Please answer all questions on this application carefully and honestly, giving full details.

When completing this application form you must disclose all Material Facts.

A Material Fact is any fact that the insurer would regard as likely to influence the assessment and acceptance of the proposal. Failure to disclose all Material Facts, including full disclosure of your medical details and history, may delay or prevent the issue of your policy; cause it to be cancelled at a later date; and/or invalidate future claims. If you are in any doubt as to whether a fact is a Material Fact you should disclose it.

You are not required to disclose any genetic test results you may have had and we will not have regard to any genetic tests that come into our possession.

You are, however, required to provide us with full details (other than genetic tests) in answer to all health questions, including full details about your family history, as part of any Medi-Phone interview you are required to take (see page 4 for details).

You must advise us of any changes in your health or circumstances which happen between now and the date your application is confirmed as accepted by Aviva dac, which would make any of the answers on this form wrong or incomplete. Failure to do so may invalidate future claims.

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), Hayfever (without Asthma), Ganglion, Minor allergies, Thrush/Candidiasis, Chickenpox, Colds/Influenza, Food poisoning, Measles, Heat Stroke/Sunburn/Sunstroke, Laryngitis, Lockjaw (provided full recovery has been made), Mumps, Pharyngitis, Stomach bug (including Gastroenteritis once fully recovered), Glandular fever (provided fully recovered), IGTN, Haemorrhoids/piles, Verruca, Childhood Bronchitis, Pregnancy (assuming no complications), Miscarriage (assuming no complications), Sinusitis/Nasal Polyps, Tonsillitis/Quinsy.

- 1 Have you been absent from work due to illness or injury for more than 10 consecutive working days in the last 12 months? Yes No
- 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
- 3 Have you attended, or been advised by your GP to attend, any doctor, specialist, consultant, counsellor, hospital or clinic for any medical check-up, blood, saliva or urine test, treatment, investigation or operation in the last 4 years? Yes No
- 4 Have you ever suffered from or had treatment for:
(a) Stress, post-natal depression, anxiety, depression, nervous breakdown or mental disorder? Yes No
(b) Slipped disc, whiplash or other neck or back problem? Yes No
- 5 Has any application for life, critical illness or salary protection cover (disability benefit) on your life to any insurer ever been declined, postponed, accepted at an increased premium or with exclusion imposed? Yes No

If you have answered 'Yes' to any of the questions above please provide details below.

GP Details

Do you currently have a GP? Yes No

If yes please provide the name and address of your GP

Name of Doctor

Address of Doctor

If you have been attending this GP for less than 1 year please provide details of your previous GP

Name of Doctor

Address of Doctor

Further Medical Evidence

Please use this space to provide any additional information to any question above to which you answered Yes. Please continue on a separate sheet if necessary.

Medi-Phone

Further details via Medi-Phone call – from time to time, Aviva dac 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. (a specialist company who carry out the phone calls on Aviva dac behalf) to obtain more information regarding your medical history. This will help Aviva dac 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 page 5 for details.

Tel Home

Mobile

Work

Preferred Contact Time

Morning

Afternoon

Evening

You will be contacted normally within a day or so of Lyons Financial Services submitting your application form to Aviva dac. If, when you are called, it is not a convenient time, then just ask to re-arrange to a more convenient time. If you have not been contacted within 3 days, or you have been away or out of touch you may like to phone MorganAsh on Free-phone 1800 80 53 98.

The interview can be undertaken up to 9.00pm at night and during the day on Saturdays. 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. It is important that you are in a confidential situation and have the time to spare to undertake the interview. MorganAsh will not undertake the interview if you are driving.

Medi-Phone: 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 Aviva dac). 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.

To make the process go smoothly please take some time to gather the following information to hand:

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?

We will record the phone call which 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 Aviva dac underwriter will assess the information and, in most cases, make a final decision on whether we can accept your application. Lyons 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 Aviva dac 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 you to complete. You can then post these forms back to Lyons Financial Services.

If you have any questions in relation to this, please contact Lyons Financial Services on 01 8015808

Aviva dac Data Privacy Notice

Aviva dac is the underwriter of this policy and therefore will need to process your personal data in order to underwrite your policy and provide you with cover under the policy. Aviva dac Data Privacy Notice, available at www.aviva.ie/privacy, details how Aviva dac as a company processes your personal data and the legal bases it relies on for the processing of your personal data. It also provides you with important information regarding your rights in relation to the personal data Aviva dac holds about you and with information on how you can exercise these rights.

Lyons Financial Services Data Privacy Notice

Lyons Financial Services needs to collect and use your personal information to arrange your policy contract through the relevant insurer who underwrites any policy you choose to go ahead with. Lyons Financial Services Data Privacy Notice, available at www.LFS.ie, details how Lyons Financial Services as a company processes your personal data and the legal bases it relies on for the processing of your personal data. It also provides you with important information regarding your rights in relation to the personal data Lyons Financial Services holds about you and with information on how you can exercise these rights.

Declaration

I declare that I am actively at work today, or capable of being actively at work today. I also declare that the above statements (including any statements written down at my dictation) are TRUE and COMPLETE. I understand that failure to disclose a Material fact may constitute grounds for rejection of a claim.

I consent to Aviva dac or their agents seeking information from any doctor who at the time has attended me concerning anything which affects my physical or mental health or seeking information from any insurance office to which a proposal has been made for insurance on my life and I authorise the giving of such information.

It is agreed that this declaration and any other declaration made in connection with this proposal including statements made to a medical examiner and/or nurse acting on behalf of the tele-underwriting provider acting on behalf of Aviva dac shall be the basis of the contract of assurance and/or insurance between me and Aviva dac. It is understood that Aviva dac must be notified of any other changes in my health and/or circumstances prior to the assumption of risk.

I understand that I may be asked to do a telephone interview as part of the process of evaluating my health status for the purpose of this application. I understand and consent to the recording of this telephone interview.

I understand that the assurance shall not commence until this application has been accepted by Aviva dac.

I consent to medical information obtained from a medical examination or health screening report being shared with my Doctor. I further consent to Aviva dac or its agent accepting medical reports electronically transferred to them from my Doctor and to copies of the reports being electronically transferred to any other company that I have applied to at their written request.

Please tick this box if you do not consent to the electronic transfer of medical reports.

If your proposal for insurance is declined or accepted on special terms it will be noted on a registry administered by the Central Bank of Ireland, and may be shared with other companies as a protection against non-disclosure of material facts.

Signature of life to be assured:

Date: _____

Salary Deduction Mandate for Fórsa Income Protection Plan

Full name

Staff number Office telephone number

Name and address of employer

I accept the deduction of a percentage of my salary to cover the cost of my inclusion in the Income Protection Plan. I accept this deduction, being made solely as a measure of convenience to me, may be terminated at any time. I also accept that the ultimate responsibility for ensuring that the deduction has in fact been made from my salary rests with me and that beyond making appropriate remittance direct to Aviva dac and/or Lyons Financial Services, in accordance with the arrangements approved, the employer accepts no responsibility of any kind in the matter.

Signature of life to be assured:

Date: _____



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Lyons Life t/a as Lyons Financial Services is regulated by the Central Bank of Ireland