

# Group Risk Benefits

## Supporting Information with your Application

In order to confirm underwriting terms, please provide the following information. **Please complete this form fully using BLOCK CAPITALS.**

Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at <http://www.irishlifeemployersolutions.ie> or you can ask us for a copy.



Please tick your  
chosen option

1. Name of previous insurer (if applicable)
 

a. Confirmation of previous benefit structure (if different)	Yes	No	Not applicable
b. Copy of most recent underwriting terms	Yes	No	Not applicable
c. Have there been any claims in the past 5 years?	Yes	No	
d. Are there any current or pending claims?	Yes	No	
e. Has the scheme existed for more than 5 years? If no, how long has it existed?	Yes	No	
  
2. Is the membership compulsory?
 

	Yes	No	
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3. Are all occupations clerical? If no, please give more details.
 

	Yes	No	
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4. Has the statement of attendance been completed on the enclosed application form? (page 6)
 

			Yes
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5. Have you submitted the final data on Excel with the following compulsory fields?
 

			Yes	No
i. Full Name				
ii. Date of birth				
iii. Salary				
iv. Gender				
v. Relationship Status (where applicable)				
  
6. If Income Protection is being provided, we will need:
  - i. Occupations
  - ii. Confirmation of premium protection benefits (if applicable)
  - iii. Confirmation of Pension benefits (if applicable)
  
7. Has Page 9 been fully completed - signed off with company seal attached?
 

	Yes	No	
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8. If the Death Benefits are to be governed under an existing trust, has a copy of the Revenue Approval letter in respect of that trust been attached?
 

	Yes	No	Not applicable
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9. Have you completed the SEPA Direct Debit mandate at the end of this application form?
 

	Yes	No	Not applicable
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10. Comments

# Employer Application Form - Important Information

## Death in Service - DIS/Life Assurance – LA/Term Life Assurance – TLA

### i. Lump Sum Death in Service Benefit

A lump sum, usually a multiple of salary e.g. 4 times salary or a fixed amount - for example €100,000 may be payable to a dependant on the death of a member.

The maximum tax free lump sum the Revenue Commissioners allow is 4 times salary. Where a member is insured for more than 4 times salary, for example 6 times salary, the remaining 2 times salary must be used to provide an annuity or an approved retirement fund (ARF).

### ii. Dependant's Pension Death in Service (DPDIS)

A dependant is someone who is financially dependent on the scheme member for the ordinary necessities of life (e.g. living expenses). This can be one of the following:

- **Spouse** - The person to whom the scheme member is married.
- **Civil partner** - someone who has entered into a civil partnership under the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010 with the scheme member
- **Co-habiting partner** - someone who has been living in a spousal type relationship with the scheme member for a minimum of 12 months prior to the date on which application for insurance under this Policy is made to the company.
- **Child of single parent** - the single parent being a member of the scheme.

Where there is more than one qualifying dependant, Irish Life will only pay a single dependant's benefit. In the case of children this benefit may be split between multiple children, with the total payments equaling a single dependant's payment.

### iii. Children's Pension Death in Service (CPDIS)

This is similar to the Dependant's Pension Death in Service (DPDIS) but in the case of children's pension death in service, the benefit is usually only payable to children up to age 18 (or age 23 if in full time education), or age in the Trust rules, if less.

**Please Note: The Revenue Commissioners impose a maximum limit on the total of all pensions payable to dependants. Typically this amounts to 2/3 x salary.**

### iv. Escalation

This is a benefit that a scheme can provide to increase the various death in service pensions for dependants or nominated dependants annually. Benefits can be paid with no future increases, or can provide increases at 3% fixed, 5% fixed, 3% to maximum of Consumer Price Index (CPI) or 5% to maximum of CPI.

### v. Nominated Dependant's Pension

Irish Life will cover nominated dependants pensions for members in relationships where the couple are living together and there is a financial dependency.

## Income Protection Benefits – IP/Salary Protection – SPP/Permanent Health Insurance – PHI

This benefit is paid until the earlier of return to work OR cleared fit to return to work by the insurer, termination of employment, retirement on reaching policy termination age or death.

Irish Life requires full disclosure of previous medical information confirmed at quotation stage. If this is not disclosed any quotation issued will assume that there are no issues other than those disclosed to us at that time. The quotation issued will not be valid if we are subsequently advised of a condition that should have been disclosed when requesting the quotation. In addition it should be noted that failure to disclose relevant information may result in the following:

1. The policy may be cancelled.
2. Claim requests may be declined.
3. Difficulty in obtaining cover elsewhere in the future due to the failure to disclose relevant information for this cover.

### i. Income Protection Benefit

Income Protection benefit is a benefit paid to replace part of a member's income if the member is unable to follow his/her normal job due to illness or injury. It is usually a percentage of salary less a social welfare offset. e.g. 2/3 x salary less an amount for social welfare. (This is in fact generally the maximum benefit we will insure under this type of arrangement).

In addition, a member unable to follow his/her normal job due to illness or injury may also be entitled to the payment of an illness benefit from the State under Social Welfare provisions, usually for a maximum of 2 years. If for any reason the Social Welfare benefit is not payable, or it ceases while in payment, the benefit paid under this plan will not be adjusted.

#### ii. Premium Protection

This benefit is payable to the employer who uses it to pay any pension contribution (and life assurance costs if required) for the employee whilst he/she is out of work due to illness or injury.

#### iii. Deferred Period

The member must be out of work for a certain length of time before he/she can claim benefit. The amount of time can be 13, 26 or 52 weeks. No benefit is payable until this time has lapsed and so this is known as the deferred period.

#### iv. Escalation

Where the scheme rules allow for escalation, the benefit payable will increase by the escalation amount each year. The Income Protection benefit can be paid with no future increases, or can provide increases at 3% fixed, 3% to maximum of Consumer Price Index (CPI), or 5% to maximum of CPI annually. There is an additional cost for providing increases in benefit during payment.

## Payment of Premiums

- i. Premiums must be paid to ensure cover is maintained. If the premium is not paid Irish Life may terminate the cover by giving notice in writing of our intention to do so. In the event that this happens, Irish Life will require any amount outstanding to the date risk cover ceased to be paid in full.
- ii. Premiums are calculated using a unit rate. The unit rate is calculated every 2 or 3 years or if there is a change in benefit structure or a large membership change. It is completed by Irish Life actuaries. Irish Life will request data from you to enable the calculation of the unit rate. Failure to provide this information may result in cancellation of the cover. Irish Life will provide the cover from the date requested by you on page 4 of this form.

**WARNING:** The current premium may increase after the rate guarantee period expires. Where the scheme membership has increased or decreased by over 25%\* then Irish Life will have the right to review the unit rate applying to the scheme within the three year period.

\*50% if a scheme membership is less than 50 lives. A review will also be necessary if the benefit structure is changing within the period.



You have two options to pay premiums:

#### 1. Electronic Fund Transfer

Bank Account details are outlined on Page 11 of this form. Please include the scheme number and name as the beneficiary narrative. We need these details to appear on our bank statements to enable us to allocate your payment correctly.

#### 2. Payments by SEPA direct debit mandate

Irish Life will provide the cover from the date requested by you on page 4 of this form.

We collect direct debit mandate payments on the 1st of each month, or as near as possible after that date.

Our intention is always to activate the mandate as soon as we can after your scheme starts and, if you have chosen to pay premiums on a monthly basis, the first monthly deduction will represent the proportion of the equivalent annual cost that is due from the date your scheme started up to the end of the month in which the mandate is activated.

After that, the amount deducted will reflect the true monthly cost of the benefits provided under your scheme.

Irish Life will confirm to you, either by letter or e-mail and before actually making the first deduction, the date that we plan to activate the mandate and the deduction amount(s) that we intend to make in respect of the initial renewal year.

Similar prior notification will also be issued in respect of each subsequent renewal year and/or when renewal premium calculations are formally completed in respect of any given renewal year.

In completing the SEPA Direct Debit Mandate at the end of this application form, you are confirming that you have read, understood and accepted the content of this paragraph (point 2).



**Important notice - ensure you have read this before completing the application form.**

# Group Risk Benefits

## Employer Application Form

Group Policy Number

(for office use only)

Please complete this form fully using **BLOCK CAPITALS**. Where relevant tick the appropriate box. If a section does not apply, write N/A and please use capital letters throughout.

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Advise all potential members whose data you are providing us of the availability of our Irish Life Data Privacy Notice.



Financial Adviser Name

Seller Code

### Section 1: Your Details

Registered Employer Name

Employer Tax Reference Number

Address of Registered Office

Business Address

If any person you have included in this plan is not employed directly by you, please give us the following information.

Registered Employer Name

Address of Registered Office

How are they associated to you?

### Section 2: Choosing your benefits

Please choose the benefits you are applying for by ticking the appropriate box or boxes below and please answer the questions which apply to each plan.

Life Assurance

Income Protection

Dependant's Pension

Specified Illness Cover

### Section 3: Membership (Eligibility)

If you have more than one category of membership, provide the name of each category and complete details below.

Benefit category 1

Category of Employee

Minimum age at joining

Maximum age at joining

Service required before joining

When does membership begin? a. Immediately b. On the next renewal date

Definition of salary

a. Basic salary excluding all variable elements

b. Other

Benefit category 2

Category of Employee

Minimum age at joining

Maximum age at joining

Service required before joining

When does membership begin? a. Immediately b. On the next renewal date

Definition of salary

a. Basic salary excluding all variable elements

b. Other

If other please specify

Increases in salary will apply      a. Immediately      b. On the next renewal date  
 Date the cover will start      Renewal date  
 Are all eligible employees living in Ireland for tax purposes?      Yes      No  
 Premiums will be paid    Every month      Every 12 months      By Direct Debit      By Electronic Funds Transfer

## Section 4: Benefit Details

If you have more than one category of membership, please specify benefit structure for each category below:

Please specify benefit structure - e.g. 4 x salary

### Life Assurance (TLA)

Benefit category 1

Benefit category 2

When will this cover end?      65 years      Other

Please specify benefit structure split per category e.g. 50% x salary

### Dependant's Pension Death in Service Benefit

Benefit category 1

Benefit category 2

Please confirm the definition of qualifying dependant below – i.e who will be eligible for this benefit. Note the dependant must qualify as a financial dependant under Revenue rules.

#### Legal spouse/civil partner

Co-habiting partner      Child of single parent\*      Other - please confirm the definition below

\*Payment ceases at age 18/23 if in full time education (or Trust rules if less)

Where there is more than one qualifying dependant, Irish Life will only pay a single dependant's benefit. In the case of children, this benefit may be split between multiple children, with the total payments equalling a single dependant's payment.

Please specify benefit structure split per category e.g. 10% of salary

### Children's Pension Death in Service

Benefit category 1

Benefit category 2

When will the Children's Pension Death in Service cease? At age 18/23 if in full time education      Other  
 (or Trust rules if less)

How many children will be eligible for this benefit

Rate of the increase every year for Dependants pension/Children's pension benefit

0%      3% fixed      3% to a maximum of CPI (Consumer Price Index)

5% fixed      5% to a maximum of CPI (Consumer Price Index)

Please specify benefit structure split per category e.g. 2/3 x salary - Social Welfare deductions

### Income Protection (IP)

Benefit category 1

Benefit category 2

#### Premium Protection Benefit (if applicable)

Benefit category 1

Benefit category 2

Does the premium protection benefit include cost of death in service benefits? Yes No

When will the cover end? Maximum age of 65 years Other

What deferred period would you like? 13 weeks 26 weeks 52 weeks

Rate of the increase every year for IP benefit (see note below)

0% 3% fixed 3% to a maximum of CPI (Consumer Price Index)

5% to a maximum of CPI (Consumer Price Index)

**Please send us, with this application form, a list of the proposed members who are not working in managerial or clerical occupations with a description of their exact occupations.**

### Specified Illness Cover Plan

Specified Illness Cover Plan Benefit

(For each category)

When will the cover end? Maximum age of 65 years Other

**Warning: The current premium may increase after the next renewal**

## Section 5: Trust Details

If you have more than one category of membership, please specify benefit structure for each category below. Please say under which trust the benefits in this proposal are to be set out.

### A. Under an existing trust

**If the benefits shown in this form are to be provided under an existing plan you have set up, we require the following information:**

Title of trust

Revenue reference number

Exempt approval date

Pensions Authority registration number

Copy of the Revenue Commissioners letter of formal approval for the existing plan is attached Yes No

Who is the current Registered Administrator

### B. Under a new trust

**If the benefits shown in this form are to be provided by setting up a new separate trust, you should give us the following information.**

Will the new separate trust be prepared by a. Irish Life Assurance plc or

b. Someone else?

If this new trust is to be prepared by Irish Life Assurance plc, please complete the Declaration of Trust on page 8-9 of this Application Form.

## Section 6: Statement of Attendance

Please complete  
for all schemes

Please tick if all the members are actively at work\*\* on the cover start date

\*\*Actively at work means that the employee:

- a. Is working their normal contracted number of hours.
- b. Has not received medical advice to refrain from work.
- c. Is not restricted from fully performing the normal duties associated with their occupation.
- d. 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**.

Note: those on paid and unpaid statutory leave (maternity, Parental and carer) can be considered actively at work so long as they would be able to fulfil points B and c above.

If not, please list all the members who could not actively work because of illness or injury on the cover start date shown earlier.

Name

Date the illness began

If you are providing an Income Protection Plan please list the members who were away from work because of illness or injury for more than 10 working days in the **three calendar months immediately** before the cover starts.

Name

Number of days absent

If you want to list more than 3 members, please update the 'Additional Notes' Section with details on page 10.

If the above information differs to what was provided at the quotation stage, Irish Life Assurance Company (ILAC) may alter the quote or decline claims.

If Risk Benefits were previously insured, please provide details of the last underwriting terms issued and provide the name of the previous insurer.



## Section 7: IMPORTANT - Telling Irish Life About Relevant Information

When deciding whether to insure you and when setting the terms and premium, Irish Life will rely on the information you have given us. You must answer all questions that Irish Life have asked in this form honestly and with reasonable care. Where Irish Life ask you to answer a specific question, the subject matter of the question is relevant to the risk we the Insurer are being asked to undertake. If your answers are not true and complete, Irish Life may be entitled to void the policy without return of premium, repudiate liability or alter the schemes unit rate.

If there is anything not covered by the questions on this form that you think we should know, please tell us in Section 8 below.

## Section 8: Other Relevant Information

Please fill in any  
other relevant  
details

## Section 9: Declaration

I/We hereby agree that this application and declaration shall form the basis of the contracts proposed between the Trustees and/or the Employers and Irish Life Assurance plc. I/We understand that the contracts are conditional on the establishment of the plan under trust and on the approval of the arrangement by the Revenue Commissioners as an exempt approved scheme under the Taxes and Consolidations Act 1997.

Please sign and date

Signature of Trustee

Date

Signature of Employer

Date

## Section 10: Data Privacy Notice and Employer Declaration

All the answers to these questions are true and correct and this proposal will form the basis of the contract of assurance or insurance (or both) between Irish Life Assurance Plc, the Trustees (if this applies) and the employer. I have read the 'Important Information' section at the front of this application form before completing it.

I have applied for the Group Risk Benefits Plans I have ticked on page 5 and I have chosen certain conditions which will apply for each plan.

When deciding whether to insure you and when setting the terms and premium, Irish Life will rely on the information you have given us. You must answer all questions that Irish Life have asked in this form honestly and with reasonable care. Where Irish Life ask you to answer a specific question, the subject matter of the question is relevant to the risk we the Insurer are being asked to undertake. If your answers are not true and complete, Irish Life may be entitled to void the policy without return of premium, repudiate liability or alter the schemes unit rate.

I confirm we have been informed about the Irish Life Data Privacy Notice and where to find it.

I will advise all potential plan members of whose data we are providing to you of the availability of the Irish Life Data Privacy Notice.

Please sign and date

I agree to appointing

as my/our agent under the plan.

Authorised to sign for and on behalf of the Employer

Date

## Section 11: Data Privacy Notice and Trustee Declaration

Fill in this section only if you have chosen Group Life Assurance and/or Dependant's Pension Benefits)

I agree this application and declaration will form the basis of the contract/s proposed between the trustees and Irish Life Assurance plc.

All the answers to these questions are true and correct and this proposal will form the basis of the contract of assurance or insurance (or both) between Irish Life Assurance Plc, the Trustees (if this applies) and the employer. I have read the 'Important Information' section at the front of this application form before completing it.

I have applied for the Group Risk Benefits Plans I have ticked above and I have chosen certain conditions which will apply for each plan.

When deciding whether to insure you and when setting the terms and premium, Irish Life will rely on the information you have given us. You must answer all questions that Irish Life have asked in this form honestly and with reasonable care. Where Irish Life ask you to answer a specific question, the subject matter of the question is relevant to the risk we the Insurer are being asked to undertake. If your answers are not true and complete, Irish Life may be entitled to void the policy without return of premium, repudiate liability or alter the schemes unit rate.

I confirm we have been informed about the Irish Life Data Privacy Notice and where to find it.

I will advise all potential plan members of whose data we are providing to you of the availability of the Irish Life Data Privacy Notice.

I agree to appointing

as my/our agent under the plan.

Authorised to sign for and on behalf of the Trustees

Date



Fill in this section only if you have chosen Life Assurance and/or Dependant's Pension Benefits. It is not required if the scheme provides Income Protection benefits only

## Section 12: Declaration of Trust

**Please complete the Declaration of Trust on page 9 and 10 if you have chosen Life Assurance and/or Dependant's Pension benefits and you require Irish Life to complete the documentation for you.**

The Principal Employer is the company which is the direct employer of all (or a majority of) scheme members and potential scheme members.

The Principal Employer must complete this Declaration and include company seal and two witnessing signatures as specified. If the Principal Employer is Trustee, only Section 1 overleaf has to be completed.

An independent Corporate Trustee will complete the Declaration of Trust in the same manner as the Principal Employer (i.e company seal and two witnessing signatures) (Section 2 overleaf).

If Individual Trustees are to act as Trustees, their full names and addresses are to be included where shown. Each Trustee signs the form. Minimum of two Trustees is required, but Irish Life recommend three (Section 3 overleaf).

The Life Assurance and/or Dependant's Pension benefits will be governed by the terms of this Declaration of Trust, this Group Risk Benefits Employer application form as a whole, the rules issued in pursuance of the Declaration of Trust (identified by the designation 'RulesStandard/CM/v1/08.2006'), the Summary document issued with those rules (identified by the designation 'Summary/CM/v1/08.2006'), all of which should be taken together and read as one document, and the Group Life Assurance Policy issued by Irish Life Assurance plc.



### Signing the Declaration of Trust

This Declaration of Trust is made on the Execution Date set out in the Schedule by the Employer named as Principal Employer in the Schedule

(hereinafter called 'the Principal Employer' which expression includes any person or firm which as a result of any amalgamation or reconstruction or otherwise may carry on or succeed to the business of the Principal Employer).

Whereas the Principal Employer has determined to establish under irrevocable trusts with effect from the date set out in the Schedule

(hereinafter called 'the Commencing Date') a retirement benefits scheme to be known by the name set out in the Schedule (hereinafter called 'the Scheme') for such employees of the Principal Employer and Associated Employers (as defined in the rules issued in pursuance of the Declaration of Trust and identified by the designation 'RulesStandard/CM/v1/08.2006') as are or shall be included therein in accordance with the provisions of the Scheme (hereinafter called 'the Members').

#### Now it is hereby witnessed and declared as follows:

1. The Scheme is hereby established under irrevocable trusts by the Principal Employer with effect from the Commencing Date to be administered in accordance with this Declaration of Trust (hereinafter called 'the Declaration') and the Rules, for the main purpose of providing relevant benefits as defined in Section 770 of the Taxes Consolidation Act 1997 in respect of service as an employee, being benefits payable to or in respect of Members.
2. The Principal Employer undertakes that every employee who is or has a right to be a Member has been or will be, as soon as may be, given written particulars of all essential features of the Scheme which concern him.
3. To the extent that a person or persons are named as trustees in the Schedule, the Principal Employer hereby appoints those persons as trustees of the Scheme.

To the extent that a person or persons have not been named as trustees in the Schedule, the Principal Employer hereby agrees to act as trustee of the Scheme.

The person or persons so named, or the Principal Employer as the case may be, shall hereinafter be referred to as 'the Trustees' which expression shall include the trustee or trustees for the time being of the Scheme.

4. The Trustees agree to act as trustees of the Scheme and shall hold all benefits payable under the Scheme in trust with the respective persons for whose benefit the benefits are payable in accordance with the Rules.
5. The Principal Employer with the consent of the Trustees shall have the power by deed to amend or replace all or any of the provisions of this Declaration of Trust and the Rules of the Scheme and any such amendment or replacement may have effect from such time as may be specified in such deed including any time previous or subsequent to the execution of such deed, provided that such amendment or replacement does not cause the Scheme to cease to be an exempt approved scheme under Chapter 1 Part 30 of the Taxes Consolidation Act 1997.

**Schedule**

Execution Date

Principal Employer

having its registered office at

Name of Scheme      The =

Life Assurance Plan

Commencing Date

**Trustees - complete this section only if a Corporate or Individual Trustees are being appointed.**

First Trustee Name

Address

Second Trustee Name

Address

Third Trustee Name

Address

1. In witness whereof these presents have been executed the day and year first above written.

Present when the Common Seal of the Principal Employer was affixed hereto

Director

Director/Secretary

We the Trustees of the Scheme appointed by virtue of Clause 3 of this Declaration hereby consent to act as trustees of the Scheme.

2. To be signed where a **Corporate Trustee** is being appointed

In witness whereof these presents have been executed the day and year first above written.

Present when the Common Seal of the Corporate Trustee was affixed hereto

Director

Director/Secretary

3. To be signed where **Individual Trustees** are being appointed

Signed

Signed

Signed

Please put company seals here for both the Principal Employer and Trustees (if Corporate Trustee is being appointed)

## Additional notes

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### Section 13: Payment Details

Our preferred method is to collect premium payments by means of Direct Debit or Electronic Funds Transfer (EFT).

Account Name

Bank

Account Number            Sorting Code -   -   -

Swift Bic     -

Bank Account Number (IBAN)     -     -     -     -     -

Please include the scheme number and name as the beneficiary narrative. We need this to appear on our bank statements to enable us to correctly allocate the payment.



# SEPA Direct Debit Mandate

Unique Mandate Reference

To be completed by the creditor - Irish Life Assurance plc

Creditor Identifier

**By signing this mandate form, you authorise:****A.** Irish Life Assurance plc to send instructions to your bank to debit your account.

And

**B.** Your bank to debit your account in accordance with the instruction from Irish Life Assurance plc.

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, if any item is blank or illegible this will cause a delay in processing your mandate.**This section  
must be  
completed

Your Name

Your Address

City/Postcode

Country

Bank Account Number (IBAN)

- - - - -

Swift Bic

- -

Creditor Name

Creditor Address

Please tick one  
box only

Type of Payment      Recurrent      or      One-off payment

Please sign and  
date

Signature

Date

**When you have signed this form please return it to:**

Irish Life Assurance plc, Lower Abbey Street, Dublin 1.

**The above direct debit mandate relates to:**

Group Risk Scheme Name

Group Risk Scheme Number

Date to start from

Please tick one  
box only

And, following the first payment      Every Month      or      Every Year