

Guide to completing Group Risk Benefits Employer Application Form



When a scheme is being transferred from another insurance company to Irish Life, we need to get copies of underwriting terms from the previous provider. We generally cover the members of the scheme up to the monetary amount with the same underwriting terms that were provided for each member prior to the change. There are exceptions to this, so see Section 7 of the Group Risk Guide for further information.

Do all members have to join the scheme at their first available opportunity?

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

If the new scheme is being set up using existing scheme rules (e.g. being set up under the rules of an existing Defined Contribution or Defined Benefit plan), we will need a copy of the Revenue approval letter for the DC scheme.

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.

1. Name of previous insurer (if applicable)

Please tick your chosen option

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? Yes No

If no, how long has it existed?

2. Is the membership compulsory? Yes No

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

4. Has the statement of attendance been completed on the enclosed application form? (page 6) Yes

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

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

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

10. Comments

This is needed for calculation of the unit rate.


If any risk benefit formulas are based on pension, then these are needed.

Group Risk Benefits Employer Application Form

Group Policy Number (for office use only)

The Registered Employer is the Principal employer. This is the company which is the direct employer of all (or a majority of) scheme members and potential scheme members. If there are members to be covered under an associated employer, a Deed of Adherence may be prepared by Irish Life.

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 Advisor
Name Seller Code

This is your Irish Life Agency code.

This is needed to apply for Revenue approval. If the scheme is being set up under an existing trust, or if providing Income Protection benefits only, this is not needed.

Section 1: Your Details

Registered Employer Name
Employer Tax Reference Number
Address of Registered Office
Business Address

Address registered with Company Registration Office.

Fill in business address, if it is different to the registered address.

If any associated companies are being included in the Plan please include the company name, registered address and the degree of association between the two companies such as 'jointly owned by the same parent', common directors etc.

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

You may have more than one type of category of employee to be insured. This section outlines the category names and who is eligible to join them.

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

Has to be over age 16.

Generally under age 65. Maximum for Income protection is 65.

This benefit may be provided from the date employees join the company or they may have to be employed for a certain period of time before benefits are provided (e.g. on completion of 6 month probation).

If a member dies or goes out on claim, salary at date of death or date of claim is used.

Increases from the next renewal means that if a member dies or goes out on claim, the claim would be based on their salary at the last renewal date.

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

The date the plan is renewed each year.

Section 4: Benefit Details

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

If you have more than one category of membership, please specify benefit structure for each category below. If you need to include more categories, please supply details on separate note.

Life Assurance (TLA)

Benefit category 1

Benefit category 2

When will this cover end? 65 years Other

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

A dependant is someone who is financially dependent on the scheme member for the ordinary necessities of life (e.g. living expenses).

Dependant's Pension Death in Service Benefit

Benefit category 1

Benefit category 2

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

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

A civil partner is where one has entered into a civil partnership under the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010.

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 equalling a single dependant's payment.

Children's Pension Death in Service

Benefit category 1

Benefit category 2

Please specify benefit structure per category % of salary

A co-habiting partner is 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.

When will the Children's Pension Death in Service cease? At age 18/23 if in full time education Other

How many children will be eligible for this benefit

Rate of the increase every year for Dependant's 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)

This is called escalation. The benefits can be paid with no future increases, or can provide increases at the rates here

If you have more than one category of membership, please specify benefit structure for each category below. If you need to include more categories, please supply details on separate notes.

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

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

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 member's clerical occupations with a description of their exact occupations.

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.

The benefits can be paid with no future increases, or can provide increases at the rates here.

Occupations are needed where Income Protection benefits are being provided.

Specified Illness cover pays a lump sum in the event of a specific illness being diagnosed (such as cancer or Parkinsons disease). Typically the benefit is payable following a survival period of two weeks after diagnosis.

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 under which trust the benefits in this proposal are to be set out.

Section 5 does not have to be completed if Income Protection only is being provided.

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 SF -

Exempt approval date

Pensions Authority registration number PB

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

Who is the current Registered Administrator

If the new scheme is being set up using existing scheme rules (e.g. being set up under the rules of an existing Defined Contribution/DC plan), we will need the information completed in respect of the Revenue approved scheme.

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.

If the scheme is being set up under a new trust, Irish Life is happy to set the scheme up under our standard documentation, with no extra charge.

This Section must be completed at all times by the company, to confirm the employees who are actively at work on the date we go on risk.

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
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

This needs to be completed when income protection benefits are being provided.

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
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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.

The form needs to be signed and dated by the **employer** here.

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.

The form needs to be signed and dated by the **Trustee** here.

I agree to appointing as my/our agent under the plan.
Authorised to sign for and on behalf of the Trustees Date

This Schedule does not need to be completed if the scheme is being set up under an existing Trust, or providing Income Protection benefits only.

The date the form is fully signed off by the last signatory.

The date we are to go on risk from.

Two signatures are required even if the Company is acting as Trustee. Most companies require the company seal to be witnessed by two signatures.

If a Corporate Trustee is being appointed, two directors of the Trustee company must sign here.

If Individual Trustees are to act as Trustees, full names and home addresses are to be included where shown. Each Trustee signs the form. A minimum of two Trustees is required, but Irish Life recommend three.

Companies that register with the Company Registration Office have a company seal. The company seals of both the Principal Employer and Corporate Trustees must go into this space. In some cases, we can accept a company stamp - please talk to your Account Manager for further information.

More information can be seen on Pages 2 and 3 of the Employer Group Risk Application Form or in Section 2 of the Group Risk Guide.

If **Principal Employer** is Trustee, insert 'Principal Employer' as First Trustee name, with the registered address of the company.

If a **Corporate Trustee** is being appointed, the Corporate Trustee company name will be filled in here, along with registered address of the company.

If **Individual Trustees** are being appointed, at least two and preferably three Trustees must be appointed - their names and home addresses need to be filled in here. At least one must be resident in the Republic of Ireland.

Schedule

Execution Date
Principal Employer
having its registered office at
Name of Scheme The =

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)

Please Note: Every effort has been made to ensure that the information in this publication is accurate at the time of going to print. Irish Life Assurance plc accepts no responsibility for any liability incurred or loss suffered as a consequence of relying on any matter published in or omitted from this publication. Readers are recommended to take qualified advice before acting on any of the matters covered.

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Irish Life Assurance plc, trading as Irish Life is regulated by the Central Bank of Ireland. In the interest of customer service we will monitor calls.
Irish Life Assurance plc, Registered in Ireland number 152576, VAT number 9F55923G.
For more up-to-date information, see www.irishlifeemployersolutions.ie

