



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 (eg 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.

PENSIONS INVESTMENTS LIFE INSURANCE

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.irishlifecorporatebusiness.ie> or you can ask us for a copy. Advise all potential members whose data you are providing us of the availability of our Irish Life Data Privacy Notice.

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 This is needed for calculation of the unit rate.
 - (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)** If any risk benefit formulas are based on pension, then these are needed.
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

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.


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.

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.

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.

Has to be over age 16.

PENSIONS
INVESTMENTS
LIFE INSURANCE



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 ← This is your Irish Life Agency code.

Section 1: Your Details

Registered Employer Name

Employer Tax Reference Number

Address of Registered Office ← Address registered with Company Registration Office.

Business Address ← Fill in business address, if it is different to the registered 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? (If there is more than one other employer, please give details on a separate sheet).

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

Section 3: Membership (Eligibility)

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

Category of Employee (Benefit category 1)

Minimum age at joining Maximum age at joining Service required before joining ← 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 (eg on completion of 6 month probation).

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

Category of Employee (Benefit category 2)

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 ← 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.

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 2 months

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

The date the plan is renewed each year.

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.

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

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.

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.

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.

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.

Section 4: Benefit Details

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

Life Assurance (TLA) (Please specify benefit structure - e.g. 4 x salary)

Benefit category 1

Benefit category 2

When will this cover end? 65 years Other

Dependant's Pension Death in Service Benefit (Please specify benefit structure split per category e.g. 50% x salary)

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 equaling a single dependant's payment.

The single parent being a member of the scheme.

Children's Pension Death in Service (Please specify benefit structure split per category e.g. 10% of salary)

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 (or Trust rules if less) Other

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)

Income Protection (IP) (Please specify benefit structure split per category e.g. 2/3 x salary - Social Welfare deductions)

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% fixed 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 taking in excess of 10% of their total occupational pension with a description of their exact occupations.

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.

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.

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

Section 5: Trust Details (Fill in this section only if you have chosen Group Life Assurance and/or Dependant's Pension benefits)

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 S F -

Exempt approval date / /

Pensions Authority registration number P B -

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

If the new scheme is being set up using existing scheme rules (eg 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

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.

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 risk 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.

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"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
<input type="text"/>	<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) reserve the right to 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 Material Facts

Please remember that you must tell us everything relevant in answer to all of the questions on the application form. If you do not or if any of these answers to these questions are not true and complete, Irish Life could treat the cover as void. If this happens there will be no cover under the policy. In these circumstances we will not pay a claim and you may have difficulty in obtaining cover elsewhere.

A material fact (relevant information) includes anything which a reputable insurer would regard as likely to influence the assessment and acceptance of an application for insurance. If you are not sure whether something is relevant, you should tell us anyway. 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 Material Facts

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.

Trustee Signature Date / /
Employer Signature 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.

If I fail to reveal all the relevant information this contract could be void. Relevant information is information which could affect your decision to accept my application for insurance. I understand that if I am in doubt as to whether any facts are relevant, I should tell you. I will add any information, on extra paper, which is relevant but it is not covered by the questions in this form.

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 Employer Date / /

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



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.

If I fail to reveal all the relevant information this contract could be void. Relevant information is information which could affect your decision to accept my application for insurance. I understand that if I am in doubt as to whether any facts are relevant, I should tell you. I will add any information, on extra paper, which is relevant but it is not covered by the questions in this form.

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 Employer Date / /

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



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.

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 = 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)

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.

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.