ISME Group Life Cover Plan

Cover for Employees at a Low Cost €100,000 Death Benefit

ISME Group Life Plan Details:

ISME Group Life Cover provides peace of mind for your employees should the worst occur. Joining the plan is easy, and all eligible staff can remain covered up to age 65 while employed.

- €100,000 Life Cover per member @ €3.97 per week (€206.00 per annum)
- € 10,000 Life Cover per child aged 1 up to 21 automatically Included









ISME Group Life Cover Plan



Dear Member,

ISME Group Life Cover is an optional employee benefit that provides important low cost life cover to your permanent staff at €3.97 per week (€206.00 per annum). This cover is not available to the general public, and is rated specifically for ISME member companies and is recognised as fantastic value for money. The ISME Group Life Plan is designed to pay a lump sum of €100,000 to a members' next of kin in the event of death in the employers service.

Additional Benefits include: - automatic children's life cover of €10,000 (aged 1 up to 21).

- employers can allow staff to join and pay themselves.

- simple application process for all eligible employees

All eligible employees of ISME affiliated companies who have been permanent for more than two years and are under age 60 are guaranteed entry.

Payments can be made by Cheque, EFT or Direct Debit.

I strongly encourage you to consider this Plan and circulate this information to your permanent staff.

Should you have any queries, please contact the scheme administrators Halligan Insurances.

Phone: 01 879 7100 Email: info@halligan.ie Website: www.halligan.ie

Address: William Norton House, 575 North Circular Road, Dublin 1.

- Cheques payable to Halligan Insurances
- EFT Details: IBAN: IE02 AIBK 93360011 1103 64 BIC: AIBKIE2D
- Direct Debit Mandate available on request

When you have completed this form please return it to: Halligan Insurances, FREEPOST, William Norton House, 575 North Circular Rd, Dublin 1.

Irish Life Assurance plc is regulated by the Central Bank of Ireland. Halligan Life & Pensions Ltd t/a Halligan Insurances, Good Insurance is regulated by the Central Bank of Ireland



Complete by filling in the names of employees and sign where marked X

Group Life Cover Plan



Start Date: 01/10/2019

I, Director/Company Secretary of this company, confirm that the following have been permanent employees for at least two years, are under age 60 and were actively at work or capable of being actively at work on the 01/10/2019 and were not absent more than 10 consecutive working days in the past two years.

Mr / Mrs / Ms :	Mr / Mrs / Ms :
Date of Birth: / /	Date of Birth: / /
Mr / Mrs / Ms :	Mr / Mrs / Ms :
Date of Birth: / /	Date of Birth: / /
Mr / Mrs / Ms :	Mr / Mrs / Ms :
Date of Birth: / /	Date of Birth: / /
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	the event of a claim, proof of the above information may be required.
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I certify that the above information is correct and I understand that, in	
I certify that the above information is correct and I understand that, in Number Calculation Breakdown staff @ €206.00 each for €100,000 Life Cover = € Data Protection Notice The information that you provide to Irish Life Corporate Business will be held plan and any other products and services supplied to you and any future agree 2. You have the right of access to your personal data held by Irish Life Corporat 3. You also have the right to require Irish Life Corporate Business to correct any Data Protection Consent I declare that I consent to the: Processing and holding (on computer or otherwise) of all information disclos it's servants and agents (together with such other information supplied or obto (being medical records and/or financial details) and holding or processing of Disclosing of personal data provided to persons necessary in connection with Corporate Business and to other companies in the Company's group, to reins	the event of a claim, proof of the above information may be required. I confirm the total payment of payable via cheque bank transfer direct debit. I on a computer database and/or any other way and will be used to administer this ements, contracts or arrangements you may have with Irish Life Corporate Business. Be Business by sending a written request and on payment of a small fee. I inaccuracies in the personal data that it holds. Bed by me, or on my behalf, in relation to the plan by Irish Life Corporate Business, ained by Irish Life Corporate Business separately) including sensitive personal data the same for administrative, customer case and service purposes. In the above purposes, to regulatory authorities or as is required by law, to Irish Life surers, to health professionals and other insurance companies. Date
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Sign the Deed of Adherence where marked X

Group Life Cover Plan



ISME act as the Trustees for this scheme and have executed the relevant Declaration of Trust.

Each ISME affiliated company has to adhere to this Trust in order to avail of the scheme.

Director/Secretary

Between (Company Name) Whose registered address is of the one part, And ISME Limited and ISME Association (hereinafter called "The Association") whose registered office is at 17 Kildare Street, Dublin 2, of the other part, Whereas A. This deed is supplemental to a Declaration of Trust dated the 13th day of August 2000 (hereinafter called "the Declaration") made by the Association establishing THE ISME Group Life Assurance Scheme(hereinafter called "the Declaration") made by the Association establishing THE ISME Group Life Assurance Scheme(hereinafter called "the Scheme") for providing relevant benefits (as defined in Section 770 of the Taxes Consolidation Act) for certain employees (hereinafter called "The Members") in accordance with the provisions of the Declaration and of the Rules to be adopted in accordance with the Declaration(hereinafter called "the Rules"). B. The Association is the present Trustee of the Scheme. C. The Adhering Company is an Associated Employer as defined in the Declaration and desires that its employees shall be enabled to become members and has agreed with the Association to undertake such liability in respect of contributions to the fund of the Scheme and such other liabilities as is or will be expressed in the Declaration and or the Rules and the Association has further to that undertaking agreed to admit those of the adhering company's employees as qualify under the Rules to be Members. NOW THIS DEED WITNESSES and it is hereby agreed and declared as follows: 1. The Adhering Company with the approval of the Association hereby undertakes and covenants with the Association to pay contributions to the Association as Trustee in accordance with the Declaration and Rules with effect from the 1st day of October 2019. 2. The Adhering Company and the Association hereby covenant with each other to perform and observe the agreements and stipulations contained in the Declaration and Rules so far as they are or ought to be performed or observed by them respectively but so that no pers	Please complete the Deed of Adherence set out below.		
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