

Employer Application Form

For use on these plans if premiums are unpaid for more than 3 and less than 6 months. Prior to completing this form please read carefully. Please ensure that you fully understand all the items and notes. **Please use BLOCK CAPITALS throughout.** A copy of this completed proposal form is available on request.

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 www.irishlife.ie/privacy-notice or you can ask us for a copy.



Group Life Cover Plan

Please fill in company name.

Company Name

Please tick to confirm you are a Limited Company

We, the Directors of this company confirm that the members listed below are either the owner or an employee of the company for the last two years and are under age 60. We also confirm they were actively at work or capable of being actively at work* between the open window of 01/10/2021 and 31/10/2021 and have had not been absent from work due to illness or injury for more than 10 consecutive working days in the previous 4 weeks prior to the closing date of 31 October 2021.

We also confirm that all members listed below are joining this scheme at their first available opportunity. Any members not joining the scheme at their first available opportunity must complete a standard application form.

*Actively at works means that the self-employed person:

- Is working their normal contracted number of hours.
- Has not received medical advice to refrain from work.
- Is not restricted mentally or physically from fully performing the normal duties associated with their occupation.
- 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 fulfil points b, c and d above.



Please fill in details and tick the cover required.

	Name	Date of Birth	Employment Start Date
1.	Cover requested: €50,000 €75,000 €100,000		
2.	Cover requested: €50,000 €75,000 €100,000		
3.	Cover requested: €50,000 €75,000 €100,000		
4.	Cover requested: €50,000 €75,000 €100,000		
5.	Cover requested: €50,000 €75,000 €100,000		

Please fill in details and tick the cover required.

Name	Date of Birth	Employment Start Date
6.		
Cover requested: €50,000	€75,000	€100,000
7.		
Cover requested: €50,000	€75,000	€100,000
8.		
Cover requested: €50,000	€75,000	€100,000
9.		
Cover requested: €50,000	€75,000	€100,000
10.		
Cover requested: €50,000	€75,000	€100,000
11.		
Cover requested: €50,000	€75,000	€100,000
12.		
Cover requested: €50,000	€75,000	€100,000
13.		
Cover requested: €50,000	€75,000	€100,000
14.		
Cover requested: €50,000	€75,000	€100,000
15.		
Cover requested: €50,000	€75,000	€100,000
16.		
Cover requested: €50,000	€75,000	€100,000
17.		
Cover requested: €50,000	€75,000	€100,000
18.		
Cover requested: €50,000	€75,000	€100,000
19.		
Cover requested: €50,000	€75,000	€100,000
20.		
Cover requested: €50,000	€75,000	€100,000

Warning: The current premium may increase after the next review of the scheme at 01/10/2023.

Please sign.

Declaration

You must tick each statement to confirm you have read and understand the Declaration.

I/We hereby agree that this application and declaration shall form the basis of the contract proposed between the Grantee and/or the Employers and Irish Life Assurance plc.

I/We hereby agree that all members who are eligible to join this scheme meet the actively at work requirements.

I/We understand the answers to these questions are true and correct and this proposal will form the basis of the contract of insurance between Irish Life Assurance Plc, the Grantee and the employer.

If I/ We fail to reveal all the relevant information in relation to eligible members requesting to join their membership could be void. In the event of a claim proof of the members actively at work attendance information may be required.

When deciding whether to insure the members listed on this application form and when setting their terms Irish Life will rely on the information you have given us. You must answer all questions that Irish Life have asked on this form honestly and with reasonable care. Where Irish Life asks 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 :

- > Cancel the members membership and benefits under the Scheme without a return of premium.
- > Refuse the amount of any claim.
- > Reduce the amount of cover and /or
- > Treat the policy as if it had been entered into on different terms.

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

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

Signed on behalf of Company

Date

Name of company

Date

Address of company

Date

Signed on behalf of Grantee

Signed on behalf of Company

Date

Name of company

Date

Address of company

Date