

UNIVERSITY COLLEGE DUBLIN UCD LIFE ASSURANCE PLAN ARRANGED BY WILLIS TOWERS WATSON

Preferential Application Form

Group Policy Number: 6088

Application Form for new employees to UCD, with less than 31 days employment.

If you do not meet these conditions then you will need to complete the UCD Standard Application Form

Prior to completing this form please read each question. Please ensure that you fully understand all the questions and notes. **Please use BLOCK CAPITALS throughout.** If any item is blank or illegible, this will cause a delay in processing your form.

Eligibility Rules

Please read the criteria below to ensure that you are eligible to apply for cover under this Plan.

To be eligible to apply for membership of the UCD Life Assurance Plan with this form you must be:

- > A pensionable employee of UCD
- > Under age 65

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.



Section 1: Personal Details

Use both first name and surname in your employee records.

Title	Mr	Mrs	Miss	Ms	Other
First Name					Surname
Address					
Phone	Home			Mobile	
Email Address					
Date of Birth				Male	Female

Section 2: Employment Details

Current Salary € per annum

Precise Occupation

Date employment started

Section 3: Declaration - You must read this carefully before signing

Warning - Please read the declaration below carefully and ensure that you fully understand it before signing it. If you cannot complete this declaration, please contact your financial advisor for further information.

Tick each statement

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

I understand that this application form along with supplementary information given to Irish Life will form my application for cover.

I understand and agree that the information that I have provided in this application form, along with any supplementary questions answered, any statements made to Irish Life in writing or by telephone (which will be recorded in writing) and/or any information provided to Irish Life on my behalf from a GP, hospital, consultant or health professional is material to the decision of Irish Life to allow my membership to the scheme and is relied on by Irish Life for setting my acceptance terms for membership into this scheme.

I also understand that my membership into this scheme with Irish Life comprises of my acceptance terms and the following scheme documents:

- > The Scheme policy document.
- > The terms and conditions included in the Scheme Summary Booklet and.
- > Any Scheme Review Booklets following a review.

I also understand as this is a reviewable scheme the terms and conditions for the scheme may change at the subsequent rate reviews.

I understand it is my obligation to answer all questions asked by Irish Life in this application form and in connection with the application. I also understand that if I do not answer these questions honestly and with reasonable care, Irish Life may be entitled to:

- > Cancel my membership without return of premium.
- > Refuse my claim.
- > Reduce the amount of any claims and or.
- > Reduce the amount of cover.
- > Treat my insurance as if it was entered into on different terms.

I also understand that I may encounter difficulty in obtaining cover elsewhere.

I have read over the answers to all the questions on this form and declare that all answers (including any answers written down for me) are true and complete. I declare that I have answered all of the questions in this form honestly and with reasonable care.

I understand that if my application for cover is accepted, Irish Life will issue me an acceptance letter. In this letter, Irish Life will ask me to advise if there has been any change to my circumstances allowing me to join the plan using this preferential application form. If there has been any changes between the date of my application and the date that I am accepted into the Scheme this may affect the original acceptance terms issued to me.

I understand that where there is the potential for a period of free Scheme membership at the beginning of this contract, as described at the start of this application form where relevant, and I am eligible to avail of the period of free Scheme membership, my premium payments to the Scheme will automatically commence at the end of the period of free Scheme membership. I understand that the period of free Scheme membership will commence when I am formally accepted into the Scheme by Irish Life.

I understand that Irish Life may use my personal information when underwriting any subsequent applications for cover with Irish Life.

I authorise Irish Life to request and receive my personal health information now (or as part of any claim assessment including after my death) from any GPs, consultants, hospitals or other health professionals who at any time has attended me concerning my physical or mental health and to share my personal health information with any health professional for the purpose of processing my application and assessing claims.

I confirm that I have completed and understand the Scheme eligibility criteria. I confirm that all answers provided by me in this regard are answered honestly and with reasonable care and I understand that my cover is dependent upon continuing to satisfy the eligibility conditions of the Scheme. I also confirm that I am actively at work today and that I understand the meaning of actively at work today* as defined overleaf.

***'Actively at work' means that you:**

- > Are working your normal contracted number of hours.
- > Have not received medical advice to refrain from work; and
- > Are medically capable of fully performing the normal duties associated with your occupation.
- > Are not currently absent from work due to COVID-19.

Those on career break, carer's leave, parental leave, parents leave or other forms of unpaid leave are not considered 'actively at work'.

I understand that it is a condition of membership that I accept that the Scheme is a reviewable group scheme and that at the next review date the terms of the Scheme may be amended or terminated altogether. I also understand the Scheme owner's decisions in such matters, as agreed with Irish Life are binding on all members of the Scheme.

I confirm I have been informed about Irish Life's Data Privacy Notice and where to find this.

Please sign
and date

Applicant's Signature

Date

Completed forms should be returned to: Willis Towers Watson, Willis Towers Watson House, Elm Park, Merrion Road, Dublin 4 or by email to amee.massey@wtwco.com

Section 4: Salary Deduction Mandate - Please Sign

Employer's Name

Employer's Address

Staff Number

I instruct my employer to deduct from my salary the appropriate contribution under the UCD Life Assurance Plan and pay it to Irish Life Assurance. I recognise that these deductions, being made solely as a measure of convenience to me, may be terminated at any time. I also recognise that the ultimate responsibility for ensuring that the deductions have, in fact, been made from my salary rests with myself, and that, beyond making remittances direct to Irish Life Assurance plc in accordance with the arrangements approved, the employer accepts no responsibility of any kind in that matter.

Please sign
and date

Applicant's Signature

Date

Please return the completed application form to: Willis Towers Watson, Willis Towers Watson House, Elm Park, Merrion Road, Dublin 4 or by email to amee.massey@wtwco.com

4525cb (REV 12-22)