

Section 3: Cover Options

Please confirm your current benefit cover: Member

Partner'

Benefit	Cost	Tick option
1A €16,000 for member only	€3.96 per week	
1B €16,000 for member and partner	€7.93 per week	
Children (age 0 - 25) are automatically covered for €8,000	Free of charge	
2A €9,600 for member only	€2.37 per week	
2B €9,600 for member and partner	€4.75 per week	
Children (age 0 - 25) are automatically covered for €5,000	Free of charge	
3A €20,000 for member only	€4.95 per week	
3B €20,000 for member and partner	€9.90 per week	
Children (age 0 - 25) are automatically covered for €10,000	Free of charge	
4A €25,000 for member only	€6.19 per week	
4B €25,000 for member and partner	€12.38 per week	
Children (age 0 - 25) are automatically covered for €10,000	Free of charge	

Warning: The current premium may increase after the next review of the scheme at 01/05/2024.

Section 4: Declaration - You must read this carefully before signing

Any words in the singular also mean the plural as applicable (e.g. 'I' means 'we' and 'my' means 'our' etc.)

Tick each statement

Plan Declaration

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

I understand and agree that my cover with Irish Life Assurance plc (Irish Life) will be based on the declarations on this form, my completed application form (online or otherwise), any supplementary questions answered, any statements made to Irish Life in writing or by telephone, and all terms and conditions given to me by Irish Life.

I confirm that I am eligible to join this plan as I have read and fully understand the corresponding booklet in relation to PSFS Group Specified Illness Cover plan including the sections on pre-existing conditions and the six month cancer moratorium. I also confirm that I understand the key features of the Plan and accordingly I now apply to join this Plan.

I understand that where I have a medical history, previous medical conditions or symptoms described in the pre-existing conditions clause, Irish Life will not pay a claim and I may encounter difficulty in obtaining cover elsewhere. I also understand that this is a reviewable scheme and the benefits and/or costs can change at the next review date.

I declare that all information, statements and answers I have provided, are true and complete, and answered honestly and with reasonable care.

I understand that Irish Life can use my personal information for any subsequent applications to Irish Life.

I confirm I have been informed about the Irish Life Data Privacy Notice and where to find it and where I am including my partner I have informed them about the Irish Life Data Privacy Notice and where to find it.

Please sign and date

Applicant's Signature

Date

Section 5: Salary Deduction Mandate - Please Sign

Employer's Name

Employer's Address

Staff Number

Date of Birth

I instruct my employer to deduct from my salary the appropriate premium under the Specified Illness scheme and pay 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. Once you have been accepted for cover, premiums will be taken at the next available payroll date.

Please sign
and date

Applicant's Signature

Date

Please return the completed application form to: Lyons Financial Services, Office 1, Dunboyne Business Park, Dunboyne, Co Meath. Tel: 01 801 5808 Fax: 01 825 1183 Email: grouprisk@LFS.ie. Website: www.lyonsfinancial.ie