

NFVSP Salary Protection Scheme



This Scheme is underwritten by Aviva Life and Pensions Ireland Designated Activity Company (Aviva).

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Disclaimers

This booklet is intended as a guide only. The Scheme is governed by the master Policy Document No. 710030 issued by Aviva Life and Pensions Ireland Designated Activity Company (Aviva). Members of the Scheme may request a copy of the policy document from the Scheme owners or the Dublin office of Cornmarket Group Financial Services Ltd.

This booklet is issued subject to the provisions of the policy and does not create or confer any legal rights. The information contained herein is based upon our current understanding of Revenue law and practice as of June 2023.

While great care has been taken in the preparation of this booklet, if there is any conflict between it and the policy document, the policy document will prevail.

No part of this booklet should be read in isolation.

Please save a copy of this booklet for future reference.

Information in this booklet is correct as of June 2023 but may change. For the latest information, please see cornmarket.ie

Where we say 'Scheme', we mean National Federation of Voluntary Service Providers Salary Protection Scheme.

Where we say 'Insurer', we mean Aviva Life & Pensions Ireland Designated Activity Company (Aviva).

Where we say 'we' or 'us', we mean Cornmarket Group Financial Services Ltd.

1. Introduction

Overview of Key Benefits

1 Disability Benefit

- **For those who ARE in the NFVSP Pension Scheme:**

A replacement income of **up to 66.67%*** of your annual salary if you cannot work due to illness or injury.

In addition, a **Pension Protection Benefit of 12%**** of salary paid to your pension scheme administrator to take account of the fact that pension contributions cease once your sick pay runs out.

- **For those who ARE NOT in the NFVSP Pension Scheme:**

A replacement income of **up to 75%*** of your annual salary if you cannot work due to illness or injury.

2 Death Benefit

- Accidental Death Benefit **€15,000**
- Children's Death Benefit **€4,000**

Please ensure you read the entire booklet so that you are aware of all benefits, terms, conditions and exclusions associated with the Scheme.

*Less any other income that you may be entitled to, for example half pay, Ill Health Early Retirement Pension, State Illness or Invalidity benefit.

**Includes the NFVSP Group Life Plan premium.



Eligibility

You may apply to join this Scheme if you are:

1. An employee of an organisation within the National Federation of Voluntary Service Providers (NFVSP)
You must remain an employee of an organisation of the NFVSP to remain eligible for Scheme membership **and**
2. Under age 60 **and**
3. Working 8 hours or more per week **and**
4. Employed under at least one of the following conditions:
 - A full-time permanent basis **or**
 - A fixed-term contract of at least 12 months' duration **or**
 - Have completed a 6 month contract and been offered another contract **and**
5. Actively at work.
As defined on the application form when applying to join the Scheme.

Those who are job/work sharers (This means working 50% or less than the normal working week) and who satisfy the above criteria may apply to join.

Apply to join now, simply
call us on **(01) 470 8054**

Roles

Cornmarket's role includes:

1. Negotiating with the Insurers to obtain the best possible benefits and cost.
2. Assisting members who wish to make a claim from the Scheme.
3. Promoting the Scheme.

The Insurer's role includes:

1. Deciding the policy terms and conditions and creating a policy document to reflect these.
2. Medically assessing applications and claims.
3. Deciding the various aspects of an individual member's cover, for example, if membership of the Scheme can be reactivated, if refunds can be made and if payment of arrears and/or a declaration of health are required.

2. Benefits

Disability Benefit

In the event that your salary is affected because you are unable to work due to illness or injury, this Benefit aims to pay you a percentage of your salary after a certain period of time known as the deferred period.

See page 10 for definition of salary and details of the deferred period.

The Disability Benefit paid is less any other income, reward, award, pension, or benefit that you are entitled to (regardless of whether you are receiving this amount or not). For example:

- State Illness Benefit/State Invalidity Pension – Those paying PRSI at the 'A' rate may be entitled to this benefit from the State.
- Ill Health Early Retirement Pension (IHERP) – Those who contribute to the Superannuation Scheme and retire on the grounds of ill health may be entitled to this from their employer. This applies regardless of whether you are a 'D' or 'A' PRSI contributor.

There is no limit to the number of Disability Benefit claims you can make while a member of the Scheme.

If you are in receipt of a Disability Benefit and return to work on a part time basis, you may, in some circumstances, still be paid a Disability Benefit under the Scheme. This is referred to as a Proportionate Disability Benefit.



Disability Benefit

Deferred Period

After you are accepted as a member of the Scheme, if you need to make a claim, the deferred period is the waiting period, before the Disability Benefit becomes payable. For the purposes of this Scheme the waiting period is:

- 26 weeks in any period of 12 consecutive months.

If you have been accepted with an excluded condition, any sick leave relating to that condition, will not be used in the calculation of the deferred period.

Definition of Salary

For those who pay their premiums by **deduction from salary**, salary is defined as:

For those who **ARE** in the NFVSP Pension Scheme:

- your claim will be based on your gross basic annual salary at commencement of your sick leave plus the average of your fluctuating payments, on which SPS contributions were paid, over the preceding 3 years.

For those who **ARE NOT** in the NFVSP Pension Scheme:

- your claim will be based on your gross basic annual salary at the commencement of your sick leave plus the average of your fluctuating income over the preceding 3 years.

If you pay your premiums through salary:

- Income tax relief will be automatically applied to your payslip. Your premiums will increase and decrease in line with your salary changes.
- You must ensure that the premiums deducted from your salary are correct and reflect your salary.

For those who pay their premiums by **direct debit**, salary is defined as:

The lower of either the annual salary covered by your premiums or the actual annual salary you are earning as confirmed by your employer.

Important: You must advise us of any salary changes so that we can adjust your premium accordingly. This is to ensure that your cover is provided in line with your current gross salary and that you are paying the correct premium amounts.

If you pay your premiums by direct debit:

- You can claim tax relief by including the premiums you have paid by direct debit in the relevant year in your tax return using the Revenue Online System (my Account).
You should request an up-to-date Premium Statement from Cornmarket as Revenue may request to review this before issuing tax relief. Revenue requires documentation to be held for a period of 6 years.
- Your premiums will reflect the last gross salary you notified us of, or the last gross salary that we estimated for you at the last Scheme review.
- You may incur charges from your bank.

Depending on the type of claim being made, the salary will be established at different points in time, for example:

- Disability Benefit – the end of the relevant deferred period
- Death Benefit – on the date of death

Remember...

As this is an insurance policy, you must keep up your premium payments in order to stay on cover. Failure to pay premiums could result in your membership of the Scheme lapsing. This means you will no longer be a member of the Scheme and you will not be covered for any benefits. In the event that you wish to become a member of the Scheme again, you would have to re-apply and your application would be medically underwritten. Your application may be accepted, postponed, declined or accepted with a medical condition(s) excluded.

Exclusions

No Disability Benefit claim will be paid where:

- prior to a period of disability you were not working full time, permanent part time or job sharing, for a salary.
- any illness or injury results from:
 - Self harm **or**
 - Deliberately not seeking or following medical advice.

When you apply to join the Scheme, the Insurer may offer you cover with a medical condition(s) excluded that applies specifically to you. For example, if you inform the Insurer that you have a back problem on your application form, they may offer you membership of the Scheme with a back exclusion. This means that you would never be able to claim for an illness or injury relating to your back. If this happens, a form will be sent to you as part of the application process with the details of the exclusion(s) and you will have the opportunity to decide if you wish to accept the cover with the exclusion(s) or not. If an exclusion(s) applies specifically to you, then sick leave used for the excluded medical condition(s) cannot be used for the calculation of the deferred period.

Disability Benefit

Limitations and Restrictions

Definition of Disability

In order for a claim to be paid, the Insurer must be satisfied that you are totally disabled. This means that you are totally unable to carry out the duties of your normal occupation because of illness or injury, and that you are not engaged in any other occupation (whether or not for profit, reward, remuneration or benefit-in-kind).

Definition of Proportionate Disability Benefit

Following the payment of a disability claim, if you:

- Return to work with the consent of the Insurer but can only perform some of the duties of your normal occupation and are receiving a reduced income
- Are unable due to illness or injury to perform your normal occupation but can engage in any occupation within your organisation and are receiving a reduced income.

If you return to work in either circumstance and at a reduced income, benefit will only be paid subject to the total disability benefit not exceeding the 36 months – e.g. if you are claiming for 12 months and can return to work either, to perform some duties or another occupation within the same organisation, proportionate benefit will only be paid for 24 months.

Disability Benefit will not be paid if you cannot work due to strike or unemployment.

The maximum benefit is €250,000 per year.

If you reside in any country in the EU other than Ireland the Insurer reserves the right to reduce the benefit paid on a claim proportionately by the ratio of the comparative price levels published annually by Eurostat or its equivalent statistic if this is no longer published.

If your claim is admitted...

- Disability Benefit will be paid for up to 36 months if you are unable to carry out your normal occupation in respect of a single or linked claim. (A linked claim is one where the illness or injury you are claiming for is the same or related to the illness or the injury that you previously claimed for in the last 6 months, in the reasonable opinion of Aviva's Chief Medical Officer.)
- For those in the NRVSP Pension Scheme an additional Pension Protection Benefit is also included in the Scheme which pays a further 12% of the salary you were earning before claiming disability benefit, to your pension fund to make up for the fact that a pension contribution ceases once your sick pay runs out. A portion of the Pension Protection Benefit is paid in respect of the NRVSP Group Life Plan.

- After 24 months, for those who are not in the NFVSP Pension Scheme, a pension amount may be deducted from the benefit regardless of whether or not you are in receipt of same. This is referred to as Notional Early Retirement Pension (NERP).
- The benefit you receive from the Insurer will be treated as income and as such is liable to income tax, PRSI, Universal Social Charge, etc. The Insurer will deduct any tax due from the Benefit made to the member, in the same way as an employer deducts tax from an employee.

What happens to a Disability Benefit or Proportionate Disability Benefit after 36 months?

- Once you have received 36 months of Disability or Proportionate Disability Benefit payments from the scheme, you will be required to undergo a Functional Assessment Test in order to continue receiving Disability Benefit or Proportionate Disability Benefit.
- Provided that you satisfy the Functional Assessment Test, the type of Disability Benefit that is paid is known as Continuing Disability Cover.
- There are two separate health assessments in the Functional Assessment Test – Physical and Mental. In order to qualify for Continuing Disability Cover you must pass one of these assessments.

Here is an outline of what each of the assessments entail:

1. Physical Health Assessment

To satisfy this test the member must have lost the ability to do three or more of the following activities:

- **Walking:** Walk for more than 200 metres, on a level surface with a walking stick or other aid, without stopping
- **Climbing:** The ability to walk up and down a flight of 12 stairs without stopping or holding on
- **Lifting and carrying:** Pick up, with either hand, a 1kg weight from table height and carry it for 5 metres
- **Operating controls:** Physically able to operate standard light switches or taps with either hand
- **Writing:** The ability to use hands and fingers, being able to write legibly
- **Hearing:** Hear, while using a hearing aid, well enough to understand someone speaking a common language in a normal voice in a quiet room
- **Speaking:** Be understood by other people when speaking in a common language in a quiet room
- **Seeing:** The ability to pass a standard eye test for driving (while wearing corrective lenses if required)
- **Recognising money:** The ability to recognise the transactional value of money

2. Mental Health Assessment

To pass this test you must have been diagnosed by a Consultant Psychiatrist (recognised by Aviva) as suffering from Mental Incapacity due to an organic brain disease or brain injury which:

- Has affected your ability to reason and understand
and
- Requires the need for constant supervision and the assistance of another person.

How is the 36 months Disability Benefit accumulated?

The 36 months disability benefit is accumulated per claim. e.g. if you are out on sick leave for an illness or injury and receive 12 months of a disability benefit and after returning to work you have to claim for a separate illness or injury, your 36 months will start again.

If your illness or injury is linked, your 36 months will be accumulated e.g. if you are out on sick leave for an illness or injury and you received 12 months of Disability Benefit and after returning to work you have to claim for an illness or injury linked to your previous illness or injury, you would only be able to claim for the remaining 24 months.

Disability Benefit will continue until:

- You recover **or**
- You go back to work (proportionate disability benefit may continue to be paid if the return is at a reduced level due to proportionate disability) **or**
- The Insurer decides that you are fit to return to work based on medical evidence* **or**
- You reside outside the member states of the European Union for more than 13 weeks in any 1 year period (unless agreed otherwise with the Insurer in advance) **or**
- You are deemed fit to return to work after the Functional Assessment Test** **or**
- You retire (except if you are claiming from the Scheme and retire on an Ill health Early Retirement Pension) **or**
- You reach age 60 **or**
- You die,

whichever is earliest.

*If you have been in continuous receipt of Benefit for more than 12 months, 3 months' notice will be given before your Disability Benefit is ended.

** If you are required to go for a Functional Assessment Test, this will take place 3 months before you reach the end of your 36 months Disability Benefit or Proportionate Disability Benefit payments.

Late Notification of Disability Benefit Claims

It is not often possible to retrospectively assess the validity of a claim in cases where a significant period of time (approximately 3 months) has passed since your sick leave commenced.

For this reason, it is vital that you register your claim no later than 2 months before the Deferred Period ends as a delay in notification may prejudice the Insurer's ability to properly assess the claim. In the event you notify your claim late, the Insurer may decline to assess your claim where they have been prejudiced by the delay. This will be decided on a case-by-case basis.

Death Benefit

Accidental Death Benefit

In the event of accidental death, a benefit of **€15,000** is payable. 'Accidental Death' is defined as 'death as a direct result of a bodily injury arising from an external and accidental cause which leaves a visible bruise or wound' and is in no way linked to disease or physical disorder.

Exclusions apply where death is caused directly or indirectly by:

1. Self harm
2. Deliberately not seeking or following medical advice.

This benefit ceases at age 60.

Children's Death Benefit

In the event that a member's child between the ages of 0 and 21 dies, a Death Benefit of **€4,000** will be paid by the Insurer to the member tax-free. Children's Death Benefit applies to all natural or adopted children.

This benefit can only be claimed by the Scheme member. This means that the Scheme member's estate cannot claim it in the event that the Scheme member has died.

This benefit ceases on your child's 21st birthday.

You may only claim children's death benefit for a maximum of 4 children.

In the event of a child's death where both parents are members of the Scheme, this benefit will only be paid once.



Easy, online healthcare for you and your family

MyDoc provides you, your spouse/partner and any dependant family member living with you with 24/7 access to GP services via phone and video consultation. This means you can book free appointments with doctors, get prescriptions, sick certs or open referrals, whenever and wherever you go!



Video & phone consultations



Sick certs



Hassle-free prescriptions



Open referrals

To request your unique pin number please contact our salary protection team on **(01) 264 1480**.



Once you have received your pin number you can log into the MyDoc WebApp and use the MyDoc service.

For more information or to book a consultation, visit **Cornmarket.ie/mydoc** or call **(01) 264 1480**

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3. Cost

The total Scheme premium is **2.47% of gross salary**. This includes the 1% insurance levy.

Warning: The current premium may increase after the next Scheme review which should take place on/after 1st March 2025.

Income tax relief

Your full Scheme premium is eligible for income tax relief.

If you are paying income tax at 20% your net premium rate will be 1.98%.

If you are paying income tax at 40% your net premium rate will be 1.48%.

The rate at which income tax relief is applied may depend on your individual tax circumstances.

Here are some examples of the cost per week for various salary amounts taking income tax relief into account:

Income	Gross cost	Net cost at 20% income tax	Net cost at 40% income tax
€35,000	€16.57	€13.25	n/a
€45,000	€21.30	€17.04	€12.78
€55,000	€26.03	n/a	€15.62

4. Claims

Roles

Cornmarket's role

Our role is to help guide members through the claims process. We have considerable experience in this area and, work closely with the claimant, Insurer, and third parties to help get claims processed as efficiently as possible. We have our own dedicated, in-house Claims Administration Team. The team members will do all they can to help in a member's time of need. If you need to make a claim, it will be dealt with in a professional and sensitive manner.

Our contact details for making a claim are:

- Phone: **(01) 408 4018**
In the interest of Customer Service we may record and monitor calls.
- Email: **spsclaims@cornmarket.ie**
- Post: **SPS Claims Department, Cornmarket Group Financial Services Ltd, Christchurch Square, Dublin 8.**

The Insurer's role

The Insurer's role is to medically assess claims and decide whether or not claims should be paid. If they decide that a claim should be paid, they will calculate and pay the benefit.

Disability Benefit Claims

How to make a Disability Benefit claim?

Contact us as soon as you start your sick leave because:

Disability Benefit claims take approximately three months to process from the date your completed claim form is received. The exact length of time it will take to process a claim is dependent upon how long it takes for the Insurer to get data from third parties such as G.P.s, specialists, unions/associations and employers. With that information they must be satisfied that:

- A member is a valid member of the Scheme **and**
- A member is or was medically incapable of working for the period being claimed for, **and**
- They are paying the correct premium amount.

It is not often possible to retrospectively assess the validity of a claim where a significant period of time (approximately 3 months) has passed since your sick leave commenced. See Late Notification of Disability Benefit Claims on page 15.

Can I nominate someone to contact Cornmarket on my behalf in relation to a Disability Benefit claim?

You can nominate someone to contact us on your behalf and to assist you with your claim, for example, your spouse, next of kin etc. If you wish to do this, please send us a letter, signed and dated by you, outlining the name, address, and date of birth of your nominated person. Please be

aware that if you nominate someone to act in this capacity, they will have access to the information related to your claim such as your medical, salary and financial details. However, they will not have the authority to make any changes, for example, to cancel your membership of the Scheme.

What will happen after I initially contact Cornmarket to make a Disability Benefit claim?

Following an initial phone call, if appropriate, we will send you a claim form, information about the Scheme and details of the documentation you will need to provide.

You should return the forms and documentation to us as soon as possible and we will send these to the Insurer. The Insurer will then start medically assessing your claim.

Are all Disability Benefit claims medically assessed?

All claims will be medically assessed by the Insurer. If you have been granted Ill Health Early Retirement by your employer, this does not mean that you will be automatically entitled to Disability Benefit from the Scheme.

As part of their assessment, the Insurer may require you to:

1. provide medical evidence from your doctor (your doctor may charge you for this) **and/or**
2. provide medical evidence from your specialist **and/or**
3. attend an Independent Medical Examination (IME). It generally takes about 3 weeks for the IME report to be returned to the Insurer.

Items 1–3 are at the Insurer’s expense and reasonable travel expenses will be covered, if travel is necessary.

We will liaise with your employer, the Insurer and you throughout the assessment.

What happens after my Disability Benefit claim is assessed?

Following the assessment, the Insurer will make a decision on your claim. Claims can be admitted or declined.

What will happen if my Disability Benefit claim is admitted and I have completed the relevant deferred period?

- If your claim is admitted, the Insurer will arrange for benefit to be paid to your bank account. Disability Benefit will be paid in arrears and may be paid on a monthly basis. Therefore, it may take up to four weeks after your claim is admitted to receive your first benefit.
- If your claim is admitted after you have been reduced to half-pay or your pay has ceased altogether, the benefit may be backdated no earlier than one month before a completed claim form is received by the Insurer.
- As a benefit is subject to income tax, you can request the Revenue Commissioners to issue a Revenue Payroll Notification (RPN) to the Insurer. This will enable the Insurer to apply the correct tax rate for future benefits. However, the first benefit may have emergency tax rates applied. Any overpayment or underpayment of tax may be subsequently rectified.
- In order to ensure you continue to meet the definition of disablement,

the Insurer may seek completed continuation forms, certificates of continued disablement, medical certificates from your doctor, and/or require you to attend an independent medical examination and/or organise for a Health Claims Advisor to visit you.

- In the event that you fail to follow medical advice, the Insurer may cease paying you benefits.
- You will not be expected to pay premiums towards the Scheme while claiming. However, if your benefit stops for some reason other than reaching the ceasing date of that benefit, you will be expected to start paying premiums again in order to maintain your cover.

If you are in receipt of Disability Benefit up to your relevant ceasing age* for this benefit, you will not be required to pay premiums for any other associated benefits you are covered for under this Scheme up until the relevant ceasing ages of those benefits. If the ceasing ages change after your claim went into payment, the revised ceasing ages will not apply to you. If you return to work in the future and you become a disability claimant again, your claim will be paid on the applicable relevant ceasing age to you at that time.

*Relevant ceasing age means, the ceasing age that was applicable when your claim went into payment.

- While claiming Disability Benefit, any Accidental Death Benefit or Children’s Death Benefit that you have as a Scheme member remains in force until the ceasing date of those benefits.
- The Disability Benefit paid to you by the Scheme increases by 3% each year, or the rate of increase in the Consumer Price Index (if lower).

- If you plan to return to work or take up other paid work, you must inform the Insurer immediately.

What will happen if my Disability Benefit claim is declined?

- If your claim is declined, the Insurer will inform you of the reasons for the decision in writing.
- You may appeal the decision by sending additional evidence supporting the fact that your claim should be admitted to the Chief Medical Officer of the Insurer. You must do this within 3 months of the decline decision being made. The review of their decision may require you to attend further Independent Medical Examinations.
- If you do not appeal, you must return to work and premiums must continue or restart in order for you to remain a member of the Scheme.
- If your appeal with the Insurer is unsuccessful, you can log a complaint with the insurer. If you are dissatisfied with the outcome of your complaint, you may bring your case to the Financial Services and Pensions Ombudsman Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2 or log onto www.fspo.ie.

When will my benefit cease if I do not satisfy the Functional Assessment Test?

Your benefit will cease 3 months after the Functional Assessment Test, if you are deemed fit to return to any occupation within your organisation. The Functional Assessment Test will take place 3 months before you reach the end of your 36 months of Disability Benefit or Proportionate Disability Benefit payments.

What happens if I satisfy the Functional Assessment Test?

If you satisfy the Functional Assessment Test and are unable to return to any occupation within your organisation, you will continue to receive a benefit under the scheme, known as Continuing Disability cover. This benefit may continue until the ceasing age of the scheme but is subject to medical reviews.

How does Ill Health Early Retirement Pension (IHERP) affect my Disability Benefit claim?

For those who ARE in the NFVSP Pension Scheme:

If you are claiming and if you are granted IHERP, the amount you receive will be deducted from your Disability Benefit claim.

Regarding the NFVSP Group Life Plan if you are granted IHERP and draw down on this pension the 12% Pension Protection Benefit portion allocated to your pension will cease and your Group Life Plan Benefit will cease immediately.

For information on the revised Disability Benefit following the drawdown of your IHERP please contact our claims team.

For those who ARE NOT in the NFVSP Pension Scheme but are in another Superannuation Scheme:

If you are claiming and decide not to apply for IHERP, perhaps because you intend to return to work, and the Insurer agrees that there is a reasonable expectation of you returning to work, then the Insurer may pay a benefit of 75% of salary less any State Illness Benefit for a maximum of 24 months. This means no deduction will be

made from the Benefit for an amount equivalent to IHERP, as no IHERP is being claimed.

However, after 24 months a pension amount may be deducted from the benefit regardless of whether or not you are in receipt of same. This is referred to as Notional Early Retirement Pension (NERP).

What if I am on a Fixed Term Contract and make a Disability Benefit claim?

If you are unable to work due to illness or injury and your contract ends before the expiry date of the deferred period (26 weeks in a rolling 12 month period), your claim will be considered subject to the usual medical evidence requirement. For example, if a member suffers an illness with 3 months remaining on their contract, and remains unable to work due to illness or injury to the end of the deferred period, their claim will be considered in the normal manner.

If my illness is due to an injury at work, how does this affect my Disability Benefit claim and my Scheme membership?

Please inform our Claims Administration team immediately if you are in receipt of or have applied for an injury at work payment through your employer as your premium payments may stop which will affect your Scheme membership.

If as a result of your workplace injury, you are entitled to an additional payment from your employer, it may mean that your income remains higher than 66.67% of salary (for those who are in the NRVSP Pension Scheme) or 75% of salary (for those who are not in the NRVSP Pension Scheme). If your income exceeds the

Schemes maximum benefit level, no Disability Benefit is payable under the Scheme however the Insurer needs to be aware of your case so they can manage your claim. See Late Notification of Disability Benefit Claims on page 15.

What happens if I return to work after making a Disability Benefit claim?

If you return to your normal occupation at your normal hours, or to full salary (for example, you take annual leave), you must inform us at the earliest opportunity and ensure that premiums restart in order for you to remain a member of the Scheme.

If you return to your normal occupation at reduced hours, or to a different occupation at reduced pay, the Insurer may continue to pay you a benefit but at a proportionately reduced amount. This will be subject to medical evidence supporting the view that you are only partially fit for work.

If you return to work but have to stop working again due to the same illness or injury within a period of 6 calendar months from the date of your return, you will not be expected to complete the deferred period again. This is referred to as a 'linked claim'.



What is the Tax Return Service for Disability Benefit claimants?

Cornmarket's Tax Return Service is available to claimants who are in receipt of Disability Benefit for a continuous period of 3 months or more. Only claimants who submitted their claim after 1st March 2022 are eligible to avail of this service.

The Cornmarket Tax Return Service will prepare and file your tax return and act on your behalf with Revenue, to ensure that you do not pay any more tax than is necessary from multiple sources. They will also reclaim any overpayments of tax which may have been made by you during the period of your claim. The service includes PAYE returns and up to two rental properties, where relevant. Additional properties or returns for non-PAYE income may attract extra charges, and/or may not be offered within this service.

For more information,
please call **(01) 408 6267**



Cornmarket Group Financial Services Ltd. is a member of the Irish Life Group Ltd. which is part of the Great-West Lifeco Group of companies. Cornmarket's Tax Return Service is not a regulated financial product. Telephone calls may be recorded for quality control and training.

Death Benefit Claims

How to make a Death Benefit claim

Depending on the type of Death claim being made (accidental or children's) you or your Estate/Next of Kin/Solicitor should contact Cornmarket. After initial contact is made, if appropriate, Cornmarket will advise of the documentation required to process the claim.

How long will it take to process an Accidental Death Benefit claim?

If payment is to be made to your legal personal representatives/estate, a grant of probate or letters of administration, as appropriate, will be required before payment is made. These documents will be processed through the Probate Office, and may in some cases take several months to be processed.

Once the Insurer receives all required documentation and relevant information, and admits the claim, the benefit is usually paid within **10 working days**.

5. Frequently Asked Questions

How can I apply to join the Scheme?

You must complete an application form either:

- With your Cornmarket Consultant or
- Over the Phone – Call **(01) 470 8054**

The Insurer may underwrite (medically assess) your application. This process may include providing medical information to a nurse over the telephone or attending a medical examination at the Insurer's expense. Following the underwriting period, the Insurer may accept your application, postpone your application, decline your application or offer you membership of the Scheme with certain specified conditions excluded from cover.

During the application process it is important that you answer all the questions the Insurer asked in the application form and any subsequent questions fully, honestly, accurately and with reasonable care.

If you do not the Insurer may:

- cancel your membership & benefits from the start with/without a return of premium,
- refuse a claim with/without a return of premium,
- reduce the amount of any claim,
- reduce the amount of cover and/or
- change the terms of your membership from the date you were accepted into the Scheme

You may find it difficult to purchase another Salary Protection product.

What happens if my application is accepted?

Your cover begins from the date the Insurer accepts your application.

- You will be sent a formal acceptance letter.
- You will have 30 days after the date the acceptance letter is sent to you to cancel your membership of the Scheme and receive a full refund of any premiums paid.
- Premiums should start as soon as possible after you are accepted as a member.

What happens if my application is not accepted?

If your application is postponed, declined or if you are offered acceptance with certain specified conditions excluded you may request details for the reasons for the decision to be sent from the Insurer to your own doctor and you may appeal the decision.

What if I have unearned income?

In general, investment and rental income will not be considered when making a claim under the Scheme.

What if I plan to take a career break or unpaid leave?

If you plan to take a career break or unpaid leave please contact us to discuss the options that may be available to you by calling (01) 408 4195 or emailing spadmin@cornmarket.ie.

If you wish to avail of the career break options, you must apply for these within 4 months of taking a career break. Otherwise your membership of the Scheme will cease.

If you wish to avail of the unpaid leave options you must notify us at least 4 weeks in advance of the commencement of unpaid leave.

In order to ensure your membership of the Scheme does not lapse, and so that we can offer you any cost and/or benefit options which may be applicable, please contact us in advance if you plan to do any of the following:

- Acquire a second job
- Go on secondment
- Avail of a shorter working year scheme
- Change role/job
- Change terms of employment
- Start job sharing/work sharing (this means working 50% or less of the normal working week).

What if I am placed on administrative/special/gardening leave?

Please contact us on **(01) 408 4195** as soon as possible.

What if I have another Salary Protection/Income Protection/Income Continuance Scheme?

You may be over-insured as you cannot receive a benefit of more than 66.67% of salary (for those who are in the NFVSP Pension Scheme) or 75% of salary (for those who are not in the NFVSP Pension Scheme) on the Scheme. In other words, you cannot receive benefit from both this Scheme and another similar Scheme if the total benefit exceeds 75% of your annual salary. If you are in this situation, please contact us to arrange an appointment with one of our Consultants.

When does my cover under the Scheme cease?

Cover ceases:

- On your 60th birthday for all benefits **or**
 - If you no longer fulfil the eligibility requirements **or**
 - If you are deemed fit to return to work after the Functional Assessment Test and do not return to work **or**
 - If your premiums cease **or**
 - If you become unemployed **or**
 - If you die,
- whichever is earliest.

Remember...

We will not be automatically informed if some of the above events occur so please ensure we are advised at the earliest opportunity.

Can I cancel my membership of the Scheme?

Yes. You may cancel your membership of the Scheme at any time by clearly instructing us to do so in writing. Please ensure your name, address and date of birth are included on the cancellation instruction. If you cancel within 30 days of the acceptance letter being sent to you, we will cancel your membership of the Scheme and refund you any premiums you have paid.

If you pay by salary deduction, the payment cycle operated between us and your employer only allows for changes on certain dates. It may therefore take between four and eight weeks for the cancellation instruction to take effect. Any deductions taken from your salary following your cancellation request to us will be refunded to you approximately four to six weeks after the deduction from your salary.

If you cancel your membership of the Scheme, and then wish to become a member again, you will have to apply for membership again and provide information about the state of your health. If your health deteriorated between the time you cancelled your membership of the Scheme and re-applied, you may not be accepted as a member again or you may be accepted with a medical condition(s) excluded.

What happens if I cease to be employed by a member organisation under the NFVSP?

If you leave your employer you must inform us. We will then cancel your membership of the Scheme.

Is there a surrender or cash-in value associated with the Scheme?

As with other insurance such as car insurance, your premiums meet the cost of your cover. If you do not have a claim admitted, you will not receive a benefit from the Scheme.

There is no surrender or cash-in value associated with this Scheme; it is not a savings plan.

What commission does Cornmarket receive from the Insurer?

Initial charge	€400
Premium Deduction Charge.....	2.5%
Renewal charge paid by the Insurer to Cornmarket	7%

What if I travel abroad?

In order to remain on cover under this Scheme you must remain a resident within Ireland.

Your cover under the Scheme will not be affected if you travel briefly for normal holiday purposes. However, if you decide to reside or work abroad we must be contacted immediately. In such circumstances, the Insurer may decide to vary your premium and benefits accordingly or cease your membership of the Scheme.

If you are in receipt of Disability Benefit from the Scheme, the Insurer will pay this benefit to you if you are living anywhere in the world for a maximum of 13 weeks. The Insurer reserves the right to request that claimants come back to Ireland for an Independent Medical Examination during this period. If during this period

you are required to attend a medical assessment you must return to Ireland for it, the expense of which must be agreed between you and the Insurer in advance. Only reasonable expenses will be covered by the Insurer.

After 13 weeks, you must reside in a member state of the European Union. If you do not comply with this condition your benefit will be ceased. In exceptional cases where a beneficiary is forced to live abroad, the Insurer will consider this on a case-by-case basis.

Are all claims paid?

Most claims are paid.

When claims are not paid it is usually due to one or more of the following reasons:

- Medical opinion is that the member is not disabled from carrying out their normal occupation.
- When applying to join the Scheme, the member did not answer all the questions that were asked during the application process fully, honestly, accurately and with reasonable care. This is called non-disclosure/misrepresentation. In addition to being the reason for a claim not being paid, non-disclosure may also result in membership of the Scheme being cancelled. If this occurs, premiums will not be refunded.
- A claim is notified late, for example, outside of the timeline noted on page 15 and this has prejudiced the Insurer's ability to properly assess the claim.
- The illness or injury is a result of one of the general exclusions that exist on the Scheme.

- The member attempts to claim for an illness or injury for which they received a specific exclusion.

What if I wish to make a complaint about the service I have received from Cornmarket?

Please write to: **Compliance Department, Cornmarket Group Financial Services Ltd, Christchurch Square, Dublin 8**

or

Email: complaints@cornmarket.ie

If you are dissatisfied with the outcome of your complaint through Cornmarket, you may submit your complaint to the Financial Services and Pensions Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, or log onto www.fspo.ie.

6. General Scheme Information

This is a group protection scheme.

This means that the costs and benefits cannot be changed by any individual member. Instead, the Scheme owner reviews the Scheme periodically with a Broker and Insurers and then decides the best combination of benefits, cost, restrictions, limitations and features for all the members of the Scheme. At a review it may be decided that the Scheme should move Brokers and/or Insurers. In the event that this occurs, all Scheme membership data will be transferred to the new Broker and/or Insurer. Additionally, at a review, it may be decided to terminate the Scheme altogether. In the event that this occurs, any members who are already receiving a Disability Benefit will continue to receive that benefit under the terms of the Scheme.

Decisions taken by the Scheme owner will be binding on all members.

The Scheme owner is National Federation of Voluntary Service Providers.

The next Scheme review is due on or after 1st March 2025.

The current Scheme broker is Cornmarket Group Financial Services. The current Scheme Insurer is Aviva Life and Pensions Ireland Designated Activity Company (Aviva). The current Scheme policy number is 710030.

Notes

Notes

Apply to join the Scheme:

Call us on **(01) 470 8054**

or email **clientservices@cornmarket.ie**

Cornmarket Group Financial Services Ltd. is regulated by the Central Bank of Ireland. A member of the Irish Life Group Ltd. which is part of the Great-West Lifeco Group of companies.

The Scheme is underwritten by Aviva Life and Pensions Ireland Designated Activity Company (Aviva).

Aviva Life & Pensions Ireland Designated Activity Company, a private company limited by shares, trading as Aviva Life & Pensions Ireland and Friends First, is regulated by the Central Bank of Ireland.