

National Federation of Voluntary Service Providers Salary Protection Scheme



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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 Friends First. 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 March 2020.

If there is any conflict between this document 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 March 2020 but may change. For the latest information, please see cornmarket.ie

Where we say 'Insurer' in this booklet, we mean Friends First.

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

1. Introduction

Overview of Benefits

1 Disability Benefit

- **For Members 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 Members 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 and all terms, conditions and exclusions associated with same.

*Less any other income that you may be entitled to e.g. half pay, Ill health Early Retirement Pension, State Illness Benefit or State Invalidity Pension.

**Includes the NFVSP Life Cover Plan premium.



Eligibility

You may apply to join this scheme if you:

- 1) Are an employee of an organisation within:
 - The National Federation of Voluntary Service Providers (NFVSP)

Understand that you must remain an employee of an organisation of the NFVSP to remain eligible for Scheme membership

and

- 2) Are under age 60 **and**
- 3) Are working 8 hours or more per week **and**
- 4) Are employed on a:
 - full-time permanent basis **or**
 - fixed-term contract of at least 12 months' duration **or**
- 5) Have completed a 6 month contract and been offered another contract **and**
- 6) Are actively at work today.*

*This means you:

- are working your normal contracted hours **and**
- have not received medical advice to refrain from work **and**
- are not restricted from fully performing the normal duties associated with your occupation.

You are considered to be 'actively at work' if you are on paid or unpaid maternity leave.

You are not considered 'actively at work' if you are on career break or if you are on any form of unpaid leave other than maternity leave.

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

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 e.g. if membership of the scheme can be reactivated, if refunds can be made and if arrears and/or a declaration of health are required.



2. Benefits

i) 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**.

The Disability Benefit paid is less any other income, 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 retire on the grounds of ill health may be entitled to this from their employer.
- Any annualised amount awarded by a court of law, an agreed settlement sum or ex-gratia payment attributable to loss of earnings arising out of any action relating to your disablement.

This applies regardless of whether you are a 'D' or 'A' PRSI contributor and whether you contribute to the Superannuation Scheme or not.

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.

*See page 10 for definition of Salary.

** See page 10 for definition of the Deferred Period.

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.

12 consecutive months is determined on a rolling basis with a new 12 month period beginning on the first day of each calendar month e.g. 1st April 2019–31st March 2020.

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.

If you have taken sick leave before joining the scheme, the Insurer will not take this into account when calculating your Deferred Period.

Definition of Salary

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.

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

The lower of either the gross annual salary covered by your premiums or the actual gross annual salary you are earning at the end of the deferred period. You must advise Cornmarket 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.

Disability Benefit

Exclusions

No 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 some exclusions that apply 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 to you, then sick leave used for the excluded condition(s) cannot be used for the calculation of the Deferred Period.

Disability Benefit

Restrictions and Limitations

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 payment of a disability benefit claim, you may be eligible to claim a Proportionate Disability benefit under the Scheme 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 **or**
- you 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.

* However 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 – eg, 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.

Late Notification of Claims:

It is not often possible to retrospectively assess the validity of a claim in cases where a significant period of time has elapsed. For this reason, it is vital that you register your claim no later than 2 months before the Deferred Period ends. In the case of late notification of a claim, cases will be assessed on individual merit and the Insurer reserves the right to decline to assess the claim.

- 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 Friends First’s Chief Medical Officer.)
- For those in the NFVSP 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 NFVSP Group Life Plan.
- After 24 months, for those who are not in the NFVSP Pension Scheme,

a pension amount will 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).

- Any 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 Friends First) 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.

If your claim is admitted, Disability Benefit will continue until:

- You recover **or**
 - You go back to work (proportionate 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 are deemed fit to return to work after the Functional Assessment Test** **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 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 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.

ii) Death Benefit

Accidental Death Benefit

In the event of accidental death, a benefit of €15,000 is payable tax-free. 'Accidental Death' is defined as 'death caused solely and directly by external trauma, as a result of an accident caused by unforeseen violent, visual and external means which is in no way linked to any other cause.

Accidental Death - Exclusions

Exclusions apply where death is caused directly or indirectly by:

- self harm
- deliberately not seeking or following medical advice.

Accidental Death - Restrictions and Limitations

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 to the member, tax-free. Children's Death Benefit applies to all natural or adopted children.

Children's Death Benefit - Exclusions

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.

Children's Death Benefit - Restrictions and Limitations

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 that both parents are members of this scheme, this benefit will only be paid once.



3. Cost

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

Income Tax Relief

Your scheme premium is eligible for income tax relief.

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

Income	Weekly Gross Cost	Weekly Net Cost at 20% income tax*	Weekly Net Cost at 40% income tax**
€30,000	€14.20	€11.36	n/a
€40,000	€18.93	€15.14	€11.36
€50,000	€23.67	n/a	€14.20

*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%

Warning: The current premium may increase after the next scheme review which should take place on/after 1st November 2021.

Payment Methods

Your premiums may be paid via deduction at source from salary or direct debit.

If you pay your premiums through salary

- You are eligible for income tax relief at your highest rate of income tax on the Disability Benefit premium.
- Your premiums will increase and decrease in line with your salary changes and as a result, the salary covered by the scheme will be your salary as confirmed by your employer at the commencement of your sick leave.
- You must ensure that the premiums deducted from your salary are correct and reflect your salary.

If you pay your premium by direct debit

- You will need to send a Premium Statement to Revenue in order to claim income tax relief. If, throughout the course of your membership of the scheme, you change your cover and hence premium amount, you should request an up-to-date Premium Statement from Cornmarket to send to Revenue so that Revenue can amend your income tax relief accordingly.
- Your premiums will reflect the last gross salary you notified to Cornmarket or the last gross salary that we estimated for you at the last scheme review. As a result, the salary covered by the scheme will be

based on either the salary covered by your premiums or the actual salary at the commencement of your sick leave as confirmed by your employer, whichever is lower. The onus is on you to ensure you advise Cornmarket 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 to ensure you are paying the correct premium amounts.

- You may incur charges from your bank.

Remember...

As this is an insurance policy, you must keep up your premiums 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 on cover for any benefits. In the event that you wish to become a member of the scheme again, you would have to apply to be a member and be medically underwritten. Your application may be accepted, postponed, declined or accepted with exclusions.



4. Claims

Roles

Cornmarket's role

Cornmarket's role is to help guide members through the claims process. Cornmarket has considerable experience in this area and, works closely with the claimant, Insurer, and third parties to help get claims processed as efficiently as possible. Cornmarket has its 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 Service Ltd, Christchurch Sq., Dublin 8.**

Our offices are open Monday – Friday 9:00 – 17:30.

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 is payable, they will calculate and pay the benefit.

Disability Benefit Claims

How to make a Disability claim?

Contact Cornmarket 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 benefit amount.

It is often not possible for the Insurer to retrospectively assess the medical validity of a claim. If they cannot medically assess a claim, the Insurer reserves the right to decline to assess the claim. See Late Notification clause on page 12.

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

You can nominate someone to contact Cornmarket on your behalf and to assist you with your claim, for example, 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 Cornmarket 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. If you are 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 to confirm that you meet the definition of disability, the Insurer may require you to:

1. provide medical evidence from your Doctor **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.

All items 1-3 above 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?

- If your claim is admitted, and you have completed the relevant deferred period, 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 and a Certificate of Tax to you. 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 the benefit, you will be expected to start paying premiums again in order to maintain your cover.
- While claiming Disability Benefit, any Accidental Death Benefit or Children's Death Benefit that you have as a scheme member remains in force until you reach the ceasing age.
- The 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, 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 may bring your case to the Financial Services and Pensions Ombudsman.

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 affect my Disability Benefit claim?

For members who are in the NFVSP Pension Scheme:

If you are claiming and apply for IHERP, the portion of your Pension Protection Benefit allocated towards your pension will cease. If you are granted IHERP, the amount you receive will be deducted from your Disability Benefit claim. For information on the portion allocated to the NFVSP Group Life Plan, please contact Cornmarket.

For members 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 will 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 a member is unable to work due to illness or injury and their contract ends before the expiry date of the Deferred Period, (26 weeks in a rolling 12 month period), their 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?

Please inform the Cornmarket Claims Administration team as soon as possible, if this applies to you.

If, as a result of your workplace injury, you are entitled to an additional payment, it may mean that your income remains higher 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) and hence there will be no Disability Benefit payable from the scheme.

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, including any annual leave you use to supplement this salary, you must ensure that premiums restart in order for you to remain a member of the scheme.

If you return to work at reduced hours or 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.

Death Benefit Claims

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

Once the Insurer receives all the documentation and information required, and the Insurer decides to admit the claim, Benefit is usually paid to the estate/trustees within 10 working days.

If your estate is being processed through the Probate Office, this may result in delays in the processing of the claim. These delays could take over 12 months.

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.

5. Frequently Asked Questions

How can I apply to join the scheme?

To apply, you must complete an application form either:

- (i) Over the phone – call **(01) 470 8054**
- (ii) With your Cornmarket Consultant
- (iii) By printing and completing an application form at **cornmarket.ie**.

Applications may require underwriting (medical assessment) which may include providing medical information by telephone to a nurse 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 tell the Insurer all relevant medical information. This means information that the Insurer would regard as likely to influence the assessment and acceptance of your application. If you do not:

- your membership of the scheme could be void; you will not be covered under the scheme,
- a claim will not be paid and the Insurer will not refund any premiums you have paid.

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 taken into account 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 **spsadmin@cornmarket.ie**.

If you wish to avail of the Career Break option, you must apply 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 option you must notify us at least 4 weeks in advance of the commencement of unpaid leave.

Additionally, if you plan to do any of the following, please contact us in advance 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:

- Acquire a second job
- Go on secondment
- Change role/job
- Change terms of employment
- Start job sharing/work sharing (i.e. work 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.

When does my membership under the scheme cease?

- 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 – Cornmarket 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 Cornmarket to do so in writing. Please ensure your name, address and date of birth is 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 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 an exclusion.

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

If you leave your employer you must inform Cornmarket in writing. Cornmarket will then cancel your membership of the scheme.

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

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

What commission does Cornmarket receive?

Initial charge	€400
Premium Deduction Charge	2.50%
Renewal charge paid by 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.

If you travel briefly for normal holiday purposes this will not affect your cover under the scheme. However, if you decide to reside or work abroad you must contact Cornmarket 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 for claimants to come back to Ireland for an Independent Medical Examination during this 13 week period. If during the 13 weeks 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. 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?

The majority of 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 his or her normal occupation.
- When applying to join the scheme, the member did not give all relevant, requested medical information (information that the Insurer would regard as likely to influence the assessment and acceptance of your application). This is called non-disclosure. 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, after the Deferred Period ceases and hence the Insurer is no longer in a position to medically 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.**

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

General scheme Information

National Federation of Voluntary Service Providers Salary Protection Scheme

The scheme owner is the National Federation of Voluntary Service Providers.

The current scheme broker is Cornmarket Group Financial Services.

The current scheme Insurer is Friends First.

The current policy number for this scheme is 710030.

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 next scheme review is due on or after 1st November 2021.

Join the scheme: Call us on **(01) 470 8054**
or email **clientservices@cornmarket.ie**

For general scheme queries: Call us on **(01) 408 4195**
or email **spsadmin@cornmarket.ie**

To make a claim: Call us on **(01) 408 4018**
or email **spsclaims@cornmarket.ie**
or visit **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.
Telephone calls may be recorded for quality control and training purposes.

The scheme is underwritten by Friends First.

Friends First is a registered trading name of Aviva in Ireland. Aviva Life & Pensions Ireland Designated Activity Company, trading as Aviva Life & Pensions Ireland and Friends First, is regulated by the Central Bank of Ireland.