

Mortgage Protection Insurance (MPI) Scheme for Local Authority Borrowers

Application form for adding a Joint Borrower

Important Information

This Scheme is underwritten by New Ireland Assurance Company plc. (New Ireland).

The Scheme benefits are provided by New Ireland, and are governed by the policy document as agreed with the Scheme Owner.

This Scheme has been arranged by Cornmarket Group Financial Services Ltd. (Cornmarket) on behalf of the Scheme Owner (Local Government Management Agency (LGMA)).

Information provided by you on this form will be used by New Ireland and the LGMA separately.

References & Definitions

References to **'the Scheme'** in this application form shall mean the Mortgage Protection Insurance (MPI) Scheme for Local Authority Borrowers.

References to **'the Agreement'** in this application form shall mean the Mortgage Repayment Protection Plan agreement entered into when a Mortgage is granted by a Creditor to a Borrower, to protect the Borrower's repayment on that permanent primary residence.

References to **'the Borrower'** in this application form shall mean any person who has entered into an Agreement.

References to the **'Life to be insured'** in this application form shall mean the Joint Borrower applying to join during the remaining term of the Mortgage and/or Rental Equity/Shared Ownership/Sub-loan Agreement.

References to **'the Creditor'** in this application form shall mean a Local Authority of Ireland, for the purposes of the Local Government Act 2001, which granted the mortgage or if the Local Authority which issued the mortgage is no longer the Local Authority administering the mortgage, the Local Authority which at the relevant date is administering the mortgage.

Warning: The current premium may increase at the next Scheme rate review on or after 1st January 2025*

*In the meantime, the premium rate should stay at the current 0.182% (Life Cover Only) and 0.3382% (Life Cover & Disability Benefit) of the outstanding capital balance of the loan which is the subject of the Agreement per annum.

Local Authority Office Important Information:

This application form is to be completed by the existing Borrower and Life to be insured. If accepted, cover will only commence if the Life to be insured is included in and named on the mortgage Agreement. In the event that the Life to be insured is added to the mortgage Agreement more than 5 months after signing this Application form; the Applicant(s) will have to re-apply.

It is important that all information provided by the Local Authority is full and accurate. Where there is misrepresentation of information provided by a Borrower or Creditor that is false or misleading in respect of an application for insurance coverage, the Insurer will evaluate such matters in accordance with the Consumer Insurance Contracts Act 2019.

If:

- any questions are not answered fully, honestly and carefully, **and/or**
- New Ireland is not made aware of any changes to the answers given before the cover starts then New Ireland may:
 - cancel the policy from the start and refuse any claim,
 - reduce the amount of any claim, **and/or**
 - reduce the amount of cover.

A copy of this completed form must be retained on the Applicant(s) file for the duration of the Agreement. The Local Authority should recommend to the Applicant(s) that they seek independent advice in respect of this product and that it is appropriate to their circumstances prior to signing the application form. A copy of the Scheme Summary Booklet or Master Policy documents must be provided to the Applicant(s) and information on the suitability of the Borrower must be retained.

Once the cover is in place the premium must be paid and the Borrower(s) must be listed on the next monthly return to Cornmarket.

1. Personal details – to be completed by the Local Authority Office

Applicant (existing Borrower)

Title:	<input type="text"/>	Address:	<input type="text"/>
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel. Home:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>	Eircode:	<input type="text"/>
		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>

Life to be insured

Title:	<input type="text"/>	Address:	<input type="text"/>
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel. Home:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>	Eircode:	<input type="text"/>
		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>

2. Mortgage details – to be completed by the Local Authority Office

Mortgage type:	<input type="text"/>		
Term:	Years <input type="text"/>	Months <input type="text"/>	
Address of Property:	<input type="text"/>		
Mortgage amount approved by Local Authority:	€ <input type="text"/>		
Interest Rate type:	<input type="text"/>	Percentage rate:	<input type="text"/>
Monthly repayment agreed by Local Authority:	€ <input type="text"/>	Date mortgage application received by Local Authority:	<input type="text"/>
Date of Approval of mortgage:	<input type="text"/>		
Drawdown date:	<input type="text"/>		
Loan amount drawdown:	€ <input type="text"/>		
Remaining loan balance:	€ <input type="text"/>		
Date:	<input type="text"/>		
Account number:	<input type="text"/>		

3. Tele-underwriting and signature - to be completed by the Local Authority Office

Important:

If the Life to be insured answers yes to any medical questions in Section 7, the Life to be insured will be required to undergo a tele-interview, please refer to Section 10 for further information

Is tele-underwriting required?

Life to be insured: Yes No

If yes, please state reason:

By signing this declaration you are confirming the information in Sections 1, 2 & 3 is full and accurate.

Authorised Local Authority signature:

Local Authority Stamp:

Print name:

Date:

4. Data privacy notices

Before you provide your personal information please note it is important that you know how your personal data will be processed and what your data protection rights are.

Local Authority

For information in relation to how your Local Authority collect personal information about you, how they use it and how they interact with others about it, see their data protection notices online on their website.

Cornmarket

Cornmarket's Data Privacy Notice available at www.cornmarket.ie/data-privacy-notice, details how Cornmarket as a company processes your personal data and the legal bases Cornmarket relies on for processing your personal data. It also provides you with important information regarding your rights in relation to the personal data Cornmarket holds about you and with information on how you can exercise these rights. If you would like to receive a copy of this by post please contact Cornmarket at (01) 408 4000 to request this.

New Ireland

It is important that you know how and why New Ireland uses your personal information, including personal data relating to your health which is a special category of personal data under Data Protection law, in order to underwrite your policy and provide you with cover under the policy; as well as to comply with relevant legal and regulatory requirements. This is set out in New Ireland's Data Privacy Notice which is available on their website at www.newireland.ie/options/data-privacy-notice/ or by writing to New Ireland Assurance, 5 – 9 South Frederick Street, Dublin 2.

5. Eligibility confirmation - to be completed by the Life to be insured

New Ireland and the Scheme Owner require you to fulfil all of the eligibility criteria below to apply to join the Scheme.

Please tick to confirm that you:

1. Are aged over 18 and under 70 **and**
If you cannot confirm eligibility criteria 1 applies to you then you are not eligible to join this Scheme.
2. Will be resident in the property which is the subject of the Agreement **and**
If you cannot confirm eligibility criteria 2 applies to you then you will only be eligible for life cover and not disability benefit.
3. Are at work and understand the meaning of at work as defined below.
If you cannot confirm eligibility criteria 3 applies to you then you will only be eligible for life cover and not eligible for disability benefit until you meet the at work definition below:
At 'Work' means being gainfully employed by, engaging in an activity for remuneration, reward or profit, and includes the following;
 - the Borrower's normal occupation
 - any Work his/her experience, education or training may reasonably qualify him/her to do, and
 - if the Borrower is self-employed: assisting, managing and/or carrying out any part, whatsoever, of the running of his/her business
 - working or employed as confirmed by a letter from employer on Company letterhead and Employment Detail Summary (formerly known as P60) or accounts/tax returns if self-employed.

Those on paid or unpaid statutory maternity, adoptive, parent's or paternity leave are considered at 'work' as long as this period of leave is not in excess of 47 weeks in total. Your deferred period will only start on the day you are due to return to work.

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

Those taking parental leave are not considered at 'work' unless they are working a reduced number of hours every week throughout their leave and otherwise meet the eligibility criteria of the Scheme.

6. Answering questions fully, honestly and carefully

You will be asked questions about your health and personal circumstances. Even if similar questions were answered before, all questions must be answered fully, honestly and carefully.

There is no need to tell New Ireland about genetic tests that have been carried out and New Ireland will not consider the results of any genetic tests they receive.

New Ireland may ask for medical information from doctors and other health professionals at the time of this application and during the term of the policy if the application goes ahead.

If this application goes ahead, cover will be based on the information in:

- this form,
- any other form or questionnaire related to this application,
- any other written information from or on behalf of the person to be covered related to this application, **and/or**
- any recorded telephone call related to this application.

If:

- any questions are not answered fully, honestly and carefully, **and/or**
- New Ireland is not made aware of any changes to the answers given before the cover starts then New Ireland may:
 - cancel your cover from the start and refuse any claim,
 - reduce the amount of any claim, **and/or**
 - reduce the amount of cover.

7. Medical questions - to be completed by the Life to be insured

Please read the questions below carefully and ensure that you fully understand each of the questions being asked before answering them. Please answer all of the questions fully, honestly and carefully.

You don't need to tell us about: Infertility treatments, normal pregnancy (females only), caesarean section (females only), oral contraceptive pill (females only), routine smear tests or mammograms not requiring further investigation (females only), routine normal health or work screenings that are not related to any symptoms that you have or had.

1. Are you waiting for the results of any tests, scans or investigations? *If yes, what are you waiting for and when do you expect to have the result(s).* Yes No

Details if yes:

In the last 2 years have you:

2. taken or been prescribed medication or other treatment for longer than 4 consecutive weeks? *If yes, please state nature of illness, medication, date of onset.* Yes No

Details if yes:

3. been advised to attend or attended a Specialist, hospital or clinic for follow up, regular reviews or to have tests, scans or investigations? Yes No

Details if yes:

In the last 5 years have you:

4. had an application for Life, Specified or Critical Illness or Disability Benefit declined, postponed, accepted at an increased cost or with an exclusion applied? *If yes, please state what the decision was, reason for the decision and when this was.* Yes No

Details if yes:

Please use the box below to add more details to any of your answers to the questions above.

8. Further medical information – to be completed by the Life to be insured

Depending on the information you provide in your answers to the above questions in Section 7, New Ireland may ask for further medical information from you and/or your GP or may ask you to have a tele-interview with a nurse. The tele-interview process is explained in more detail in Section 10.

New Ireland may also ask you to have a medical examination with your doctor, an independent doctor or a nurse.

a) Do you have a GP in Ireland or abroad? Yes No

If yes, please provide the name and address of your GP:

b) If New Ireland asks you to have a tele-interview what time of day do you prefer to be contacted?

Morning Afternoon Evening

Declaration – to be completed by the Applicant(s) (existing Borrower and Life to be insured)

I declare that on the date of change the life to be insured is to be included as Joint Borrower, has been added to the mortgage and has completed Sections 5, 7 & 8 of the application form.

Date of change:

Applicant signature:

Date:

Life to be insured signature:

Date:

What happens next?

Your application may be:

- **Accepted on normal terms** – This means your application has been accepted at normal rates and on normal terms. You will receive a letter confirming you have been accepted. Your cover will commence on the date the Joint Borrower is included in and named on the mortgage Agreement.
- **Declined** – This means your application has been declined and it is not possible to offer you cover now or in the future. If your application has been declined, you can ask New Ireland to let you know the reasons for this decision, which may in certain circumstances be provided to you through your GP.

IMPORTANT: Please read the declaration in Section 9 below carefully and ensure that you fully understand it before signing. If you cannot complete this declaration, please contact the Local Authority Office.

9. New Ireland declaration - to be completed by the Applicant and Life to be insured

I confirm that I have:

- read and understand all the questions asked on this form, **and**
- answered the questions on this form fully, honestly and carefully whether completed by me or on my behalf.

I understand that if:

- any questions are not answered fully, honestly and carefully, **and/or**
- New Ireland is not made aware or informed of any changes to the answers given before my cover starts, then New Ireland may:
 - cancel my cover from the start and refuse any claim I may have,
 - reduce the amount of any claim, and/or
 - reduce the amount of cover

As the person to be covered, I understand New Ireland may ask for information about my health from any doctor or health professional who has attended me, and I agree to them giving New Ireland the information asked for. I understand that this authority will remain in place for the duration of the policy and as part of any claim assessment, even after my death.

I understand that if this application goes ahead, my cover will be based on the information in:

- this form,
- any other form or questionnaire related to my application,
- any other written information from me or on my behalf related to my application, **and/or**
- any recorded telephone call related to my application.

I understand that my cover will start when I, (the Life to be insured) have been included in and named on the mortgage Agreement and not before then.

Where I have provided my contact details, I understand that I may be contacted using those details if New Ireland needs further health or other information for the purpose of this application.

I understand

- that I'm due to receive a copy of the full application form and will let the Local Authority Office know if I don't
- when I receive a copy, I need to review the answers to make sure they have been answered fully, honestly and carefully and
- I must make the Local Authority Office aware of any errors, missing information or changes needed to my answers who will then inform New Ireland.

I understand that to remain covered under Scheme, I must continue:

- to reside in the property that is the subject of the Agreement
- to pay the premiums outlined in the Agreement

I understand that in the event of my application not proceeding, information provided in connection with my application will be retained by New Ireland for a period of up to six years to facilitate any future application by me.

I confirm that I have obtained the Scheme Summary Booklet and will review it to make sure I understand the Scheme I will be joining and the terms and conditions of this Scheme.

In relation to all benefits available under the Scheme, I confirm that I understand:

- the benefits available and the certain exclusions/restrictions that apply
- that where disability benefit is an available Scheme benefit
 - cancel my cover from the start and refuse any claim I may have,
 - the meaning of disability as explained in the Scheme Summary Booklet
 - the reductions to the benefit where there are disability payments from other sources

I understand:

- the policy conditions that apply to the Scheme,
- that there is a 30 day cooling off period, which begins when my cover starts and during this time I may change my mind and cancel my cover under the Scheme and receive a full refund of any premiums that I have paid.

I understand it is a condition of my cover that I accept that the Scheme is a reviewable group scheme, meaning that the terms of the Scheme may be amended or terminated altogether by the Scheme owner and that their decisions are binding on all lives insured under the Scheme.

I confirm I have reviewed New Ireland's Data Privacy Notice and I have been informed that same notice is available here <https://www.newireland.ie/options/data-privacy-notice/>

Applicants signature:

Date:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Life to be insured:

Date:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

10. Tele-interview

What is a tele-interview?

A tele-interview is an interview over the phone by a nurse where New Ireland asks you details about your health. The call is recorded and shouldn't take more than 30 minutes to complete.

Why are you being interviewed?

New Ireland uses the information from your interview (which is kept confidential) to decide on whether they can offer you cover, and if so, on what terms.

When will the tele-interview take place?

Medicals Direct will ring you in the next few days to arrange a suitable time.

The nurses can carry out interviews from:

- 8am to 4:30pm Monday, Thursday and Friday
- 8am to 8pm on Tuesday and Wednesday

If you are not free to answer the questions when they call, the nurse will arrange a more suitable time to ring you back to do the interview.

If they haven't rang you back in three days, or you have been away or not contactable, please ring New Ireland on (01) 523 9705 to arrange an interview.

It is important that you are able to speak freely and have the time to do the interview when they call. If you are using a mobile phone, please make sure you are not driving, as they will not be able to carry out the interview if this is the case.

What do you need to prepare?

To prepare for your interview, please take some time to have the following information ready when the nurse rings you:

- Details of any medication you are taking (including the name and dosage).
- Details of any past or present medical condition you have or had (other than very minor ailments such as the common cold).
- Details of any tests or investigations, e.g. blood pressure, cholesterol tests. It would be helpful if you phone your GP or whoever did these tests before the interview, to get the results.
- Details of any serious condition, such as cancer, heart attack, stroke, suffered by a member of your immediate family (your mother, father, brothers or sisters, or half brothers and sisters).
- Your height and weight.

If you are not sure whether something is important in relation to the questions being asked, then it is best to mention it anyway. The nurse will help you with any questions that you have.

What happens after the interview?

You will be sent a written record of the interview. Please review the answers to check they have been answered fully, honestly and carefully and that all of the information in the written record is correct and complete. You must let New Ireland know within 10 days of receiving the record of any errors, missing information or changes needed to the answers.

What if I do not wish to have a tele-interview?

Please let Medicals Direct know this when they call you or you can let New Ireland know directly on (01) 523 9705. New Ireland may send you a questionnaire instead to complete or write to your doctor for a report.

For underwriting queries
please contact New Ireland:

Phone **(01) 523 9705**

Email **groupunderwriting@newireland.ie**