

Group Life application form



MetLife Europe d.a.c.
20 on Hatch
Lower Hatch Street
Dublin 2

1800 500 276
ebireland@metlife.com

Contract

This form is a legal document and together with the policy conditions and the policy declaration forms part of any subsequent contract if MetLife Europe DAC accept your request for cover.

All sections must be fully completed by the authorised signatories. A copy of the completed application form is available on written request.

Failure to disclose all relevant information requested by us during the application, underwriting and claim process could render your contract void or result in a claim being denied or reduced. You are under a duty to answer all questions asked by us fully, honestly, accurately and with reasonable care. Please remember that we will use the answers given to assess the terms and the extent of the benefits we can offer.

MetLife Europe DAC requires full disclosure of medical information relevant at the quotation and on-boarding stages of the policy, such as reason for absence or cause of claim. If accurate information is not disclosed, any quotation issued will assume that there are no issues other than those disclosed to us at that time. The quotation issued will not be valid if we are subsequently advised of a condition that should have been disclosed when requesting the quotation. In addition, it should be noted that failure to disclose relevant information may result in the following:

1. The policy may be cancelled
2. Claim requests may be declined
3. Difficulty in obtaining cover elsewhere in the future due to the failure to disclose relevant information for this cover.

Before your policy starts, you must tell us immediately about any alterations or changes to the information you gave us in response to our questions to you and about your employees, including changes to circumstances (e.g. medical conditions). Any alterations and/or changes must be sent to us by email at ebireland@metlife.com

In accordance with the Disability Act 2005, you should not disclose results of any genetic tests which you or your employees have undergone.

The employer and the trustee of a Group Life policy must be registered to trade in the Republic of Ireland and be resident for tax purposes in the Republic of Ireland. If this is not the case this might mean that your contract could be cancelled without premiums being returned and/or a claim not being paid. You must inform MetLife Europe DAC of any change in the country of residence for any employee accepted for membership of the policy. The relevant employees who are covered under this policy must be contracted to work from a Republic of Ireland registered entity and have an Irish contract.

Please read the Data Protection Notice in our Data Privacy notice on our website www.metlife.ie before you provide us with your personal information or complete any Declaration in this application form. This Data Protection Notice explains what your Data Protection rights are and how and why we use your personal information.

Section 1 - Your details

Please complete in block capitals

Registered employer name

Registered employer address

Eircode

Business address

Eircode

Employer contact name

Employer contact email

Does this business trade under another name. If yes, Name and Address of Registered Office

Eircode

How are they associated to you

If any person you have included in this plan is not employed directly by you, please provide the relevant employer details. If there is more than one employer, please give details on a separate sheet.

Section 2 - What cover have you chosen

Please choose the benefits you are applying for by ticking the appropriate box or boxes below.

Group Life assurance Yes No Quote number

Is this a new to market plan or an existing plan? New Existing

If this is an existing plan please provide a copy of existing terms and benefits

Effective date the cover will start **P** **R** **M** **M** **Y** **Y** **Y** **Y** **Y** **Renewal date** **P** **R** **M** **M** **Y** **Y** **Y** **Y** **Y**

Premiums will be paid Monthly Yearly

Section 3 - Membership Eligibility

(i) Category information

Number of membership categories Name of category

Membership begins immediately at the next renewal date.

If more than 1 category is required, please use a separate sheet

(ii) Definition of salary

Basic annual salary excluding variable elements	Basic annual salary including variable elements
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Other (please specify)

Membership begins	immediately	at the next renewal
When do salary increases apply?	immediately	at the next renewal
Are all eligible employees living in Ireland for tax purposes?	Yes	No
Please confirm that all eligible employees have been included in your inception data.	Yes	No

Section 4 - Benefit details

Group Life insurance – structure of benefits

Category 1 Benefit basis

Category 2 Benefit basis

Cease age	60	65	70	Other
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Please use a separate sheet if you require more than 2 categories of membership

Section 5 - Actively at Work declaration

I confirm that all members are actively at work on the risk date	Yes	No
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If no, please provide details.

Actively at Work means, that the eligible members:

- a. is working their normal contracted number of hours
- b. has not received medical advice to refrain from work
- c. is not restricted from fully performing the normal duties associated with their occupation

Note: those on paid and unpaid statutory leave (maternity, parental and carer) can be considered actively at work so long as they would be able to fulfil points B and C above.

For eligible members not actively at work, please confirm the following:

Member name	Absence reason	Date ill health began
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Please use a separate sheet if there are more than 3 members absent.

We reserve the right to alter the quote or decline cover altogether if the above information differs from what you advised us at the time of the quotation.

For policies already insured, please provide details of the existing insurer and the underwriting terms.

Section 6 - Trust details

Please state under which trust the benefits in this application are to be covered

a. Existing trust

Title of existing trust

Revenue reference number

Pensions authority reference number

b. MetLife Ireland Master trust

To participate in the MetLife Ireland Master Trust, you confirm

- i) You the employer wishes to participate in the MetLife Ireland Master Trust (Plan) as a participating employer which is sponsored by MetLife Europe DAC.
- ii) You understand that the trustee is Eblana MT Trustee DAC (Trustee).
- iii) The Scheme is a retirement benefits scheme as defined by Section 771 of the Taxes Consolidation Act 1997, established by the Sponsor (MetLife Europe DAC) and is governed by the Scheme Documents.
- iv) By Clause 10 of the Deed the Trustee may allow any company, firm, person, organisation, association or body to participate in the Scheme as a Participating Employer by establishing a separate Section in relation to that Participating Employer. The Participating Employer wishes to be admitted into participation of the Scheme with effect on and from the Effective Date and the Sponsor consents to such participation.
- v) Your consent below gives effect to such participation upon the terms of the MetLife Ireland Master trust (Plan).
- vi) You as a participating Employer represents and warrants that it has the capacity to enter into this Participation Agreement on its terms, that all actions required to authorise it to enter into this Participation Agreement have been properly taken and the person or persons signing this Participation Agreement on its behalf have full power and authority to do so.

Employer signature

Position in the company

Signature date (ddmm/yyyy)

D D M M Y Y Y Y

Section 7 - Employer and trustee declaration

We apply to MetLife Europe DAC for this Group Life Insurance Policy to be issued to the trustee/s of the Scheme identified in this application form and declare that:

- 1) The information in this application form is true, accurate and complete and we understand the consequences for cover if this is not the case (as outlined at the start of this form).
- 2) We understand that the policy is conditional on the approval of the Scheme by the Revenue Commissioners as an exempt approved scheme under Chapter 1 of Part 30 of the Taxes Consolidation Act, 1997.
- 3) We confirm that the contract effected in pursuance of this application form will be held by the trustees under irrevocable trust for the purpose of providing relevant benefits as defined by chapter 1, Part 30 of the Taxes Consolidation Act, 1997 to or in respect of the member under the Scheme Rules.
- 4) We consent to MetLife Europe DAC, verbally or otherwise, seeking and receiving additional information that isn't provided on the form or where further information is required in order to process the policy. I/We understand that such information will be deemed to be incorporated into this application form the purposes of 1) above. We hereby authorise the employer, the trustees, administrators and life insurance providers of relevant arrangements with information relevant to this application form, and our agents, to provide such information to MetLife Europe DAC.
- 5) We agree that without further communication to us MetLife Europe DAC may, if they accept this application form, issue a policy comprising of policy conditions on MetLife Europe DAC's standard terms for policies of this type (a copy of which has been made available) and a policy declaration as regards to the particulars of the policy such as the scheme name, employer(s) and level of cover.
- 6) We agree that the policy conditions and policy declaration, together with this application form, will form the contract between MetLife Europe DAC and the trustees and authorise MetLife Europe DAC to accept instructions in relation to this application form and the policy:
 - from the Scheme Delegate who the trustees appoint under the Scheme Rules and notify to MetLife Europe DAC; or
 - in default of such appointment, unless the trustees notify MetLife Europe DAC to deal directly with the trustees, from the Principal Employer
- 7) We agree and understand that even if a premium is tendered or direct debit mandate is signed, no binding contract is created until MetLife Europe DAC has issued the policy.
- 8) We the trustees are resident for tax purposes in the Republic of Ireland and have an address in the Republic of Ireland (and we understand the consequences for cover if this is not the case (as outlined at the start of this application form). We undertake to inform MetLife Europe DAC of any change in our country of residence during the life of the policy.
- 9) We will provide to MetLife Europe DAC for each anniversary date (and other times as may be required) such particulars as are necessary to enable MetLife Europe DAC underwrite the benefits.
- 10) We agree and understand that MetLife Europe DAC processes may involve electronic means including, but not limited to, data entered online, the capturing of our signatures on an electronic device, the use of electronic signature or the use of a signature-free process; MetLife Europe DAC processes may also (even where commenced on-line) involve manual processes and/or require wet ink signing of documents at certain points.
- 11) Declare that we were entitled to make disclosure of personal data that we have made to MetLife Europe DAC in connection with this application form, and will ensure that we are similarly entitled to make any such disclosure that we make in the future, without breach of data protection law or other law.
- 12) We have read and understand the Data Privacy notice. Where we are providing information about another person (e.g. the lives to be insured/members of the policy), we confirm that we have:
 - let them know what information I/we have shared with MetLife Europe DAC
 - shared the Data Privacy Notice with them and
 - obtained their confirmation that they have read and understand the Data Privacy Notice
 We understand that MetLife Europe DAC require for the purposes of this application form that we have done so.
- 13) Without limiting our obligation above we will co-operate with reasonable requests from MetLife Europe DAC as regards information on and compliance with our obligations at 11) and 12) above.

Authorised signatories – Employer & Trustee(s)

I/We agree to the information provided in this application form and the above declaration.

I/We agree to appointing as our agent under the scheme.

Agent contact name

Agent contact details

Authorised to sign on behalf of the employer

Name (in block capitals)

Signature date (ddmm/yyyy)

D D M M Y Y Y Y

Signature

Position in the company

I agree this application form and declaration will form the basis of the contract proposed between the trustees and MetLife Europe DAC.

Authorised to sign on behalf of the trustee

Name (in block capitals)

Signature date (ddmm/yyyy)

D D M M Y Y Y Y

Signature

Trustee Details

NB: The person in the company that signs this section, must be an authorised signatory within the company. Please note we will verify this before proceeding with the policy.

Section 8 - Payment options

We offer two payment options (i) Electronic Fund Transfer (ii) SEPA Direct Debit Mandate.

Please complete the Mandate below so that we can arrange the collection of the appropriate amounts.

(i) Electronic Fund Transfer

Account Name	MetLife Europe DAC
Bank	J.P. Morgan SE Dublin Branch, 200 Capital Dock, 79 Sir John Rogersons Quay, Dublin 2
Account number	0079621228
Sort Code	93-09-03
Swift BIC	CHASIE4L
Bank Account Number (IBAN)	IE68CHAS93090379621228

Please include the policy number or name on the narrative, so that we can identify your payment when we receive it. This allows us to allocate your premium correctly.

(ii) SEPA Direct Debit Mandate

SEPA Direct Debit Mandate

Unique Mandate Reference {UMR} - To be completed by MetLife Europe DAC

By signing this mandate form, you authorise (A) MetLife Europe DAC to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from MetLife Europe DAC.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that can be obtained from your bank.

Please complete all fields marked*

Name(s) of Account holder(s) *

Address

Town/City

County

Country

Account number - IBAN*

Bank identifier code - BIC*

Creditor's name MetLife Europe DAC Collections

Creditor identifier IE98ZZZ363570

Creditor address MetLife Europe DAC, 20 on Hatch, Hatch Street Lower, Dublin 2, D02 HC80

This mandate is in respect of a recurring payment. By signing this mandate, you authorise MetLife Europe DAC to provide at least 3 days' advance notice before the first direct debit is collected from your account.

Signature*

Signature* (two signatures are required for joint accounts)

Name (in block capitals)

Signature date (ddmmyyyy)

D D M M Y Y Y Y

Please return this mandate to:

Premium Collection Department, MetLife Europe DAC, 20 on Hatch, Hatch Street Lower, Dublin 2, D02 HC80

Please note: Banks may refuse to accept instructions to pay Direct Debits from some types of accounts, usually savings or deposit accounts. If in doubt check with your bank. MetLife Europe DAC may combine the Direct Debits for this mandate with those from any other mandate(s) which you have signed in their favour, and which may be payable to them within the same calendar month. Payment amounts may vary from time to time.

www.metlife.ie

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