



APPLICATION FOR MEMBERSHIP OF THE PSEU

PLEASE USE BLOCK CAPITALS

Surname:

First Name(s):

Name of Department/Company/Agency:

Work Address:

Work Phone No:

Grade:

Date of Birth:

Sex:

Male

Female

Are you a member of another Trade Union?:

Yes

No

If so, what is the name of that Trade Union:

Were you previously a member of another Trade Union:

Yes

No

If so, what is the name of that Trade Union:

Were you previously a member of the PSEU?:

Yes

No

If so, when and in what circumstances did you cease to be a member of the Union:

Name of the person who asked you to join:

Address:

To the Payroll Manager, until further notice

Date:

/

/

Please deduct from my pay the sum of 0.62% of Basic Pay in respect of my contribution under the scheme of deduction of subscriptions to Staff Associations and pay the amount to the Public Service Executive Union. The rate of weekly, fortnightly or monthly deduction may be increased or decreased by you in accordance with any revision in the rate of subscription notified to you by the General Secretary of the Union as having been determined in accordance with the constitution of the Union in the normal way.

I recognise that these deductions, being made solely as a measure of convenience to me, may be terminated any time I also recognise that the ultimate responsibility for ensuring that the deductions have, in fact, been made from my pay rests with myself, and that, beyond making remittances on foot of sums deducted to my Union, my Employer accepts no responsibility of any kind in the matter.

I understand and accept that the Union may seek data relating to me from my Employer, which the Union requires in order to represent my interests.

(The Union will not disclose this information to outside parties, except with your consent)

Payroll Number:

PPS Number:

Signature:

Date:

/

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Public Service Executive Union

30, Merrion Square, Dublin 2.

Phone: 01-6767271

union stamp

The PSEU recommends that you join the Income Continuation Plan, (ICP).

For queries about this scheme, please see contact details on the enclosed ICP Application Form. As only members of the Union can join this scheme, you can return the ICP Application Form with the Union Application Form to Union Head Office.

PSEU Group Income Continuance Plan Application Form

OFFICE USE ONLY

Contract type:

Policy/Contract number:

Client number:

Please read each question carefully and ensure you fully understand the question before answering. If you are aged 55 or over, please complete all sections of this application form.

A. PERSONAL DETAILS

Status: Mr. Mrs. Ms.

Gender: Male Female

Surname:

First name(s):

Home address:

Date of birth:

PPS number:

Mobile number:

Work address (if different from above):

Work tel. no.:

Salary:

Date Joined Service:

Date Joined Union:

Precise Occupation:

Email:

Date Joined Administrative Officer / Executive Officer:

Have you ever been declined for membership of any other Income Continuance, Income Protection or Disability Plan or, if you have been a member of such a plan, have you ever had your membership cancelled? Yes No

If this application is being completed within 4 months of joining service, you need only sign the declaration in Section D. Sections B and C should be ignored.

If this application is not being completed within 4 months of joining service please complete Section B.

B. MEDICAL DETAILS

Disclosure of material facts: Please note carefully: Failure to disclose all material facts could render your contract void. A material fact is one which an insurer would regard as likely to influence the assessment and acceptance of the proposal for insurance. If you are in doubt as to whether certain facts are material, such facts should be disclosed. Any information not fully dealt with in the answers to the questions should be inserted in the section headed 'Further Medical Evidence'.

- | | Yes | No |
|--|-----------------------|-----------------------|
| 1 Have you been absent from work through illness or injury for more than 5 consecutive working days in the last 2 years? | <input type="radio"/> | <input type="radio"/> |
| 2 Do you suffer from any physical defect or is there any ailment or disease to which you have a tendency, or are you currently taking any prescription drugs, medicines, tablets or other treatment? | <input type="radio"/> | <input type="radio"/> |
| 3 Have you consulted a doctor at any hospital or clinic as an in-patient or out-patient in the last 4 years or are you now intending to do so? | <input type="radio"/> | <input type="radio"/> |
| 4 Have you ever had any symptoms of or suffered from any of the following:
(a) Depression, anxiety, nervous breakdown or mental disorder?
(b) Lumbago, slipped disc, whiplash or back trouble? | <input type="radio"/> | <input type="radio"/> |

If you have answered 'No' to all of the above five questions, you do not need to complete Section C, please sign the declaration in Section D.

However, if you have answered 'yes' to any of the questions above please complete Section C.

C. HEALTH DETAILS

(If you answer 'yes' to any of the questions below, please give details in space provided)

Name and address of doctor:

- 1 a) Your height (without shoes) ft ins
Your weight (in indoor clothes) st lbs

b) Has there been any recent gain or loss in your weight? Yes No

2 a) Have you smoked cigarettes, cigars, pipes or tobacco in the last 12 months? Yes No

If 'yes', please quantify.

b) Do you drink alcohol? Yes No
If 'yes', how much do you drink each day on average?
If 'no', how long is it since you last drank alcohol?

3 a) Have you, within the last five years, consulted anyone, for example; doctors, hospitals, clinics or osteopaths about your physical or mental health? Yes No

b) Are you taking any medicine or drugs, (whether or not prescribed by a medical practitioner) or receiving any treatment? Yes No

