**JOIN NOW!**

# 3 months free cover

From 01/01/2019
To 31/03/2019

This offer applies to new entrants only

**Just €2.48 per family per week**

**Or**

**Just €1.65 per individual per week**

COMMUNICATIONS WORKERS' UNION

Halligan INSURANCES

**For In Benefit Members**

# CWU Family Personal Accident - In Benefit Members Scheme

## PROTECTION FOR YOU, YOUR PARTNER & CHILDREN - *(all benefits paid tax-free)*

| Benefits | Member / Partner | Children |
|---|---|---|
| Accidental Death | €70,000 | €10,000 |
| Permanent Total Disablement | €70,000 | €35,000 |
| Loss of Limbs / Sight | €70,000 | €35,000 |
| Loss of Speech | €70,000 | €35,000 |
| Loss of Hearing | up to €70,000 | up to €35,000 |
| Other Permanent Disabilities (continental scale) | up to €70,000 | up to €35,000 |
| Hospitalisation (payable after 24 hours up to 26 weeks) | €300 per week | €150 per week |
| Fracture to Arm | €750 | €375 |
| Fracture to Leg | €1,500 | €750 |
| Burns covering up to 27% or more of the body | up to €6,000 | up to €3,000 |
| Temporary Total Disablement (payable after 26 weeks for up to 2 years, or for back and/or neck injuries, including whiplash, benefit is payable after 52 weeks) this benefit is not operative if retired or unemployed. | €300 per week | Nil |

**NOTE:** This is a summary, see explanatory booklet for more details. T&C's apply. Children are free to age 18, and up to age 23 if in full-time education. Exclusions apply.

**1 Choose your rate:**

- **FAMILY: €2.48 per week (€129 annual premium)** Member, spouse/partner & children
- **INDIVIDUAL: €1.65 per week (€86 annual premium)** Member only

**2 Fill in the application form and salary deduction authority... or direct debit mandate overleaf**

**3 Return to:**

**FREEPOST**
Halligan Insurances
William Norton House
575 North Circular Road, Dublin 1

## Application Form

**Please use block letters**

| Date: / / | Name of Employer: | Number of Children: |
|---|---|---|

Our Data Protection Notice for this product is detailed overleaf. Please read this carefully. By signing this form I confirm that I have read and understood the Data Protection Notice.

| Member's Name: | Member's DOB: | Partner's Name: | Partner's DOB: |
|---|---|---|---|
| Address: | | **Member's Signature *X*** | |

**Please complete the salary deduction authority**

**Note:**
**If you are not employed by Eircom, An Post or Vodafone Please ignore this Salary Deduction Mandate. Direct debit mandates are available overleaf.**

I hereby authorise my employer to make the necessary deductions from my salary or wages for the specific purposes of paying for my membership of the CWU Family Personal Accident Scheme. Such deductions are being made solely for my convenience and may be discontinued at any time. Until such time as Am Trust Europe Ltd has notified me to the contrary, the deductions are subject to the acceptance of risk by Am Trust Europe Ltd. I undertake to notify Halligan Insurances if for any reason policy deductions do not occur as agreed. I understand that cover is subject to the continuation of payment of the premiums.

| Member's Name: | |
|---|---|
| **Member's Signature *X*** | **Date:** / / |
| Name of Employer: | Staff Number: |
| Name of CWU Branch: | Deduction amount € |

# CWU Family Personal Accident Scheme

## PROTECTION FOR YOU, YOUR PARTNER & CHILDREN

**Data Protection Notice**

Halligan Life & Pensions Limited (the administrator) and AmTrust Europe Limited (the insurer) ("We"/"Us"), as Data Controllers, are committed to protecting and respecting your privacy in accordance with the current Data Protection Legislation.

We may use the personal data held about you for the purposes of providing insurance, handling claims and any other related purposes, for offering renewal, research or statistical purposes, to safeguard against fraud and money laundering, to meet general legal or regulatory obligations and to provide you with information, products or services that you may request.

You understand that we may also need to obtain and use sensitive information (such as health information) in carrying out these tasks, and without this information a policy or claim may not be able to be processed.

We may use and share your information with our group companies, affinity partners, brokers, agents, third party administrators, service providers, reinsurers, credit agencies, fraud detection agencies, loss adjusters, accountants, regulatory authorities, and as may be required by law. Your data may be transferred to destinations outside the European Economic Area ("EEA"), and where this occurs it will be treated securely and in accordance with the Legislation. Details of other insurers and third parties are available on request.

You have the right to ask us not to process your data for marketing purposes, to see a copy of the personal information held about you, to have your data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to restrict processing, to ask us to provide a copy of your data to any controller and to lodge a complaint with the local data protection authority. Your data will not be retained for longer than is necessary, and will be managed in accordance with data retention policies unless we are required to retain the data for a longer period due to business, legal or regulatory requirements.

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SEPA Direct Debit Mandate

**Important: Premiums must be paid from your own resources**

**Creditor's ID: IE95SDD303969**

Unique Mandate Ref (Office Use Only):

**W**: www.halligan.ie
**E**: info@halligan.ie
**P**: 01 879 7100

By signing this mandate form, you authorise (a) Halligan Insurances to send instructions to your bank to debit your account and (b) your bank to debit your account in accordance with the instruction from Halligan Insurances. 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 you can obtain from your bank.

Creditor's Details: ***Halligan Life & Pensions Ltd - Creditor's ID No: IE95SDD303969***
***William Norton House, 575 North Circular Road, Dublin 1. Ireland.***

(Circle Applicable)

| Recurring Payment | One-off Payment |
|---|---|

Please complete all the fields below marked *

| *Name(s): | *Address: |
|---|---|
| *IBAN | |
| *Signature(s): | *Date: |

There is a service charge of 4.5% on all non-life direct debits

Halligan Life & Pensions Ltd t/a Halligan Insurances, Good Insurance is regulated by the Central Bank of Ireland

**Return to: FREEPOST**
**Halligan Insurances, William Norton House,**
**575 North Circular Rd, Dublin 1.**