



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



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:
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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

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.

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

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

PROTECTION FOR YOU, YOUR PARTNER & CHILDREN



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.



*Name(s):																				*Address:																			
*IBAN																																							
*Signature(s):																				*Date:										Return to FREEPOST									

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