

Complete the following Deed of Adherence and return it to the address overleaf

ISME act as the Trustees for this scheme and have executed the relevant Declaration of Trust.

Each ISME affiliated company has to adhere to this Trust in order to avail of the scheme.

Please complete the Deed of Adherence set out below.

This Deed of Adherence is made the day of

Between (hereinafter called "the Adhering Company")

Whose registered address is

of the one part,

And **ISME Limited** and **ISME Association** (hereinafter called "The Association") whose registered office is at **17 Kildare Street, Dublin 2**, of the other part,

Whereas

(A) This deed is supplemental to a Declaration of Trust dated the day of (hereinafter called "the Declaration") made by the Association establishing **THE ISME Group Life Assurance Scheme** (hereinafter called "the Scheme") for providing relevant benefits (as defined in Section 770 of the Taxes Consolidation Act) for certain employees (hereinafter called "The Members") in accordance with the provisions of the Declaration and of the Rules to be adopted in accordance with the Declaration (hereinafter called "the Rules").

(B) The Association is the present Trustee of the Scheme.

(C) The Adhering Company is an Associated Employer as defined in the Declaration and desires that its employees shall be enabled to become members and has agreed with the Association to undertake such liability in respect of contributions to the fund of the Scheme and such other liabilities as is or will be expressed in the Declaration and/ or the Rules and the Association has further to that undertaking agreed to admit those of the adhering company's employees as qualify under the Rules to be Members.

NOW THIS DEED WITNESSES and it is hereby agreed and declared as follows:

1. The Adhering Company with the approval of the Association hereby undertakes and covenants with the Association to pay contributions to the Association as Trustee in accordance with the Declaration and Rules with effect from day of .
2. The Adhering Company and the Association hereby covenant with each other to perform and observe the agreements and stipulations contained in the Declaration and Rules so far as they are or ought to be performed or observed by them respectively but so that no personal liability shall attach to the Association as Trustee except in respect of acts of negligence or defaults in relation to the trusteeship.
3. The Adhering Company has been advised that a copy of the Declaration of Trust is available at **ISME** offices.

In witness whereunto the parties hereto have executed these presents at the date above first written.

Present when the common seal

of

Name of Adhering Company

Director/Secretary



SUMMARY DETAILS & APPLICATION FORM

DID YOU KNOW...?

**When you protect your TEAM
you automatically protect your BUSINESS...**

**Take out extra insurance on your -
KEY EMPLOYEES - now**

...It's a good option...

And don't forget your FELLOW DIRECTORS!!



**€50,000 for Life Cover
@ €92.56 per annum = €1.78 per week**

OR

**€75,000 Life Cover for Your Employees
@ €138.84 per annum = €2.67 per week**

OR

**€100,000 Life Cover for Your Employees
@ €185.12 per annum = €3.56 per week**



WITH THE **ISME LIFE GROUP LIFE COVER PLAN DIRECTORS**
AND EMPLOYEES WILL RECEIVE EXCELLENT COVER IN AN AFFORDABLE AND CONVENIENT WAY

Dear Member

The **ISME** Group Life Cover Plan has been in operation now for a number of years, with great success. The Plan is designed to pay a lump sum of €50,000, €75,000 or €100,000 depending on the option chosen to a member's dependants in the event of their death. Please note that you can pick one option only, you cannot mix them for different employees.

- 1. Excellent Benefits:** Option A - €50,000 Life Cover for each of your Employees or Option B - €75,000 Life Cover for each of your Employees or Option C - €100,000 Life Cover for each of your Employees.
- 2. Low Cost:** This Life Cover is significantly cheaper than if your employees had to pay for it on an individual basis. Option A - Only €92.56 per person per annum. Option B - Only €138.84 per person per annum. Option C - Only €185.12 per person per annum. These premiums will be allowable as a business expense for corporation tax purposes.
- 3. Simplicity:** By applying as part of a group the entire process is simplified.
- 4. Tailored:** Your Plan has been negotiated specifically for members and is endorsed by **ISME**.

WHO IS ELIGIBLE TO JOIN?

All employees of **ISME** affiliated companies who have been permanent for more than 2 years and are under age 60 can join the plan. For those with less than two years service with the company, a short proposal form will need to be completed.

HOW TO JOIN

You can select which employees you wish to provide cover for. In order to cover these employees you must be able to sign the declaration in the attached Application form. If you cannot, they will need to complete a short proposal form, which is available from the scheme administrators, Halligan Insurances.

Please note: These forms must be signed on or after October 1st 2009 and prior to October 31st 2009. Cover is effective for renewal year October 1st 2009 to September 30th 2010.

I strongly encourage you to seriously consider the information enclosed. Any queries please contact the scheme administrators, Halligan Insurances on (01) 879 7100. Email: info@halligan.ie, Website: www.halligab.ie

Alternatively you can write FREEPOST to HALLIGAN INSURANCES, Unity Building, 16/17 Lower O'Connell Street, Dublin 1.

Yours sincerely,



Mark Fielding
Chief Executive Officer - **ISME**

To be completed by a company joining for the first time.

€92.56 pa for €50,000 Life Cover or €138.84 pa for €75,000 Life Cover or €185.12 pa for €100,000 Life Cover

Start Date: 01/10/2009

I, Director/Company Secretary of this company, confirm that the following have been permanent employees for at least 2 years, are under age 60 and were actively at work or capable of being actively at work on the 01/10/2009 and were not absent more than 10 consecutive working days in the past two years.

1. Name: <input type="text"/>	11. Name: <input type="text"/>
Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
2. Name: <input type="text"/>	12. Name: <input type="text"/>
Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
3. Name: <input type="text"/>	13. Name: <input type="text"/>
Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
4. Name: <input type="text"/>	14. Name: <input type="text"/>
Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
5. Name: <input type="text"/>	15. Name: <input type="text"/>
Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
6. Name: <input type="text"/>	16. Name: <input type="text"/>
Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
7. Name: <input type="text"/>	17. Name: <input type="text"/>
Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
8. Name: <input type="text"/>	18. Name: <input type="text"/>
Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
9. Name: <input type="text"/>	19. Name: <input type="text"/>
Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
10. Name: <input type="text"/>	20. Name: <input type="text"/>
Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>

I wish to cover each of these employees for €50,000 Life Cover or €75,000 Life Cover or €100,000 Life Cover

Please note: You can only select one level of cover for everyone.

I certify that the above information is correct and I understand that, in the event of a claim, proof of the above information may be required.

I enclose a cheque for the following amount of money € (Cheques made payable to Halligan Insurances)

Data Protection Notice

- The information that you provide to Irish Life Corporate Business will be held on a computer database and/or any other way and will be used to administer this plan and any other products and services supplied to you and any future agreements, contracts or arrangements you may have with Irish Life Corporate Business.
- You have the right of access to your personal data held by Irish Life Corporate Business by sending a written request and on payment of a small fee.
- You also have the right to require Irish Life Corporate Business to correct any inaccuracies in the personal data that it holds.

Data Protection Consents

I declare that I consent to the:

- Processing and holding (on computer or otherwise) of all information disclosed by me, or on my behalf, in relation to the plan by Irish Life Corporate Business, its servants and agents (together with such other information supplied or obtained by Irish Life Corporate Business separately) including sensitive personal data (being medical records and/or financial details) and holding or processing of the same for administrative, customer care and service purposes.
- Disclosing of personal data provided to persons necessary in connection with the above purposes, to regulatory authorities or as is required by law, to Irish Life Corporate Business and to other companies in the Company's group, to reinsurers, to health professionals and other insurance companies.

Signed (Director/Company Secretary) Date / /

Name of Company: Limited: Yes No

Address of Company:

Contact Name: Phone No: Email:

Company RSI No:

When you have completed this form please return it to HALLIGAN INSURANCES, FREEPOST, Unity Building, 16/17 Lower O'Connell Street, Dublin 1.

Important: Please turnover and complete the Deed of Adherence on the reverse of this page.