

**NOTE: These forms cannot be returned electronically as a manual signature is required. Please print off the forms, complete and sign in the relevant areas and return by post to AGSI, Sixth Floor, Phibsboro Tower, Dublin 7.**

## Association of Garda Sergeants & Inspectors

### Application for Membership

- **All applicants for membership must complete Pages 1 and 2.**

**Page No. 1** Application for Membership - Required by AGSI for initial database entry

**Page No. 2** AGSI Subscription Authorisation Form - which will be submitted by AGSI to the Dept of Justice on your behalf

**Note:** Accidental Injury Insurance cover is included in your AGSI subscription fee. This provides €160 per week after 14 days in event of injury on or off duty.

- Should you wish to take out **Life Cover** on your spouse please complete

**Page No. 3** Department of Justice Authorisation Form for Optional Spouse Life Cover

**(This had been provided by the GRA as part of your weekly subscription to that organisation when you were a garda – it would have ceased upon your promotion to sergeant). A newly promoted member has three months from the date of promotion to join the optional part of the scheme without medical questionnaire.**

- Should you wish to take out **Sickness Cover** to provide additional income in the event of any type of sickness please complete

**Page No. 4** Department of Justice Authorisation Form for Optional Sickness Cover

- **If you opt to join either of the Schemes above please also complete Page 5 as appropriate. This form will be retained by AGSI as proof of your application.**

Please return completed forms to AGSI head office without delay to ensure full benefits of membership.



# APPLICATION FOR AGSI MEMBERSHIP

<b>Registered No.</b>	<input style="width: 100%;" type="text"/>	<b>Male</b>	<input type="checkbox"/>	<b>Female</b>	<input type="checkbox"/>	<b>None</b> ✓
<b>Christian Name:</b>			<b>Surname:</b>			
<b>Rank:</b>			<b>Division:</b>			
<b>Station:</b>		<b>Personal email address:</b>				
<b>Home Address*****</b> (only if you want AGSI correspondence at home)						
<b>Date of Birth:</b>		<input style="width: 50%;" type="text"/>		<b>Please indicate Marital status</b>		
				<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> With Partner		
<b>Date Joined Force:</b>		<input style="width: 50%;" type="text"/>		<b>Date Joined Association: (Leave Blank)</b>		
<b>Date Promoted Sergeant:</b>		<input style="width: 50%;" type="text"/>		<b>Date Promoted Inspector: (if applicable)</b>		
<b>I undertake to abide by the Rules of the Association and to pay any arrears or subscriptions which may be due.</b>						
<b>Signed:</b>				<b>Date:</b>		
<b>NOTE: LIFE COVER IS AVAILABLE FOR A MEMBERS PARTNER</b>						

**DEPARTMENT OF JUSTICE EQUALITY & LAW  
REFORM**

**Garda Payroll  
Deduction Authorisation Form**

Organisation Name:

Company Stamp



*Association of Garda Sergeants  
and Inspectors (AGSI)*

*Association of Garda Sergeants & Inspectors*

*To: Accountant, Department of Justice*

**BASIC AGSI SUBSCRIPTION**

I hereby agree to have my contributions to AGSI deducted each week from my salary. Such contribution will be paid to AGSI on my behalf. I also agree that deductions shall continue to be made unless otherwise notified by AGSI and that the rate of deductions may be changed from time to time by the AGSI. I recognise that beyond making remittance to the organisation concerned equivalent to the amount deducted, the State accepts no further responsibility in this matter. I also recognise that the ultimate responsibility for ensuring that the deductions have in fact been made rest with me.

Signature \_\_\_\_\_ **BLOCK CAPITALS** \_\_\_\_\_

Date \_\_\_\_\_ Employee Reg No. \_\_\_\_\_

Purpose:

**N** (N = New)

Organisation Code:

**6 0 0 8**

Employee No.

\_\_\_\_\_

Amount per pay period:

**7 7 2**

Start Date: (Leave Blank)

\_\_\_\_\_

End Date: (Leave Blank)

\_\_\_\_\_

**For Office Use**

Enter for payday \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

DED.GEN CHECKED: Initials \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENT OF JUSTICE EQUALITY & LAW  
REFORM**

**Garda Payroll  
Deduction Authorisation Form**

Company Stamp

Organisation Name:



*Association of Garda Sergeants  
and Inspectors (AGSI)*

*Association of Garda Sergeants & Inspectors*

*To: Accountant, Department of Justice*

**SPOUSE OPTIONAL LIFE COVER**

I hereby agree to have my contributions to AGSI deducted each week from my salary. Such contribution will be paid to AGSI on my behalf. I also agree that deductions shall continue to be made unless otherwise notified by AGSI and that the rate of deductions may be changed from time to time by the AGSI. I recognise that beyond making remittance to the organisation concerned equivalent to the amount deducted, the State accepts no further responsibility in this matter. I also recognise that the ultimate responsibility for ensuring that the deductions have in fact been made rest with me.

Signature \_\_\_\_\_ **BLOCK CAPITALS** \_\_\_\_\_

Date \_\_\_\_\_ Employee No. \_\_\_\_\_

**Purpose:**

**N** (N = New)

**Organisation Code:**

**6 1 5 4**

**Employee No.**

\_\_\_\_\_

**Amount per pay period:**

**3 0 6**

**Start Date: (Leave Blank)**

\_\_\_\_\_

**End Date: (Leave Blank)**

\_\_\_\_\_

**For Office Use**

Enter for payday \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

**DED.GEN CHECKED:** Initials \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENT OF JUSTICE EQUALITY & LAW  
REFORM**

**Garda Payroll  
Deduction Authorisation Form**

Company Stamp

Organisation Name:



*Association of Garda Sergeants  
and Inspectors (AGSI)*

*Association of Garda Sergeants & Inspectors*

*To: Accountant, Department of Justice*

**OPTIONAL SICKNESS COVER**

I hereby agree to have my contributions to AGSI deducted each week from my salary. Such contribution will be paid to AGSI on my behalf. I also agree that deductions shall continue to be made unless otherwise notified by AGSI and that the rate of deductions may be changed from time to time by the AGSI. I recognise that beyond making remittance to the organisation concerned equivalent to the amount deducted, the State accepts no further responsibility in this matter. I also recognise that the ultimate responsibility for ensuring that the deductions have in fact been made rest with me.

Signature \_\_\_\_\_ **BLOCK CAPITALS** \_\_\_\_\_

Date \_\_\_\_\_ Employee No. \_\_\_\_\_

Purpose:

**N** (N = New)

Organisation Code:

**6 1 5 5**

Employee No.

Amount per pay period:

**1 8 0**

Start Date: (Leave Blank)

End Date: (Leave Blank)

**For Office Use**

Enter for payday \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

DED.GEN CHECKED: Initials \_\_\_\_\_ Date \_\_\_\_\_

**SPOUSE OPTIONAL LIFE ASSURANCE SCHEME**

*Death benefit cover of €101,500 on spouse/partner up to normal retirement age of 60 years*

*Death benefit cover of €58,250 for retired member until spouse reaches 65 years*

**Registered No.** **AMOUNT OF DEDUCTION PER WEEK** **€3.06**

I the undersigned, wish to apply for membership of the Group Life Assurance Scheme, organised by the AGSI for its members. I acknowledge that I shall have no claim or rights on any entitlements, under the Scheme, nor shall I have any claim against the Association of Garda Sergeants & Inspectors should my membership of AGSI lapse or cease for any reason. I am a new member of AGSI. I am married and my Spouse is named below. I understand I have 3 months from the date I was promoted Sergeant to join the optional part of the scheme without medical questionnaire.

**I HAVE COMPLETED THE DEPARTMENT OF JUSTICE PAYROLL FORM ATTACHED HEREWITH.**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Station \_\_\_\_\_

Home Address \_\_\_\_\_

Date Promoted \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Spouse's DOB \_\_\_\_\_  
Sergeant:

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**OPTIONAL SICKNESS SCHEME**

*Weekly benefit of €130.00 for illness causing an absence from duty over 14 days excluding pre-existing conditions*

**Registered No.** **AMOUNT OF DEDUCTION PER WEEK** **€1.80**

I the undersigned, wish to apply for membership of the Group Sickness Insurance Scheme. Should membership of AGSI lapse or cease for any reason that I shall have no claim or rights to any entitlements under the Scheme nor shall I have any claim against the Association of Garda Sergeants and Inspectors.

**I HAVE COMPLETED THE DEPARTMENT OF JUSTICE PAYROLL FORM ATTACHED HEREWITH.**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Station \_\_\_\_\_

Home Address \_\_\_\_\_

Date Promoted Sergeant \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Please note that members must be under 55 years of age when joining this scheme**

Signature \_\_\_\_\_ Date \_\_\_\_\_