

A scheme for members

Member Support Policy



Date: 31/05/2025



The
Insurance
Institute

Member Support – policy

The Insurance Institute aims to support members particularly at some of the hardest points in their lives and careers, we do this through our Member Support scheme.

To avail of the support a member must have been a fully paid member for at least two years prior to the year in which support is requested and must be experiencing a significant change in circumstances during their career to be eligible.

Applications will be considered where a member is made redundant or is evidenced as unemployed and on long-term sick leave.

A member - with no insurance qualification

As part of the scheme, the Institute will grant complimentary membership (i.e., at no charge) for the year of the Member Support application up to a maximum of 3 years.

A member can also apply to avail of a 50% reduction in exam fees towards both the APA and CIP designations only, again this is available in the year of the Member Support application.

This support helps the member achieve a qualification and designation to assist with seeking alternative employment.

A member - with an insurance qualification who is maintaining their designation

If the applicant is a Graduate Member, complimentary membership will be provided

giving full access to the Institute CPD supports and services.

How to apply

To apply for support the member completes the Member Support form (included below) and submits it to The Insurance Institute along with evidence of their social welfare payment.

To post your application:

The Insurance Institute of Ireland,
5 Harbourmaster Place, IFSC, Dublin 1
D01 E7E8

To email your application send to:

Member Services at memberservices@iii.ie

NB Member Support can only be offered for a maximum period of 3 years. These do not need to be consecutive – just 3 years maximum.

Terms & conditions summary

The following documentation is required when completing a Member Support application to The Insurance Institute:

- Completed application form
- A copy of current social welfare payments

All documentation can be submitted online or by post. Please be assured all correspondence will be kept in the strictest confidence.

T&C's

- A member must have held and paid for membership in the two years immediately prior to the year of the Member Support application.
- Social welfare payment evidence will be deleted once reviewed.
- A member can only avail of Member Support for 3 years maximum.
- A member must apply each year for Member Support – support is not rolled over automatically.
- Each year the required documentation must be re-submitted (i.e. application form and evidence of social welfare payments).
- If a member secures employment over the course of the support year they must notify memberservices@iii.ie so the Institute can update their member record.



We're here to help

Members who wish to know more about the Member Support scheme or who need assistance with their application can contact the Institute member services team at memberservices@iii.ie or call us on **01-6456670**.



Member Support Application Form



Please use BLOCK letters.

CONTACT DETAILS

Mr/Mrs/Ms/Miss:	First Name:
Surname:	
Date of Birth (dd/mm/yy):	
Home Address:	
Previous Employer:	
Email:	Phone:

MEMBERSHIP DETAILS

Current Member (tick accordingly):	YES	NO
<i>If YES please complete the following</i>		
Membership Number:	Local Institute:	
What current insurance qualifications do you hold?		
Did your employer pay for your membership?:	YES	NO
Are you registered to take exams in the current year? If so, please state exam module and date:		
Please list any qualifications you are currently working towards:		

REASON FOR MEMBER SUPPORT REQUEST

Can you please tick the box which reflects the reason you are seeking Member Support

Unemployment	Sickness	Other reason (please give brief details)

Please attach your supporting information to support this request e.g. Social Welfare receipt/Social Welfare confirmation of payment approval.

Note we will destroy the attachments, once your case has been reviewed and finalised.

DECLARATION

I confirm that all of the information provided on this form is correct and true.

Signed:	Date (dd/mm/yy):
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