

PENSIONS
INVESTMENTS
LIFE INSURANCE



Irish Life

FAMILY PROTECTION PLAN

TERMS AND CONDITIONS HANDBOOK

MARCH 2017



This product is underwritten by Irish Life Assurance plc.

This is the Terms and Conditions handbook for your Family Protection Plan. You should read the document carefully as it contains detailed and important information.

Please keep it safe as you will need it in the future.

ABOUT US

Established in Ireland in 1939, Irish Life is now part of the Great-West Lifeco group of companies, one of the world's leading life assurance organisations.

Great-West Lifeco and its subsidiaries, including The Great-West Life Assurance Company, have a record for financial strength, earnings stability and consistently high ratings from the independent rating agencies. The Great-West Life Assurance Company has an AA rating for insurer financial strength from Standard & Poor's.

Information correct as of February 2017. For the latest information, please see www.irishlifecorporatebusiness.ie.

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As part of your health insurance cover, you could select either the Family Protection Package or the Enhanced Protection and Maternity package, as part of a range of personalised packages.



This handbook contains the Terms and Conditions of the Family Protection Plan, which is part of both personalised packages mentioned above.

Where 'Protection Plan' is mentioned in this Handbook, it should be taken to mean the Family Protection Plan as part of the Family Protection Package or the Enhanced Protection and Maternity Package, whichever you selected.

FAMILY PROTECTION PLAN

INTRODUCTION

This section provides an outline of the cover provided.

Protecting your family's future is one of the most important things to plan for. Yet, with so many other financial commitments it can sometimes be hard to follow through.

Irish Life Health are giving you a helping hand, by giving you this Protection Plan (underwritten by Irish Life Assurance plc) for 12 months at no extra charge when you chose the Family Protection or Enhanced Protection and Maternity Plan personalised package.

The information in this booklet is correct as at November 2016 but may change at a later date.



WHAT IS IT?

The Protection Plan provides a level of financial protection against the following events:

- Adult Accidental Death
- Specified Pregnancy Complications
- Children's Specified Illness
- Children's Life Cover

You do not need to make a payment and you (and your children) will be on cover as soon as your health insurance with Irish Life Health starts and as long as you (and your children) have selected the Irish Life Health Family Protection or Enhanced Protection and Maternity Personalised Package for you (and for your children). You must serve an initial waiting period for the Specified Pregnancy Complications and Children's Life Cover benefits before Irish Life can pay a claim.

Irish Life Health has group life insurance policies in place with Irish Life Assurance plc. You are covered for these benefits under those group policies.

REMEMBER

The Family Protection Plan is designed to give you a head start with your family's financial protection.

However, the benefits provided by this may not be enough to protect your family's standard of living if something happens to you.

To make sure you have enough financial protection for your family, you should talk to your Financial Broker, your financial adviser, or visit www.irishlife.ie to review your protection needs.

WHAT IS COVERED?

All members named on your health insurance membership schedule that have selected the Family Protection or Enhanced Protection and Maternity Package will be covered for the following benefits:

1) Adult Accidental Death

- Every adult will be covered for €10,000 for 12 months from the start date of your health insurance policy.
- If any adult dies as a result of an accident Irish Life will pay out a lump sum of €10,000 to their estate.
- This benefit covers accidental death only.

2) Specified Pregnancy Complications

- If you develop any of the 5 specified pregnancy complications listed on page 11, Irish Life will pay out a lump sum of €5,000.
- You must serve a 9 month waiting period before you will be covered for the specified pregnancy complications benefit.

3) Children's Specified Illness

- If a child named on your health insurance policy develops a specified illness listed from page 20 Irish Life will pay out a lump sum of €10,000.
- Your named child must be older than 30 days (90 days, in some instances) and you and your child must have selected the Family Protection or Enhanced Protection and Maternity Personalised Package.

4) Children's Life Cover

- In the unfortunate event of a child named on your health insurance policy dying Irish Life will pay out €5,000 towards funeral and other expenses.
- Your Protection Plan must be in force for 6 months, unless the death is as a result of an accident.

YOUR PLAN RESTRICTIONS:

See below for restrictions on your free Protection Plan.

- Protection Plan is a basic financial protection plan.
- It offers no cash-in value.
- It offers no added benefits and no flexibility.
- If you cancel your health insurance this cover will end.
- If you no longer reside in the Republic of Ireland your plan will end along with your health insurance.
- Only named persons on your health insurance membership schedule, who have selected the Family Protection or Enhanced Protection and Maternity Package, will be covered by this Protection Plan.
- Children's life cover begins 6 months after the start date of you adding the Family Protection or Enhanced Protection and Maternity Package to your health insurance, unless death is as a result of an accident.
- You must serve a 9 month waiting period before you will be covered for

the specified pregnancy complications benefit.

- Children's specified illness cover is only available to children older than 30 days, except for the following specified illnesses where cover starts at 90 days old:
 - Brain injury due to anoxia or hypoxia, or
 - Intensive Care requiring medical ventilation.

MAKING A CLAIM

Irish Life are committed to taking care of claims in a sensitive, professional and sympathetic way.

If a claim has to be made, you or your personal representatives should contact Irish Life's customer service team on 01 704 1724. Irish Life will send them a claim form and explain what's involved in the claims process.

For example, Irish Life will need to gather some information, such as your General Practitioner's (GP's) details and details of the estate.

SITUATIONS WHERE IRISH LIFE WILL NOT PAY A CLAIM

You can find full details of all relevant exclusions in section 3 of these Terms and Conditions.

HOW TO CONTACT IRISH LIFE



If you want to talk with Irish Life, just phone the **customer service team** on **01 704 1724**. They can answer questions about your plan.

Phone lines are open **9am to 5pm Monday to Friday**

You can also contact Irish Life in the following ways:

Email: cbvoluntaryrisk@irishlife.ie

Fax: 01 704 1905

Write to: CB Voluntary Risk,
Irish Life Corporate Business,
1 Lower Abbey Street,
Dublin 1.

In the interest of customer service, Irish Life will record and monitor calls.

ANY PROBLEMS?

Irish Life will monitor the complaint process to make sure it is of the highest standard. However, if for any reason you do have any problems, Irish Life wants to hear from you. If you experience any problems, please contact Irish Life's **customer service team** on **01 704 17 24**.

If, having contacted the customer service team, you feel Irish life have not dealt fairly with your query, you can contact:

The Financial Services Ombudsman
3rd Floor, Lincoln House,
Lincoln Place, Dublin 2.

Lo-call: 1890 88 20 90

Fax: 01 662 0890

Email: enquiries@financialombudsman.ie

Website: www.financialombudsman.ie

CHANGING YOUR MIND

Irish Life want to make sure you are happy with your decision to start this Protection Plan as part of the Family Protection or Enhanced Protection and Maternity Package.

You can swap this Personalised Package for an alternative Personalised Package offered by Irish Life Health by contacting Irish Life Health within 14 days of the start date of your health insurance.

QUESTIONS AND ANSWERS

A. INFORMATION ABOUT THIS PROTECTION PLAN

MAKE SURE THIS PLAN MEETS YOUR NEEDS!

This Protection Plan is a life assurance plan that provides the following benefits for 12 months (excluding any relevant waiting periods):

Adult Accidental Death	€10,000
Specified Pregnancy Complications	€5,000
Children's Specified Illness	€10,000
Children's Life Cover	€5,000

This plan should not replace existing cover with Irish Life, or with another insurer. This plan may not be sufficient to cover your full financial needs.

WHAT HAPPENS IF YOU WANT TO CASH IN THE PLAN EARLY OR STOP PAYING PREMIUMS?

This plan does not acquire a cash or surrender value at any stage and there is no premium payable by you.

WHAT ARE THE PROJECTED BENEFITS UNDER THE PLAN?

Projected benefits:

Adult Accidental Death	€10,000
Specified Pregnancy Complications	€5,000
Children's Specified Illness	€10,000
Children's Life Cover:	€5,000

This plan provides protection up to the expiry date of your health insurance. The plan does not acquire a cash or surrender value at any time.

ARE RETURNS GUARANTEED AND CAN THE PREMIUM BE REVIEWED?

The plan provides protection for a 12 month term – as long as your health insurance contract remains in place. There is no premium payable directly by you for this Protection Plan.

INFORMATION ON TAXATION ISSUES

For information on Taxation, see Section 5 of the Terms and Conditions.

ADDITIONAL INFORMATION IN RELATION TO YOUR PROTECTION PLAN

WHAT ARE THE BENEFITS AND OPTIONS PROVIDED UNDER THIS PLAN?

Irish Life will pay out a lump sum for the following events:

Adult Accidental Death	€10,000
Specified Pregnancy Complications	€5,000
Children's Specified Illness	€10,000
Children's Life Cover	€5,000

WHAT IS THE TERM OF THE PLAN?

This plan provides protection benefits for a 12 month term – as long as your health insurance contract remains in place.

IS THERE AN OPPORTUNITY TO CHANGE YOUR MIND?

You can cancel your Irish Life Health insurance policy back to the inception date of the policy, within the first 14 days of your policy start date or from the date you receive your documentation, whichever is sooner. Please refer to your separate Irish Life Health policy for details.

You can swap this Personalised Package for an alternative package by contacting **Irish Life Health** on **1890 781 781**.

B. INFORMATION ABOUT THE INSURER OR INSURANCE INTERMEDIARY OR SALES EMPLOYEE

Your Protection Plan is underwritten by Irish Life Assurance plc. Irish Life Assurance plc is regulated by the Central Bank of Ireland.

YOU CAN CONTACT US AT:



Email: cbvoluntaryrisk@irishlife.ie

Fax: 01 704 1905

Write to: CB Voluntary Risk,
Irish Life Corporate Business,
1 Lower Abbey Street,
Dublin 1.

In the interest of customer service, Irish Life will record and monitor calls.

TERMS AND CONDITIONS

INTRODUCTION AND DEFINITIONS

FAMILY PROTECTION PLAN TERMS AND CONDITIONS

These are the Terms and Conditions for your Protection Plan. You should read this document carefully as it contains detailed and important information. Please keep it safe, as you will need it in the future.

INTRODUCTION

This plan is designed to pay the following benefits, in accordance with the terms and conditions set out in this document:

Adult Accidental Death	€10,000
Specified Pregnancy Complications	€5,000
Children's Specified Illness	€10,000
Children's Life Cover	€5,000

This plan is underwritten by Irish Life Assurance plc.

This plan is a protection plan only – you cannot cash it in. All cover under the plan will end on the 'expiry date' shown in your Irish Life Health membership certificate, unless it has ended before that for any of

the reasons explained in these terms and conditions.

The benefits provided under this plan are stated in Table 1 of section 2 'Your Cover'. If a benefit is not mentioned in Table 1 Irish Life do not provide that benefit.

Irish Life will pay claims only from the assets it holds to make payments due to customers. Irish Life will normally pay all benefits under this plan in the currency of Ireland.

In legal disputes Irish law will apply.

In the event of extraordinary circumstances beyond Irish Life's control including, without limitation, act of civil or military authority; sabotage; crime; terrorist attack; war or other government action; civil disturbance or riot; strike or other industrial dispute; an act of god; national emergency; epidemic; flood, earthquake, fire or other catastrophe, Irish Life may be directly or indirectly prevented from fulfilling its obligations under or pursuant to this plan or from doing so in a timely manner. If this happens, Irish Life Assurance plc are not liable for any loss, damage or inconvenience caused.

HOW DOES THE PLAN WORK?

If an event for which you are covered occurs Irish Life will pay you the appropriate benefit, the benefits are described in greater detail later on in this Terms and Conditions handbook.

WHO RECEIVES THE MONEY IRISH LIFE PAY OUT?

Irish Life will normally pay any benefit due under the plan to you. If you die, Irish Life will pay the person who deals with your estate.

DEFINITIONS

THIS PAGE DEFINES SOME OF THE IMPORTANT WORDS USED IN THIS PLAN.

Benefit (or benefits)

The benefit shown in Table 1 of section 2 'Your Cover' under the heading 'Your protection benefits'.

Children

Includes both children and students - as defined within your health insurance policy.

Day

A period of 24 hours in a row.

Expiry date of the Protection Plan

The expiry date – this is shown in your health insurance membership schedule. The Protection Plan will end on this date unless it has ended earlier.

Irreversible

An illness or condition is irreversible if after having appropriate treatment, including surgery, there is no reasonable hope of a recovery according to medical knowledge at that time.

Life assured or lives assured

The person or people named in your health insurance membership certificate that have selected the Family Protection or Enhanced Protection and Maternity Personalised Package. The benefits of the plan depend on the lives of those people.

Major hospital

An institution in one of the accepted countries (see section 3), which has facilities for diagnosis, treatment and major surgery and has accommodation for in-patients. It does not include a long-term nursing unit, a geriatric or pre-convalescent ward, or an extended-care facility for convalescence, rehabilitation or other

similar functions. Irish Life reserve the right to insist that a major hospital is a hospital in Ireland or the United Kingdom.

Medical specialist

A registered medical practitioner (see below) who has specialist qualifications in an appropriate branch of medicine and who is practising at a major hospital (see above).

Month

A calendar month.

Registered medical practitioner

A person who meets the legal requirements for carrying on a medical practice in an accepted country (see section 3) and who actually practices medicine in that country. Irish Life reserve the right to insist that a registered medical practitioner practices in Ireland or the United Kingdom.

Start date

The start date shown in your health insurance membership certificate. Cover will start on this date.

You

The person or people named in your health insurance membership schedule who have selected the Family Protection or Enhanced Protection and Maternity Personalised Package.

2. YOUR COVER

The benefits provided for a life assured under this plan are shown in the table below. If a benefit is not mentioned in the below table, Irish Life does not provide that benefit.

Your Protection Benefits Table

Adult Accidental Death	€10,000
Specified Pregnancy Complications	€5,000
Children's Specified Illness	€10,000
Children's Life Cover	€5,000

All normal conditions for the plan (and anyspecific details in the sections explaining the benefits) apply to each benefit.



ADULT ACCIDENTAL DEATH BENEFIT

Irish Life will pay the death benefit (of €10,000) on accidental death from the start date of your health insurance cover.

For this benefit, 'Accidental Death' means death caused solely and directly as a result of an accident caused by violent, visible and external means and independently of any other cause.

There is the following restriction:

Exclusions apply around the nature of the death e.g. suicide or intentional self-inflicted injury causing death are excluded. For full details of exclusions see Section 3.

If Irish Life accepts a claim for a benefit event, Irish Life will pay your estate €10,000.

All cover under this plan will end on the expiry date, as shown in your health insurance membership certificate.

SPECIFIED PREGNANCY COMPLICATIONS

A benefit of €5,000 will be paid if a life is diagnosed as having one of the five specified pregnancy complications, as defined in Appendix A.

A waiting period of 9 months must be served for this benefit.

If, at time of renewal, you chose the Family Protection or Enhanced Protection and Maternity Protection Package any waiting periods served will be recognised for the next year's cover. This means you will not have to reserve the 9 month waiting period for the specified pregnancy complications benefit – as long as you do not have a break in cover for more than 13 weeks.

The 5 Specified pregnancy complications are:

- 1) Disseminated Intravascular Coagulation (DIC)
- 2) Ectopic Pregnancy
- 3) Hydatidiform Mole
- 4) Placental Abruption
- 5) Eclampsia

CHILDREN'S SPECIFIED ILLNESS COVER PLAN

Each of your dependent children (as proven by your name on their birth cert if there is a claim) between the ages of 30 days and 21 years old are automatically covered, once you have chosen the Protection Plan for them.



PLAN DEFINITION

Your cover includes specified illness cover. This means any named child (see Section 1) above the age of 30 days is covered for children's specified illness cover except for the following specified illnesses (as defined in Appendix B).

- Brain injury due to anoxia or hypoxia; or
- Intensive Care requiring medical ventilation;

where cover is provided for children above the age of 90 days following specified illnesses (as defined in Appendix B).

Irish Life will only pay children's specified illness cover benefit once for each named child.

The amount of children's specified illness cover benefit is €10,000.

Irish Life will pay the benefit for a named child above the age of 30 days (subject to the exceptions above) who survives for more than 14 days after being diagnosed as having a specified illness (see Appendix B).

Irish Life will not pay children's specified illness cover benefit in the following circumstances:

- If, in the professional opinion of Irish Life's chief medical officer, a claim arises from any illness or condition (whether referred to in appendix B) which was known to exist or significant symptoms were present before the start date of the plan or before the named child was 30 days.
- If the named child is not alive on the date the claim is made.

Under the Specified Illness Cover full payment benefits, each of your dependent children (as proven by your name on their birth cert or adoption certificate, if there is a claim) between the ages of 30 days and 21 are automatically covered.

As we do not ask for medical details on your children prior to including them in the plan they are not covered if a claim arises as a result of:

- a condition they have had since birth or
- a condition known to exist or with symptoms present prior to attaining 30 days old
- a condition known to exist prior to the commencement date of the plan

Therefore, if a child is known to be suffering from a heart valve defect prior to commencement date of the plan or prior to attaining 30 days old, we would not pay a claim for heart valve surgery. However if that child develops an unrelated ailment such as cancer or benign brain tumour, we would pay such a claim.

Only one claim can be made per child and your child must survive for the same periods (as mentioned in Section 4) following diagnosis or surgery in order for the benefit to be payable.

The benefit payable shall only be payable once in respect of any child regardless of whether or not both the child's parents are insured persons under this group policy.

If you have more than one child then please note that if a claim is paid in respect of one of your children the others are still covered.

CHILDREN'S LIFE COVER

If cover has not ended, Irish Life will pay €5,000 towards funeral or other expenses of a named child if the named child dies at least six months after the start date. However, the six month restriction will not apply if the named child dies as a result of an accident which happened after the start date.

For each named child Irish Life will only pay a total of €5,000. Irish Life will only pay this benefit once, even if both of the named child's parents are lives assured and even if the life (or lives) assured is covered by more than one plan that provides similar benefits.

SUMMARY OF WAITING PERIODS

Protection Benefits Waiting Period	
Adult Accidental Death	No waiting period
Specified Pregnancy Complications	9 months
Children's Life Cover	Cover must be in force for 6 months unless death is as a result of an accident
Children's Specified Illness Cover	Named child must be older than 30 days*

*Exceptions for Children's Specified Illness, where cover is provided for children above the age of 90 days:

Where a child has been diagnosed with one of the illnesses specified in the policy since birth, they will never be covered for that illness.



- Brain injury due to anoxia or hypoxia; or
- Intensive Care requiring medical ventilation;

If, at time of renewal, you chose the Family Protection or Enhanced Protection and Maternity Personalised Package. Any waiting periods served will be recognised for the next year's cover. This means you will not have to reserve any of the above waiting periods – as long as you do not have a break in cover of more than 13 weeks.

CHILDREN SPECIFIED ILLNESS CONDITIONS

Named children on your health insurance membership schedule, who have selected the Family Protection or Enhanced Protection and Maternity Package are covered for the illnesses listed below and defined in full in Appendix B.

1. **Aorta graft surgery** – for disease or traumatic injury.
2. **Aplastic anaemia** - of specified severity
3. **Bacterial Meningitis** – resulting in permanent symptoms.
4. **Benign brain tumour** – resulting in permanent symptoms or requiring surgery.

5. **Benign spinal cord tumour** – resulting in permanent symptoms or requiring surgery.
6. **Blindness** – permanent and irreversible.
7. **Brain injury** – due to anoxia or hypoxia – resulting in permanent symptoms.
8. **Cancer** – excluding less advanced cases.
9. **Cardiac arrest** – with insertion of a defibrillator.
10. **Cardiomyopathy** - resulting in a marked loss of ability to do physical activity.
11. **Chronic Pancreatitis** – of specified severity.
12. **Coma** –resulting in permanent symptoms.
13. **Coronary artery by-pass grafts.**
14. **Creutzfeldt-Jakob Disease** – resulting in permanent symptoms.
15. **Crohn's disease** – of specified severity.
16. **Deafness** – total, permanent and irreversible.
17. **Dementia** – resulting in permanent symptoms.
18. **Encephalitis** – resulting in permanent symptoms.
19. **Heart attack of specified severity.**
20. **Heart valve replacement or repair.**
21. **Heart structural repair.**
22. **HIV infection** – caught in the European Union, Norway, Switzerland North America, Canada, Australia and New Zealand, from a blood transfusion, a physical assault or at work in the course of performing normal duties of employment.
23. **Intensive Care** - requiring mechanical ventilation for 10 consecutive days.
24. **Kidney failure** – requiring ongoing dialysis.
25. **Liver failure** – irreversible and end stage.
26. **Loss of limb** – permanent physical severance.
27. **Loss of speech** – permanent and irreversible.
28. **Major organ transplant** – specified organs.
29. **Motor neurone disease** – resulting in permanent symptoms.
30. **Multiple sclerosis or Neuromyelitis optica (Devic's Disease)** – with persisting symptoms.
31. **Paralysis of one limb** - total and irreversible.
32. **Parkinson's disease (idiopathic)**– resulting in permanent symptoms.
33. **Peripheral Vascular Disease** – with bypass surgery.
34. **Pneumonectomy** – the removal of a complete lung.
35. **Pulmonary Arterial Hypertension (idiopathic)** – of specified severity.
36. **Pulmonary Artery Surgery** – with surgery to divide the breast bone.
37. **Respiratory failure of specified severity.**
38. **Stroke** – resulting in permanent symptoms.
39. **Systemic Lupus Erythematosus** – of specified severity.

- 40. Traumatic head injury – resulting in permanent symptoms.
- 41. Brain abscess drained via craniotomy.
- 42. Cerebral Arteriovenous malformation – specified severity.
- 43. Liver resection.
- 44. Single Lobectomy.
- 45. Surgical removal of an eye.
- 46. Syringomyelia or Syringobulbia.
- 47. Severe burns or 3rd degree burns.

In any dispute, the illness 'definition' overrules the 'In simpler terms' explanation (outlined in Appendix B).



3. EXCLUSIONS

THIS SECTION EXPLAINS THE CIRCUMSTANCES IN WHICH IRISH LIFE WILL NOT PAY BENEFITS

Irish Life will not pay you any benefit under the plan if a named life dies as a result of:

- Their own deliberate act.
- Own self-inflicted injury.
- A penalty imposed by a court of law.

Irish Life will not pay accidental death cover benefit or specified illness cover benefit for coma, loss of limb, loss of independence, brain injury due to anoxia or hypoxia and intensive care requiring mechanical ventilation for 10 consecutive days, paralysis of a limb, severe burns or 3rd degree burns or traumatic head injury, and will not pay Specified Illness payments for severe burns or 3rd degree burns or surgical removal of one eye in any of the following circumstances:

- i. If the condition or accidental death is caused directly or indirectly by war, revolution or taking part in a riot or civil commotion.
- ii. If the condition or accidental death is caused directly or indirectly by taking part in a criminal act.
- iii. If the condition or accidental death is self-inflicted or caused directly or indirectly by the life assured taking alcohol, where there is a history of alcohol abuse, or taking illegal drugs.

- iv. If the named life failed to follow reasonable medical advice or failed to follow medically recommended therapies, treatment or surgery.

Irish Life will pay:

- Adult Accidental Death.
- Pregnancy Specified Complications.
- Children's Specified Illness.
- Children's Life Cover.

Only if all persons are permanently resident in Ireland.

Irish Life reserve the right to refuse to accept medical evidence produced from any country, other than from a recognised hospital in Ireland or the UK or health professional resident in Ireland or the UK.

4. CLAIMS

THIS SECTION EXPLAINS HOW TO MAKE A CLAIM.

Irish Life will not consider any claim until it has received the following.

- A properly filled-in claim form.
- Proof that you are entitled to claim the benefits. This could include proof that you have followed these terms and conditions of your health insurance policy. If someone else makes a claim on your behalf, or if you have died, Irish Life will ask the person making the claim for a power of attorney or a grant of probate or letters of administration.
- Proof (in the form of a birth certificate) of the age of the life assured.

If you are claiming for the death of a life assured, Irish Life are entitled to ask for proof of death in the form of a death certificate, and any other proof Irish Life reasonably needs.

If a claim is admitted for children's life cover or children's specified illness cover Irish Life will pay the benefits directly to the policyholder.

If you are claiming:

- Adult Accidental Death
- Pregnancy Specified Complications
- Children's Specified Illness
- Children's Life Cover

You must tell us, in writing, about the diagnosis within twelve months of the day on which the event occurred.

If you do not, Irish Life may refuse to pay the benefit. You must provide and pay for any certificates, tests, information or evidence which Irish Life reasonably need to prove your claim. The named adult life or named child must agree to any medical examinations and tests that are necessary to prove your claim, and if they die Irish Life may ask for a postmortem examination.

If you fail to meet these requirements within a reasonable time, or if the named adult life or named child fails to follow the advice of a registered medical practitioner, Irish Life will not pay the benefits claimed. Irish Life may also adjust the life cover benefits for the death of the named adult life or named child, or end the cover altogether. If any of the information Irish Life have been given at time of claim is not correct, true or complete, Irish Life will not pay the benefits claimed and may also alter the other benefits under the cover, or end the cover altogether.

5. TAX

THIS SECTION EXPLAINS WHAT WILL HAPPEN IF THERE IS ANY CHANGE IN TAX LAW.

Under current law, tax does not have to be taken from life cover or specified illness cover benefits.

Any taxes or levies imposed by the government will be deducted by Irish Life. Irish Life will deal with this plan in line with the requirements of the Revenue Commissioners. If tax laws or any other relevant laws change after the start date, Irish Life will change the terms and conditions of the plan if Irish Life need to do this to keep the plan in line with those changes. Irish Life will write and tell you about any changes in the terms and conditions.

ADDITIONAL INFORMATION - IN RELATION TO THIS PLAN AND THE SUPPLIER (IRISH LIFE ASSURANCE PLC)

IDENTITY AND MAIN BUSINESS OF SUPPLIER:

Irish Life Assurance plc ('Irish Life') A Life Assurance undertaking providing policies of life assurance.

GEOGRAPHICAL ADDRESS OF BUSINESS:

Irish Life Centre, Lower Abbey Street, Dublin 1.

REGISTERED NUMBER:

Irish Life is registered in Ireland under number 152576.

SUPERVISORY AUTHORITY:

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

VAT REGISTRATION NUMBER:

The Irish Life's VAT registration number is 9F55923G.

WHAT ARE THE MAIN CHARACTERISTICS OF THIS PLAN?

The Plan provides a lump sum benefit in the event of death of a member, or a member suffering a specified pregnancy complication, or a child member suffering from certain specified illnesses. The information about the plan is in the booklet.

ARE THERE OTHER TAXES OR COSTS THAT ARE NEITHER PAID NOR IMPOSED BY IRISH LIFE?

Currently, there is no tax liability on the benefit payable under this plan.

FOR WHAT PERIOD IS THIS INFORMATION FROM IRISH LIFE VALID?

The information in the booklet is valid at the date of issue up to at least the next renewal date of your Health Insurance policy (or earlier, if cancelled).

DO I HAVE THE RIGHT TO CANCEL MY MEMBERSHIP?

If, after joining this plan, you feel that it is not suitable, you may cancel it by writing to us. If you do this within 30 days from the date of joining. You will then be treated as having not joined the plan and no benefit will be payable to you under the plan. We recommend that you talk to your financial adviser before you cancel your membership.

HOW DO I CANCEL MY MEMBERSHIP?

You can cancel your membership at any time by contacting us directly at Irish Life Health, Lower Abbey Street, Dublin 1.

WHAT RIGHTS DOES IRISH LIFE HAVE TO CEASE COVER UNDER THIS POLICY?

Irish Life can cancel the Protection Plan policy at the end of your health insurance period with Irish Life Health. Also, see this booklet for details about when your cover ceases.

WHAT JURISDICTION AND LAWS APPLY TO THIS POLICY?

Irish Life's policies are governed by the laws of the Republic of Ireland, and the courts and law will be used to determine any matters which may become subject to a legal dispute.

WHAT LANGUAGE IS USED IN THE POLICY AND OTHER COMMUNICATION?

The terms and conditions of this Irish Life policy will be provided in the English language. Irish Life Assurance plc will communicate with you in the English language at all times.

IS THERE AN OUT OF COURT COMPLAINT AND REDRESS PROCESS?

If you make a complaint and after we process your complaint you remain dissatisfied with the outcome, you may request a signing-off letter to enable you to refer your complaints to:

The Financial Services Ombudsman,
3rd Floor, Lincoln House,
Lincoln Place, Dublin 2.
Lo-call: 1890 88 20 90
Fax: 01 662 0890
Email: enquiries@financialombudsman.ie
Website: www.financialombudsman.ie

RULES OF THE PLAN

The Protection Plan is governed by a master Policy Document issued by Irish Life Assurance plc.

Members of the Protection Plan may examine the policy at any reasonable time at the Head Office of Irish Life. This booklet provides a brief summary of the main policy conditions only and confers no legal rights.

LIST OF ILLNESSES COVERED AND THEIR DEFINITIONS

APPENDIX A

LIST OF SPECIFIED PREGNANCY COMPLICATIONS AND DEFINITIONS

EXPLANATORY NOTES

The explanatory notes in the sections headed 'In simpler terms' are intended to provide a less technical explanation of the illness definitions, and some of the medical terms used within that definition. They are not intended as an alternative definition of the illness and will not be used to assess claims.

In the event of any dispute, the illness 'definition' overrules the 'In simpler terms' explanation.



1. DISSEMINATED INTRAVASCULAR COAGULATION (DIC)

Plan definition

Irish Life will make a payment of €5,000 if the life assured has a definite diagnosis by a Consultant Obstetrician of Disseminated Intravascular Coagulation (DIC) secondary to complications of pregnancy.

In simpler terms

Disseminated Intravascular Coagulation (DIC) is a complex systemic thrombohaemorrhagic (clotting and bleeding) disorder involving an over-activation of clotting factors and fibrinolytic enzymes, resulting in thrombosis (clotting), tissue necrosis (death of tissue) and haemorrhaging (bleeding) from multiple sites.

Irish Life cannot consider a claim for Disseminated Intravascular Coagulation unless it has been directly caused by complications of pregnancy.

2. ECTOPIC PREGNANCY

Plan definition

Irish Life will make a payment of €5,000, if the life assured has a definite diagnosis by a Consultant Obstetrician of ectopic pregnancy which requires emergency surgery.

In simpler terms

An ectopic pregnancy occurs when a fertilised egg has implanted outside the uterus. You can claim if you require immediate surgery for ectopic pregnancy.

2. HYDATIDIFORM MOLE

Plan definition

Irish Life will make a payment of €5,000, if the life assured has a definite diagnosis by a Consultant Obstetrician of hydatidiform mole.

In simpler terms

Hydatidiform Mole is a benign neoplasm (growth) that forms around a fertilized egg inside the uterus during pregnancy. Tissue that normally would have developed into the placenta instead develops as an abnormal cluster of cells. (This is also called a molar pregnancy).

4. PLACENTAL ABRUPTION

Plan definition

Irish Life will make a payment of €5,000, if the life assured has a definite diagnosis by a Consultant Obstetrician of placental abruption which requires medical intervention.

In simpler terms

The placenta is a temporary vascular organ that joins the mother and the foetus. It transfers oxygen and nutrients from the mother to the baby and releases carbon dioxide and waste products from the foetus.

Placental abruption is the premature separation of the placental lining from the wall of the uterus before the birth of the baby.

In simpler terms

Eclampsia is a severe complication of pregnancy, where the mother has raised blood pressure, protein in her urine and suffers convulsions or coma.

A diagnosis of Eclampsia must be made by a Consultant obstetrician.

5. ECLAMPSIA

Plan definition

Irish Life will make a payment of €5,000, if the life assured has a definite diagnosis by a Consultant Obstetrician of eclampsia that has resulted in all of the following:

- Tonic-clonic seizure(s); and
- Pregnancy related hypertension; and
- Proteinuria

For the above condition, the following is not covered:

- Pre-eclampsia.

APPENDIX B

LIST OF CHILDREN'S SPECIFIED ILLNESSES AND DEFINITIONS

1. AORTA GRAFT SURGERY – FOR DISEASE OR TRAUMATIC INJURY

Plan definition

The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not the branches. For the above definition, the following are not covered:

- Any other surgical procedure, for example the insertion of stents or endovascular repair. Irish Life also cover surgery for traumatic injury to the aorta needing excision and surgical replacement of a portion of the aorta with a graft.

In simpler terms

The aorta is the main artery of the body. It supplies blood containing oxygen to other arteries. The aorta can become narrow (often because of a build-up of fatty acids on its walls) or it may become weakened because of a split (dissection) in the internal wall. The aorta may also weaken because of an 'aneurysm' which means that the artery wall becomes thin and expands. A graft might be necessary to bypass the narrowed or weakened part of the artery.

You can claim if you have had surgery to remove and replace a part of the thoracic or abdominal aorta, to correct narrowing or weakening, with a graft. Surgery to the branches of the aorta are not covered as this surgery is generally less critical.

2. APLASTIC ANAEMIA – OF SPECIFIED SEVERITY

Plan definition

A definite diagnosis by a Consultant Haematologist of permanent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood transfusion
- Marrow stimulating agents
- Immunosuppressive agents
- Bone marrow transplant

For the above definition, the following are not covered:

- All other types of anaemia

In simpler terms

Aplastic anaemia is a failure of the bone marrow to produce sufficient blood cells for the circulation. When this function of the marrow reduces, the main blood constituents (red cells, white cells and platelets) decline or cease production and the individual becomes progressively more dependent on blood transfusions.

You can claim if a consultant haematologist diagnoses permanent bone marrow failure which is treated by having a blood transfusions, agents to stimulate the bone marrow, immunosuppressive agents or a bone marrow transplant.

3. BACTERIAL MENINGITIS – RESULTING IN PERMANENT SYMPTOMS

Plan definition

A definite diagnosis of bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit with persisting clinical symptoms*. The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- All other forms of meningitis including viral meningitis.

**permanent neurological deficit with persisting clinical symptoms" is defined as:*

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

In simpler terms

Bacterial meningitis is a life-threatening illness that results from bacterial infection of the meninges (the three layers of membrane that surround the brain and spinal cord). In many cases, it is possible to recover fully from bacterial meningitis with no lasting ill effects. However, if there were lasting effects as outlined in our definition, we would pay a claim.

You can make a claim if a consultant neurologist diagnoses bacterial meningitis which results in permanent brain or nerve damage. Examples of this kind of damage include paralysis of the left or right hand side of the body or disturbed speech or hearing. All other forms of meningitis including viral are excluded.

4. BENIGN BRAIN TUMOUR – RESULTING IN PERMANENT SYMPTOMS OR REQUIRING SURGERY

Plan definition

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms*. The diagnosis must be made by a Consultant Neurologist or Neurosurgeon and must be supported by CT, MRI or histopathological evidence.

For the above definition, the following are not covered:

- Tumours in the pituitary gland.
- Angiomas.

The requirement for permanent neurological deficit will be waived if the benign brain tumour is treated by

stereotactic radiosurgery or by surgical removal (full or partial).

**"permanent neurological deficit with persisting clinical symptoms" is clearly defined as:*

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

In simpler terms

A benign brain tumour is a non-cancerous but abnormal growth of tissue. It can be very serious as the growth may be pressing on areas of the brain.

These growths can be life-threatening and may have to be treated by surgery. Irish Life will exclude other conditions that are not usually life-threatening. The pituitary is a small gland at the base of the brain. An angioma is a benign growth made up of small blood vessels.

You can claim if you are diagnosed as having a benign brain tumour of the brain and have had surgery to have it removed or are suffering from permanent neurological deficit as a result of the tumour. Examples of tumours covered include gliomas, acoustic neuromas and meningiomas. Neurological symptoms must be permanent. We do not cover tumours or lesions in the pituitary gland.

5. BENIGN SPINAL CORD TUMOUR – RESULTING IN PERMANENT SYMPTOMS OR REQUIRING SURGERY

Plan definition

A non-malignant tumour of the spinal canal, spinal cord or meninges or nerves emerging from the cord, causing pressure and/or interfering with the function of the spinal cord which requires surgery or results in permanent neurological deficit with persisting clinical symptoms*. The diagnosis must be made by a Consultant Neurologist or Neurosurgeon and must be supported by CT, MRI or histopathological evidence.

For the above definition, the following are not covered:

- Angiomas.

The requirement for permanent neurological deficit will be waived if the benign spinal cord tumour is removed by invasive surgery or treated by stereotactic radiosurgery.

**"permanent neurological deficit with persisting clinical symptoms" is clearly defined as:*

Symptoms of dysfunction in the nervous system that are present on clinical

examination and expected to last throughout the insured person's life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

In simpler terms

A benign tumour of the spinal canal or spinal cord is a non-cancerous but abnormal growth of tissue. It can be very serious as the growth may be pressing on areas of spinal cord or the spinal canal. You can claim if you are diagnosed as having a benign spinal cord tumour and have had surgery to have it removed or are suffering from 'permanent neurological deficit as a result of the tumour. Neurological symptoms must be permanent. Irish Life does not cover angiomas of the spinal cord or spinal canal.

6. BLINDNESS – PERMANENT AND IRREVERSIBLE

Plan definition

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

In simpler terms

You can claim only if you have permanent loss of sight with no possibility of improvement in both eyes and even if, using glasses or other visual aids, your sight in your better eye is confirmed by an ophthalmologist or consultant physician as 3/60 or worse using the recognised sight test known as the Snellen eye chart.

A Snellen chart is the test an optician uses, where you are asked to read rows of letters. 3/60 is the measure when you can only see at three feet away what someone with perfect sight could see at 60 feet away.

It is possible to be 'registered blind' (as confirmed by an eye specialist) even though the loss of sight may only be partial. Even if you are 'registered blind', we will only pay your claim if the loss of sight meets the definition above and cannot be corrected.

7. BRAIN INJURY DUE TO ANOXIA OR HYPOXIA – RESULTING IN PERMANENT SYMPTOMS

Plan definition

Death of brain tissue due to reduced oxygen supply resulting in permanent neurological deficit with persisting clinical symptoms.*

For the above definition the following are not covered:

- children under the age of 90 days

**"permanent neurological deficit with persisting clinical symptoms" is clearly defined as:*

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms
- Symptoms of psychological or psychiatric.

In simpler terms

Anoxia (no oxygen) or hypoxia (a poor oxygen supply) can result in permanent brain damage leaving the individual with lifelong problems. There are many causes including carbon-monoxide poisoning, near drowning, poisoning by anaesthesia and others.

8. CANCER – EXCLUDING LESS ADVANCED CASES

Plan definition

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

The term malignant tumour includes leukaemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - cancer in situ;
 - having either borderline malignancy; or having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 (ie Gleason score 7 or above only) or having progressed to at least clinical TNM classification T2N0M0.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer (including cutaneous lymphoma), other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin) ie \geq Clarks level 2.
- Basal Cell Carcinomas and Squamous Cell Carcinomas of the skin are non-malignant and are excluded from this cover.

- Any bladder cancer unless histologically classified as having progressed to at least TNM classification T2N0M0.

In simpler terms

The term 'cancer' is used to refer to all types of malignant tumours (tumours which can spread to distant sites) as opposed to benign tumours (which do not spread elsewhere in the body). A tumour is caused when the process of creating and repairing body tissue goes out of control, leading to an abnormal mass of tissue being formed.

A malignant tumour:

- may grow quickly;
- often invades nearby tissue as it expands;
- often spreads through the blood or the lymph vessels to other parts of the body; and
- usually continues to grow and is life-threatening unless it is destroyed or removed.

You can claim if you are diagnosed as suffering from a malignant tumour which has invaded surrounding tissue, unless we specifically do not cover the type of cancer or tumour. The claim must be supported by a microscopic examination of a sample of the tumour cells – this is known as 'histology'. The histology examination is carried out on tissue removed during surgery or by biopsy (a procedure to remove a sample of the tumour for examination).

Cancers 'in situ' (cancers in a very early stage that have not spread in any way to neighbouring tissue) as well as pre-malignant and non-invasive tumours

are not covered under this definition. These are well-recognised conditions. Cancers detected at this stage are not likely to be life-threatening and are usually easily treated. An example of this would be carcinoma (cancer) in situ of the cervix (neck of the womb).

With increased and improved screening, prostate cancer is being detected at an earlier stage. At early stages these tumours are Irish Life will not pay a claim for prostate cancer under this cancer definition unless the tumour has a Gleason score (a method of measuring differentiation in cells) of greater than 6 (in other words, a Gleason score of 7 or above) or it has progressed to at least clinical classification of T2N0M0.

The 'Gleason score' and the 'TNM classification' are ways of measuring and describing how serious the cancer is and whether it has spread beyond the prostate gland based on its appearance under a microscope.

Leukaemia (cancer of the white blood cells) and Hodgkin's disease (a type of lymphoma) are both covered. However, chronic lymphocytic leukaemia must have progressed to Binet Stage A for us to consider a claim.

Most forms of skin cancer are relatively easy to treat and are rarely life-threatening. This is because they do not spread out of control to other parts of the body. The only form of skin cancer that Irish Life cover is malignant melanoma which has been classified as being a 'Clark level 2' or greater. Clark's system is an internationally recognised method of classifying skin melanomas and uses a scale of 1 to 5. A Clark level 1 reflects a very early melanoma which carries a favourable long-term outlook.

Many forms of bladder cancer have a slow course over many years and are managed by surgery or diathermy (generating heat locally in body tissues by using high-frequency electromagnetic currents). The prognosis for patients with these superficial bladder cancers is very good. The TNM classification system is internationally recognised and used as a method of staging or measuring a tumour. The 'T' element relates to the primary tumour and is graded on a scale of

1 to 4. 1 represents a small tumour restricted to the organ. Irish Life will not pay a claim for a T1 bladder cancer unless lymph nodes or metastases (the cancer spreading) are involved as measured by the 'N' and 'M' elements of TNM.

If you have a history of carcinoma in situ, Bowens disease, familial polyposis of the colon, Hodgkin's disease, leukoplakia, Barrett's oesophagus, ulcerative colitis, Crohn's disease or a history of raised PSA (prostate specific antigen) above 4.0ng/ml prior to the commencement date of cover and you are found to have cancer within the first two years, no benefit will be payable under the Specified Illness Cover plan and you will cease to be covered for cancer.

9. CARDIAC ARREST – WITH INSERTION OF A DEFIBRILLATOR

Plan definition

Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted:

- Implantable Cardioverter-Defibrillator (ICD); or
- Cardiac Resynchronization Therapy with Defibrillator (CRT-D).

For the above definition the following are not covered:

- Insertion of a pacemaker
- Insertion of a defibrillator without cardiac arrest
- Cardiac arrest secondary to illegal drug abuse.

In simpler terms

Cardiac arrest happens when the heart suddenly stops beating, sometimes because of an abnormal heart rhythm (arrhythmia) or coronary heart disease. This can stop the heart from pumping blood which prevents oxygen being delivered to the body. Lack of oxygen to the brain causes loss of consciousness which in turn means that you stop breathing. A brain injury or death can occur if the arrest goes untreated.

A device known as an Implantable Cardioverter Defibrillator (ICD or CRT-D) can be implanted inside your body which will monitor the rhythm in your heart. If the rhythm becomes abnormal, the device will deliver an electric pulse or shock which will restore the rhythm back to normal and prevent a cardiac arrest.

You can claim if you have had a cardiac arrest followed by the permanent insertion of an ICD or CRT-D. A cardiac arrest not accompanied by the insertion of an ICD or CRT-D is not covered under this condition. A cardiac arrest secondary to illegal drug abuse is not covered under this condition.

10. CARDIOMYOPATHY - RESULTING IN A MARKED LOSS OF ABILITY TO DO PHYSICAL ACTIVITY

Plan definition

A definite diagnosis of cardiomyopathy by a Consultant Cardiologist. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classification of functional capacity*. The diagnosis should be supported by a current echocardiogram or cardiac MRI showing abnormalities consistent with the diagnosis of cardiomyopathy.

- New York Heart Association Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

For the above definition, the following are not covered:

- Cardiomyopathy secondary to alcohol or drug abuse
- All other forms of heart disease, heart enlargement and myocarditis.

In simpler terms

Cardiomyopathy is a disorder affecting the muscle of the heart, the cause of which is unknown. It may result in enlargement of the heart, heart failure, abnormal rhythms of the heart (arrhythmias) or an embolism (blockage of a blood vessel).

You can claim if you suffer cardiomyopathy which is permanent and causing symptoms which significantly hinder your normal everyday activities. To qualify for payment your physical ability must be measurable and limited

to a specific degree (New York Heart Association Class 3).

The NYHA Function Classification is a measure used to classify the extent of heart failure.

11. CHRONIC PANCREATITIS – OF SPECIFIED SEVERITY

Plan definition

A definite diagnosis of Chronic Pancreatitis by a consultant gastroenterologist. The diagnosis must be evidenced by the following:

- calcification of the pancreas
- malabsorption due to failure of secretion of pancreatic enzymes
- chronic inflammation of the pancreas as shown by Endoscopic Retrograde Cholangiopancreatography (ERCP) or Magnetic Resonance Cholepancreatography (MRCP).
- pancreatic duct dilatation, beading and stricture

For the above definition the following is not covered:

- Chronic pancreatitis secondary to alcohol or drug abuse
- Acute pancreatitis

In simpler terms

Pancreatitis is an inflammation of the pancreas, an organ that is important in both the digestive and endocrine systems of the body. Chronic pancreatitis is an ongoing, inflammatory process with continued and permanent injury to the pancreas.

Acute pancreatitis is a sudden inflammation of the pancreas. It can

be serious with severe complications. However, it usually settles and the patient can make a full recovery.

ERCP (endoscopic retrograde cholangiopancreatography) is a procedure that uses an endoscope (a thin, flexible telescope) to look at the bile duct and pancreatic duct. A dye can be injected into the bile duct and pancreatic duct so that these can be seen clearly on an X-ray.

MRCP (magnetic retrograde cholangiopancreatography) is a medical imaging technique that uses magnetic resonance imaging to visualise the biliary and pancreatic ducts.

12. COMA –RESULTING IN PERMANENT SYMPTOMS

Plan definition

A state of unconsciousness with no reaction to external stimuli or internal physiological needs which:

- Requires life supporting systems
- Results in permanent neurological deficit with persisting clinical symptoms*.

For the above definition, the following is not covered:

- Coma secondary to alcohol where there is a history of alcohol abuse
- Coma secondary to illegal drug abuse.

**"permanent neurological deficit with persisting clinical symptoms" is clearly defined as:*

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms
- Symptoms of psychological or psychiatric origin.

In simpler terms

A coma is a state where a person is unconscious and cannot be brought round. Someone in a coma will have little or no response to any form of physical stimulation and will not have control of their bodily functions. Comas are caused by brain damage, most commonly arising from a head injury, a stroke or lack of oxygen.

13. CORONARY ARTERY BY-PASS GRAFTS

Plan definition

The undergoing of surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts via a thoracotomy, a thorascope or mini thoracotomy.

For the above definition, the following are not covered:

- balloon angioplasty, atherectomy, insertion of stents and laser treatment or any other procedures.

In simpler terms

Coronary artery surgery may be necessary if one or more coronary arteries (the arteries which supply blood to the heart) are narrowed or blocked. The surgery is done to relieve the pain of angina or if the blocked artery is life-threatening.

Coronary artery bypass surgery is carried out by taking a healthy blood vessel and using it to direct blood past the diseased or blocked artery.

You are not covered under this definition for any other intervention techniques to treat coronary artery disease such as angioplasty or laser relief.

14. CREUTZFELDT-JAKOB DISEASE – RESULTING IN PERMANENT SYMPTOMS

Plan definition

Confirmation by a Consultant Neurologist of a definite diagnosis of Creutzfeldt-Jakob disease resulting in permanent neurological deficit with persisting clinical symptoms*.

**"permanent neurological deficit with persisting clinical symptoms" is clearly defined as:*

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in

swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms
- Symptoms of psychological or psychiatric origin.

In simpler terms

CJD is a degenerative condition of the brain. As the disease progresses muscular coordination diminishes, the intellect and personality deteriorate and blindness may develop.

You can claim if your Consultant Neurologist confirms the diagnosis of CJD which has resulted in permanent neurological deficit.

15. CROHN'S DISEASE – OF SPECIFIED SEVERITY

Plan definition

A definite diagnosis by a consultant gastroenterologist of Crohn's disease with fistula formation and intestinal strictures.

There must have been two or more resections of the small or large intestine on separate occasions.

There must also be evidence of continued inflammation with on-going symptoms, despite optimal therapy with diet restriction, medication use and surgical interventions.

In simpler terms

Crohn's disease is a chronic condition that causes inflammation of the digestive tract. While there is no known cure for Crohn's disease, therapies can reduce symptoms and bring about remission. The condition must be as severe as is described in the definition.

16. DEAFNESS – TOTAL, PERMANENT AND IRREVERSIBLE

Plan definition

Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

In simpler terms

You can claim if you have a severe form of deafness (to the degree described in our definition) as measured by a pure tone audiogram. A pure tone audiogram is a key hearing test used to identify hearing threshold levels in an individual. The test establishes the quietest sounds you are able to hear at different frequencies or pitches. A decibel is a measure of the volume of a sound.

You cannot claim if you have reduced hearing in one or both ears which does not meet this definition. You cannot claim if the deafness can be improved by the use of medical aids.

17. DEMENTIA – RESULTING IN PERMANENT SYMPTOMS

Plan definition

A definite diagnosis of dementia by a Consultant Neurologist, Psychiatrist. There must be permanent clinical loss of ability to do all of the following:

- Remember;
- Reason; and
- Perceive, understand, express and give effect to ideas.

For the above definition, the following is not covered:

- Dementia secondary to alcohol or illegal drug abuse.

In simpler terms

Dementia is a term used to describe a number of signs and symptoms characterised by the loss of cognitive functioning and intellect, and behavioural changes. Areas of cognition affected may be memory, concentration, language and problem solving.

A claim can be made if the life covered has been diagnosed by a consultant neurologist or consultant geriatrician or psychiatrist, as having Dementia and his/her judgement, understanding and rational thought process have been seriously affected. These symptoms must be permanent.

18. ENCEPHALITIS – RESULTING IN PERMANENT SYMPTOMS

Plan definition

A definite diagnosis of Encephalitis by a Consultant Neurologist resulting in permanent neurological deficit with persisting clinical symptoms*.

**"permanent neurological deficit with persisting clinical symptoms" is clearly defined as:*

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms
- Symptoms of psychological or psychiatric origin.

In simpler terms

Encephalitis is an acute inflammation of the brain. The illness can vary from mild to life-threatening. Most people with a mild case can recover fully. More severe cases of Encephalitis may recover but there may be damage to the nervous system. This damage can be permanent.

You can claim if you have a diagnosis of Encephalitis confirmed by a Consultant Neurologist and where there are neurological symptoms which the Neurologist deems to be permanent.

19. HEART ATTACK – OF SPECIFIED SEVERITY

Plan definition

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- New characteristic electrocardiographic (ECG) changes.

- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:
 - Troponin T > 1.0ng/ml
 - Troponin I \geq 0.5ng/ml

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes including but not limited to angina.

In simpler terms

A heart attack (myocardial infarction) happens when an area of heart muscle dies because it does not get enough blood containing oxygen. It is usually caused by a blocked artery and causes permanent damage to the part of the heart muscle affected. The blockage is usually caused by a clot (thrombosis) where the artery has already grown narrow.

To confirm the diagnosis, your doctor will usually test your heart using a machine called an electrocardiograph (ECG). This tells the doctor if there have been any changes in the heart's function and if it is likely that you have had a heart attack. Your doctor will also take a blood sample. This can show that markers are present in the blood (in the form of enzymes or troponins) at a much higher level than is normally expected.

You can claim if you are diagnosed as having suffered death of heart muscle. Your claim must be supported by an increase in cardiac enzymes or troponins that are typical of a heart attack (released into the bloodstream from the damaged heart muscle) and new ECG changes typical of a heart attack.

20. HEART VALVE REPLACEMENT OR REPAIR

Plan definition

The actual undergoing of a surgical procedure (including balloon valvuloplasty) to replace or repair one or more heart valves on the advice of a Consultant Cardiologist.

In simpler terms

Heart valves regulate and control the flow of blood to and from the heart. The valves may become narrow or leak, and if one of the four heart valves is not working properly, an operation may be necessary to repair or replace the valve.

You will be able to claim if you undergo surgery to replace or repair a heart valve on the advice of a Consultant Cardiologist.

21. HEART STRUCTURAL REPAIR

Plan definition

The undergoing of heart surgery requiring thoracotomy on the advice of a consultant cardiologist, to correct any structural abnormality of the heart.

In simpler terms

Structural abnormalities include openings in the wall separating the left and right chambers of the heart.

You will be able to claim if you have surgery where the surgeon cuts into the chest wall to correct a structural abnormality of the heart.

22. HIV INFECTION – CAUGHT IN THE EUROPEAN UNION, NORWAY, SWITZERLAND, USA, CANADA, AUSTRALIA AND NEW ZEALAND, FROM A BLOOD TRANSFUSION, A PHYSICAL ASSAULT OR AT WORK IN THE COURSE OF PERFORMING NORMAL DUTIES OF EMPLOYMENT.

Plan definition

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion given as part of medical treatment;
- a physical assault;
- an accident occurring during the course of performing normal duties of employment.

After the start of the plan and satisfying all of the following:

- The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.
- Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident.
- There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.
- The incident causing infection must have occurred in the European Union, Norway, Switzerland, USA, Canada, Australia or New Zealand.

For the above definition, the following is not covered:

- HIV infection resulting from any other means, including sexual activity or illegal drug abuse.

In simpler terms

Human immunodeficiency virus (HIV) is generally recognised as the virus that causes acquired immune deficiency syndrome (AIDS). The virus can be passed on in several ways including through contaminated blood, bloodstained bodily fluids and infected needles. This benefit is designed to cover people who get HIV through their work or who have become infected as a result of a physical assault or a blood transfusion in the European Union, Norway, Switzerland, North America, Canada, Australia and New Zealand. The infection must happen after the start date of the plan and must be reported and investigated in line with established procedures.

23. INTENSIVE CARE - REQUIRING MECHANICAL VENTILATION FOR 10 CONSECUTIVE DAYS

Plan definition

Any sickness or injury resulting in the Life assured requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) or more in an intensive care unit in an acute care hospital.

For the above definition the following are not covered:

- sickness or injury as a result of drug or alcohol misuse or other self-inflicted means;
- children under the age of 90 days.

In simpler terms

Mechanical ventilation involves using a machine to take over breathing for a patient. Tracheal intubation means placing a tube into the trachea (windpipe) to keep the airway open in patients if they cannot breathe on their own.

You can claim if there has been continuous tracheal intubation for 10 days or more.

24. KIDNEY FAILURE – REQUIRING ONGOING DIALYSIS OR TRANSPLANT

Plan definition

Chronic and end stage failure of both kidneys to function, as a result of which long term regular dialysis is necessary and ongoing or a kidney transplant is necessary.

In simpler terms

The kidneys act as filters which remove waste materials from the blood. When the kidneys do not work properly, waste materials build up in the blood. This may lead to life-threatening problems. The body can function with only one kidney, but if both kidneys fail completely, dialysis (kidney machine treatment) or a kidney transplant will be necessary. In some circumstances it is possible for the kidneys to fail temporarily and recover following a period of dialysis.

You will be able to claim if both your kidneys fail completely and the condition is chronic and you need regular long-term dialysis or a kidney transplant.

25. LIVER FAILURE – IRREVERSIBLE AND END STAGE

Plan definition

A definite diagnosis, by a Consultant Physician, of irreversible end stage liver failure due to cirrhosis resulting in all of the following:

- Permanent jaundice
- Ascites, and
- Encephalopathy

For the above definition, the following is not covered:

- Liver failure secondary to alcohol or illegal drug misuse.

In simpler terms

Liver failure is the inability of the liver to perform its normal synthetic and metabolic function. Liver failure occurs when a large portion of the liver is damaged.

You can claim if you are diagnosed by a Consultant Physician as having incurable liver failure caused by cirrhosis and showing particular symptoms.

Jaundice is a yellow discoloration of the skin and eye whites due to abnormally high levels of bilirubin (bile pigment) in the blood stream. This jaundice must be a permanent feature. Ascites is a fluid build-up in the abdomen caused by fluid leaks from the surface of the liver and intestines. It can occur if the blood or lymphatic flow through the liver is blocked. Encephalopathy caused by liver failure is the deterioration of brain function due to toxic substances building up in the blood which are normally removed by the liver.

You cannot claim if the liver failure occurs as a direct or indirect result of excess alcohol consumption or illegal drug use.

26. LOSS OF LIMB – PERMANENT PHYSICAL SEVERANCE

Plan definition

Permanent physical severance of 1 or more hands or feet at or above the wrist or ankle joints.

If a life assured loses a limb as a result of their own deliberate act, or a penalty imposed by a court of law, Irish Life will not pay you any benefit under the plan.

In simpler terms

You will be able to claim if you have lost a limb above the wrist or ankle joint either by injury or because they have had to be removed. This loss must be permanent.

Irish Life will not make a payment for loss of any individual fingers or toes or combination of fingers and toes.

If you lose a limb as a result of your own deliberate act, or a penalty imposed by a court of law, Irish Life will not pay you any benefit under the plan.

27. LOSS OF SPEECH – PERMANENT AND IRREVERSIBLE

Plan definition

Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.

In simpler terms

You will be able to claim only if you suffer from total and permanent loss of speech as a result of physical damage or disease.

28. MAJOR ORGAN TRANSPLANT – SPECIFIED ORGANS

Plan definition

The undergoing as a recipient of a transplant of bone marrow or a complete heart, kidney, liver, lung, or pancreas, or a lobe of liver, or a lobe of lung, or inclusion onto the official programme waiting list of a major Irish or UK hospital for such a procedure

For the above definition, the following is not covered:

- Transplant of any other organs, parts of organs, tissues or cells.

In simpler terms

Serious disease or injury can severely damage the heart, lungs, kidneys, liver or pancreas. The only form of treatment available may be to replace the damaged organ with a healthy organ from a donor. This is a major operation and the tissues of the donor and patient must be matched accurately. For this reason a patient could be on a waiting list for a long period waiting for a suitable organ. Irish Life will also cover a bone-marrow transplant, or transplant of a lobe of the liver or a lobe of the lung.

You can claim if you have had a transplant of any of the organs listed or are on an official Irish or UK programme waiting list for a transplant.

29. MOTOR NEURONE DISEASE – RESULTING IN PERMANENT SYMPTOMS

Plan definition

A definite diagnosis of motor neurone disease by a Consultant Neurologist.

There must be permanent clinical impairment of motor function.

In simpler terms

Motor neurone disease is a disease which affects the central nervous system that controls movement. As the nerves deteriorate the muscles weaken. There is currently no known cure and the cause of the disease is also unknown.

You can claim if there is a definite diagnosis by a consultant neurologist that you are suffering from motor neurone disease.

30. MULTIPLE SCLEROSIS OR NEUROMYELITIS OPTICA (DEVIC'S DISEASE) – WITH PERSISTING SYMPTOMS

Plan definition

A definite diagnosis of Multiple sclerosis or Neuromyelitis Optica (Devic's Disease) by a Consultant Neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 3 months.

In simpler terms

Multiple sclerosis is a disease of the central nervous system which destroys the protective covering (myelin) of the nerve fibres in the brain and spinal cord. The symptoms depend on which areas of the brain or spinal cord have been affected. They include temporary blindness, double vision, loss of balance and lack of co-ordination.

Devic's disease or neuromyelitis optica, (NMO) is a disease that is very similar to multiple sclerosis in terms of symptoms. However, it is recognised as a separate condition.

You can claim if you are diagnosed by a consultant neurologist as suffering from multiple sclerosis or Devic's disease and you have ongoing symptoms of the disease which have been present continuously for at least three months.

31. PARALYSIS OF ONE LIMB - TOTAL AND IRREVERSIBLE

Plan definition

Total and irreversible loss of muscle function to the whole of any one limb.

In simpler terms

The brain controls the movement of muscles in the body by sending messages through the spinal cord and nerves. Paralysis is normally caused by an injury to the spinal cord. You will be able to claim if you suffer complete and permanent loss of the use of an entire limb.

32. PARKINSON'S DISEASE (IDIOPATHIC) – RESULTING IN PERMANENT SYMPTOMS

Plan definition

A definite diagnosis of Idiopathic Parkinson's disease by a Consultant Neurologist. There must also be permanent clinical impairment that includes bradykinesia (slowness of movement) and at least one of the following:

- Tremor; or
- muscle rigidity; or
- postural instability.

For the above definition, the following are not covered:

- Parkinsonian syndromes including but not limited to those caused by alcohol or drugs

In simpler terms

Parkinson's disease is a disease of the central nervous system which affects voluntary movement. It happens when certain nerve cells (neurons) die or become impaired. Normally, these cells produce a vital chemical known as dopamine which allows smooth, co-ordinated function of the body's muscles and movement. The term 'idiopathic' means that the cause of the disease is not known, so any form of Parkinsonian syndrome brought on by a known cause such as drugs, toxic chemicals or alcohol is not covered.

33. PERIPHERAL VASCULAR DISEASE – WITH BYPASS SURGERY

Plan definition

A definite diagnosis of peripheral vascular disease, due to atherosclerosis or Buerger's disease, with objective evidence from an ultrasound of obstruction in the arteries which results in by-pass graft surgery to an artery.

For this definition, the following is not covered:

- Angioplasty

In simpler terms

Peripheral vascular disease happens when there is significant narrowing of arteries. Symptoms vary from feeling pain in your calf when exercising (intermittent claudication) to pain when resting (critical limb ischaemia), skin ulceration, and gangrene.

Atherosclerosis is caused when fatty deposits build up along the inner walls of an artery.

Buerger's disease (thromboangiitis obliterans) is caused by inflammation of

the blood vessels (vasculitis). The blood vessels tighten and can become totally blocked.

Bypass surgery is carried out by taking a healthy blood vessel and using it to direct blood past the narrowed or blocked artery.

You are not covered under this definition for any other intervention techniques such as angioplasty.

34. PNEUMONECTOMY – THE REMOVAL OF A COMPLETE LUNG

Plan definition

The undergoing of surgery to remove a complete lung for disease or physical injury.

For the above definition, the following are not covered:

- Removal of a lobe of the lungs (lobectomy)
- Lung resection or incision.

In simpler terms

The lungs are in the chest and transport oxygen from the air into the blood and remove carbon dioxide from the blood. Serious disease or injury can severely damage the lungs. In some cases, the only form of treatment available may be to remove a damaged lung.

You can claim if you have a complete lung removed due to illness or injury.

35. PULMONARY ARTERIAL HYPERTENSION (IDIOPATHIC) – OF SPECIFIED SEVERITY

Plan definition

Pulmonary arterial hypertension of unknown cause that has resulted in all of the following:

- Elevated pulmonary arterial pressure
- Right ventricular dysfunction
- Shortness of breath.

For the above definition, the following are not covered:

- Pulmonary hypertension due to established cause
- Other types of hypertension.

In simpler terms

Pulmonary arterial hypertension is a disease which happens when blood pressure in the pulmonary artery or the major blood vessel connecting the right heart ventricle and the lungs is higher than normal. There is no apparent cause (idiopathic). A higher pulmonary artery blood pressure means the heart has to work harder to pump enough blood into the lungs. Over time, the condition progresses and often results in heart failure.

36. PULMONARY ARTERY SURGERY – WITH SURGERY TO DIVIDE THE BREAST BONE

Plan definition

The actual undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiothoracic Surgeon for a disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

In simpler terms

Pulmonary Artery surgery may be carried out for some disorders to the pulmonary artery, including pulmonary atresia (atresia means “no opening”) and aneurysm. A claim can be made if the life assured undergoes open heart surgery involving the surgical division of the breastbone to replace the diseased pulmonary artery with a graft.

37. RESPIRATORY FAILURE OF SPECIFIED SEVERITY

Plan definition

Confirmation by a Consultant Physician of chronic lung disease resulting in:

- The need for daily oxygen therapy on a permanent basis;
- Evidence that the oxygen therapy has been required for a minimum period of six months;
- FEV1 being less than 40% of normal; and
- Vital Capacity less than 50% of normal.

In simpler terms

Respiratory Failure is a condition where the level of oxygen in the blood becomes too low or the level of carbon dioxide in the blood becomes too high.

You can claim if you have severe and chronic respiratory failure, evidenced by lung function tests showing forced expiratory volume less than 40% of normal and a vital capacity less than 50% of normal and you require daily oxygen therapy. FEV and VC are ways of measuring lung function.

38. STROKE – RESULTING IN PERMANENT SYMPTOMS

Plan definition

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms*. A diagnosis of Subarachnoid Haemorrhage resulting in permanent neurological deficit with persisting clinical symptoms*, supported by CT or MRI evidence, is covered under this definition.

For the above definition, the following are not covered:

- Transient ischaemic attack.
- Traumatic injury to brain tissue or blood vessels.

**“permanent neurological deficit with persisting clinical symptoms” is clearly defined as:*

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person’s life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms
- Symptoms of psychological or psychiatric origin.

In simpler terms

The brain controls all the functions of the body, so damage to the brain can have serious effects. A stroke happens when there is severe damage to the brain caused by internal bleeding (haemorrhage) or when the flow of blood in an artery has been blocked by a piece of tissue or a blood clot (a thrombus or embolus) resulting in the brain being starved of oxygen.

This benefit does not cover 'transient ischaemic attacks' (also known as ministrokes) where there is a short-term interruption of the blood supply to part of the brain, the main symptoms tend to be dizziness and temporary weakness or loss of sensation in part of the body or face.

39. SYSTEMIC LUPUS ERYTHEMATOSUS – OF SPECIFIED SEVERITY

Plan definition

A definite diagnosis of Systemic Lupus Erythematosus by a Consultant Rheumatologist resulting in either of the following:

- Permanent neurological deficit with persisting clinical symptoms*, or
- Permanent impairment of kidney function tests as follows:
 - Glomerular Filtration Rate (GFR) below 30ml/min

**"permanent neurological deficit with persisting clinical symptoms" is clearly defined as:*

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma. For the purpose of this definition - lethargy will not be accepted as evidence of permanent neurological deficit.

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms
- Symptoms of psychological or psychiatric origin.

In simpler terms

Systemic Lupus Erythematosus (SLE) is a chronic auto-immune connective tissue disease. The immune system attacks the body's cells and tissue resulting in inflammation and tissue damage. The course of the disease is unpredictable with periods of illness alternating with remission. SLE is a multi-system disease because it can affect many different organs and tissues in the body. Systemic lupus erythematosus can be a mild condition treated by medication or there can be life-threatening complications. The condition can be present for many years without progressing to brain and kidney involvement.

You can claim if you are diagnosed with systemic lupus erythematosus by a Consultant Rheumatologist which is complicated by brain involvement resulting in permanent neurological

deficit with persisting clinical symptoms or kidney involvement with a GFR below 30ml/min.

40. TRAUMATIC HEAD INJURY – RESULTING IN PERMANENT SYMPTOMS

Plan definition

Death of brain tissue due to traumatic injury resulting in permanent neurological deficit with persisting clinical symptoms*. The diagnosis must be supported by an opinion of a Consultant Neurologist and agreed by our Chief Medical Officer.

For the above definition, the following is not covered:

- Injury secondary to alcohol where there is a history of alcohol abuse
- Injury secondary to illegal drug abuse.

**"permanent neurological deficit with persisting clinical symptoms" is clearly defined as:*

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms

- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms
- Symptoms of psychological or psychiatric origin.

In simpler terms

A head injury caused by trauma can leave an individual with permanent brain/nerve damage.

You can claim if a Consultant Neurologist confirms that you have permanent neurological deficit with persisting clinical symptoms as a direct result of a head injury.

41. BRAIN ABSCESS DRAINED VIA CRANIOTOMY

Plan definition

The undergoing of surgical drainage of an intracerebral abscess within the brain tissue through a craniotomy by a Consultant Neurosurgeon. There must be evidence of an intracerebral abscess on CT or MRI imaging.

In simpler terms

A brain abscess results from an infection in the brain. Swelling and inflammation develop in response to the infection. Infected brain cells, white blood cells and organisms collect in an area of the brain, a membrane forms and creates the abscess. While this immune response can protect the brain from the infection, an abscess may put pressure on delicate brain tissue.

A craniotomy is a surgical operation in which part of the skull is removed in order to access the brain.

You can claim if you are diagnosed with an intracerebral abscess which is treated by surgical drainage by craniotomy by a Consultant Neurosurgeon. A craniotomy is a surgical operation in which part of the skull is removed in order to access the brain.

42. CEREBRAL ARTERIOVENOUS MALFORMATION – TREATED BY CRANIOTOMY, STEREOTACTIC RADIOSURGERY OR ENDOVASCULAR REPAIR

Plan definition

The undergoing treatment of a cerebral arteriovenous fistula or malformation via craniotomy or stereotactic radiosurgery or undergoes endovascular treatment by a consultant neurosurgeon or radiologist using coils to cause thrombosis (embolization).

For the above definition, the following is not covered:

- Intracranial aneurysm.

In simpler terms

A cerebral arteriovenous malformation (AVM) is an abnormal connection between arteries and veins in the brain that interrupts normal blood flow between them. An AVM is characterised by tangles of abnormal and enlarged blood vessels. In serious cases, the blood vessels rupture.

An arteriovenous fistula is an abnormal passageway between an artery and a vein. Normally blood flows from arteries into capillaries and back to your heart in veins. When an arteriovenous fistula is present, blood flows directly from an artery into a vein, bypassing the capillaries.

If the volume of blood flow diverted is large, tissues downstream receive less blood supply. Also, there is a risk of heart failure due to the increased volume of blood returned to the heart.

You can claim if you have a craniotomy, stereotactic radiosurgery, or endovascular treatment using coils under the care of a consultant neurologist or radiologist, as appropriate, to treat a cerebral AVM or AV fistula.

A craniotomy is a surgical operation in which part of the skull is removed to access the brain. Stereotactic radiosurgery is a form of radiation therapy that focuses on a small area of the body. Endovascular treatment uses the natural access to the brain through the bloodstream via the arteries using catheters, balloons and stents.

43. LIVER RESECTION

Plan definition

Irish Life will make a limited payment under specified illness cover if a life assured undergoes a partial hepatectomy (liver resection) on the advice of a specialist surgeon in gastroenterology and hepatology.

For this definition the following are not covered:

- Surgery relating to liver disease resulting from alcohol or drug abuse
- Surgery for liver donation (as a donor)
- Liver Biopsy

In simpler terms

A liver resection is surgery to remove part of the liver. There are many reasons for removing part of the liver, including

benign tumours, cysts, or traumatic injury.

44. SINGLE LOBECTOMY - THE REMOVAL OF A COMPLETE LOBE OF A LUNG

Plan definition

The undergoing of medically essential surgery to remove a complete lobe of a lung for disease or traumatic injury.

For the above definition, the following are not covered:

- Partial removal of a lobe of the lungs (segmental or wedge resection)
- Any other form of lung surgery.

In simpler terms

The right lung is divided into three lobes and the left lung into two. The lobes of the lungs are further divided into segments.

A lobectomy is an operation to remove one or more of the lobes from a lung.

You can claim if you have an operation to remove an entire lobe from the lung because it is diseased or because of a wound or an injury. You will not be able to claim if a segment of the lobe is removed, or for any other type of lung surgery. The operation to remove the entire lobe must be deemed medically essential by Irish Life's Chief Medical Officer.

45. SURGICAL REMOVAL OF AN EYE

Plan definition

The undergoing surgical removal of a complete eyeball for disease or trauma. To qualify for payment, the removal of the eyeball must happen on a date after the start date and before cover ends.

In simpler terms

You can claim if you have to have an eyeball removed as a result of disease or injury.

No benefit is payable for loss of sight in one eye unless it was medically necessary to proceed and remove the eyeball.

46. SYRINGOMYELIA OR SYRINGOBULBIA - TREATED BY SURGERY

Plan definition

Irish Life will make a limited payment if a life assured is diagnosed with a definite diagnosis of Syringomyelia or Syringobulbia by a Consultant Neurologist, which has been surgically treated. This includes surgical insertion of a permanent drainage shunt.

In simpler terms

Syringomyelia is a disorder in which a cyst or cavity forms within the spinal cord. The cyst can increase over time, destroying the centre of the spinal cord. If not treated surgically, syringomyelia can lead to progressive weakness, pain and loss of sensation in the arms and legs. Syringobulbia is the same as syringomyelia, but the cyst or abnormal cavity exists within the brainstem.

47. SEVERE BURNS OR 3RD DEGREE BURNS

Plan definition

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 5% of the body's surface area.

In simpler terms

There are three levels (degrees) of burns. The degree of burning depends on how badly the skin has been damaged. They are medically known as 'first', 'second' and 'third' degree. First-degree burns damage the upper layer of skin, but can heal without scarring (a common example of this is sunburn). Second-degree burns go deeper into the layers of skin, but can heal without scarring. Third-degree burns are the most serious as they destroy the full thickness of the skin.

You will be able to claim if you have suffered third- degree burns covering at least 5% of the surface area of your body.

ADDITIONAL INFORMATION

ADDITIONAL BENEFIT PART-PREPAYMENT ON NEED FOR SURGERY (FOR CHILDREN'S SPECIFIED ILLNESS COVER ONLY)

YOUR POLICY DEFINITION

Where coronary artery surgery, heart valve surgery and aorta graft surgery are specifically covered under your plan, Irish Life will, in the event of the life assured satisfying the following conditions, pay immediately the amount specified in Section 2 of this booklet.

CONDITIONS

1. One claim can only be made under this provision.
2. The level of specified illness cover applying in respect of a life assured immediately before payment will be permanently reduced by the amount of any sum paid in respect of that life assured under this extension to specified illness cover.
3. The life assured in respect of whom the claim is being made, must be alive on the date of the claim under part payment.
4. The standard 'pre-existing' conditions clauses apply to 'Part Prepayment on need for surgery' benefit.
5. Certification in accordance with the provisions of (A), (B) or (C) below:

The cover provided is limited to the

illnesses listed in Section 2. In addition children will be covered for:

A) CORONARY ARTERY SURGERY

- (i) Certification to the satisfaction of the Chief Medical Officer of Irish Life from a cardiologist or cardiac surgeon in Ireland or the UK that the life assured is on a waiting list or scheduled for a coronary artery bypass graft together with (a) a report on the symptoms necessitating the surgery and (b) the result of a recent angiogram which shows the extent of the coronary artery disease.
- (ii) Certification to the satisfaction of the Medical Officer of Irish Life from a cardiologist in Ireland or the UK that the life assured is on a waiting list or scheduled for angioplasty, atherectomy or laser treatment to treat a 70% narrowing of two or more coronary arteries together with (a) a report on the symptoms necessitating the surgery and (b) the result of a recent angiogram which shows at least a 70% narrowing of two or more coronary arteries.

(B) HEART VALVE SURGERY

Certification to the satisfaction of the Chief Medical Officer of Irish Life from a cardiologist in Ireland or the UK that the life assured definitely requires a heart valve replacement within one year and is on a waiting list or scheduled for same together with (a) a report on the symptoms necessitating the

surgery and (b) the results of a recent echocardiogram and/or angiogram showing significant heart valve disease.

(C)AORTA GRAFT SURGERY

Certification to the satisfaction of the Chief Medical Officer of Irish Life from a cardiologist or vascular surgeon in Ireland or the UK that the life assured definitely requires removal and replacement of the aorta or a segment of the aorta within one year and is on a waiting list or scheduled for same together with a report on the nature of the disease and symptoms.

WHICH MEANS

If the life assured is diagnosed as requiring either coronary artery surgery, heart valve surgery or aorta graft surgery as defined in the above paragraphs and you have obtained the specified certification then provided that the other conditions above are complied with, Irish Life will pay the amounts mentioned in Section 2.

The benefit is provided automatically with illness cover. It means that you will have a cash lump sum which can be used to influence when and where you have your surgery performed. The amount paid out will be deducted from your specified illness cover. The remaining amount of the specified illness cover will of course be paid once the surgery has been carried out and on survival 14 days after the surgery.



CONTACT INFORMATION FOR COMPLAINTS

If for any reason you feel that this plan is not right for you, or if you have any questions, you should contact:

CODE,
Irish Life Corporate Business,
Lower Abbey Street, Dublin 1.

who will deal with your enquiry. Corporate Business operate an internal complaints procedure and any complaints you may have will, in the first instance, be fully reviewed by them.

If you feel we have not dealt fairly with your complaint, you should contact:

The Financial Services Ombudsman,
3rd Floor, Lincoln House,
Lincoln Place, Dublin 2.

Lo-call: 1890 88 20 90

Fax: 01 662 0890

Email: enquiries@financialombudsman.ie

Website: www.financialombudsman.ie



PENSIONS
INVESTMENTS
LIFE INSURANCE



Irish Life

CONTACT US

PHONE: 01 704 18 48

FAX: 01 704 19 05

EMAIL: cbvoluntaryrisk@irishlife.ie

WEBSITE: www.irishlifecorporatebusiness.ie

WRITE TO: Irish Life Corporate Business, Lower Abbey Street, Dublin 1.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

In the interest of customer service we will monitor calls.

Irish Life Assurance plc, Registered in Ireland number 152576, VAT number 9F55923G.

