

Understanding Protection Claims

Connect then Protect



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All claim figures noted in this guide relate to Retail and Corporate divisions unless otherwise stated. Source for all claims statistics is Irish Life 2022. Information is correct as at March 2022.



Introduction

At Irish Life we have over 80 years experience paying claims. We have paid €1 billion in protection benefits over the last 5 years.

Our claims philosophy is to provide quality service in the management of all Life Cover, Specified Illness Cover, Hospital Cash Cover, Accident Cash Cover, Income Protection and Surgical Cash Cover claims ensuring that:

- > A sensitive approach is always taken when dealing with customers and Brokers.
- > Claims are paid promptly and efficiently.
- > Brokers are kept informed of claims and their progress.

Did you know in 2021:



We paid over
98% of all **Life Cover claims**

and over
91% of all **Specified Illness
Cover claims.**





Section 1

Life Cover Claims



Did you know?

In the last five years Irish Life paid out **€621,201,268 million** in **Life Cover claims?**

We have paid **8957 Life Cover claims** in the last five years?

In **2021** we paid **1770** and the **average claim amount** was **€63,950.04?**

In **2021** we paid **98.72%** of all **Death claims** received?



Claim Requirements

We **will** always need:

- > Fully completed claim form
- > A certified copy of the Death Certificate (This can be certified by your office, a solicitor or any bank or Garda Station)

Note: If the full Death Certificate is not yet available, please provide us with a certified copy of the interim Death Certificate and any further information surrounding the circumstances or cause of death. This may help us to begin medically assessing the claim.

We **may** also need:

- > Certified copy of the will
- > Copy of a valid photo ID (e.g. valid passport or driver's licence) and address verification (e.g. a utility bill or bank statement issued in the previous six months) for the person making the claim
- > Grant of Probate/Letters of Administration (our probate limit is €100,000)
- > Deed of Assignment/Deed of Release

Examples of possible medical requirements:

- > GP report
- > Specialist report
- > Post-mortem report
- > Inquest report



What can cause delays?

The length of time it takes to pay a Life Cover claim can vary for many reasons such as:

- > If there are legal issues involved, for example, if a Grant of Probate or Letters of Administration are required.
- > If we are waiting on documents, such as Death Certificate, doctors' reports or inquest report it can take longer for the assessment of the claim to be completed.



Section 1

Child Life Cover Claims



Did you know?

Children are **covered** under many of **their parent's plans**.

Because we do not ask for any medical evidence for children when a plan is taken out, certain **restrictions** apply to children's cover. Please ensure to check the plan conditions for full details of children's cover and the amount we pay if a claim arises.

Children are not covered in the first 6 months under some plans unless the death is accident related.

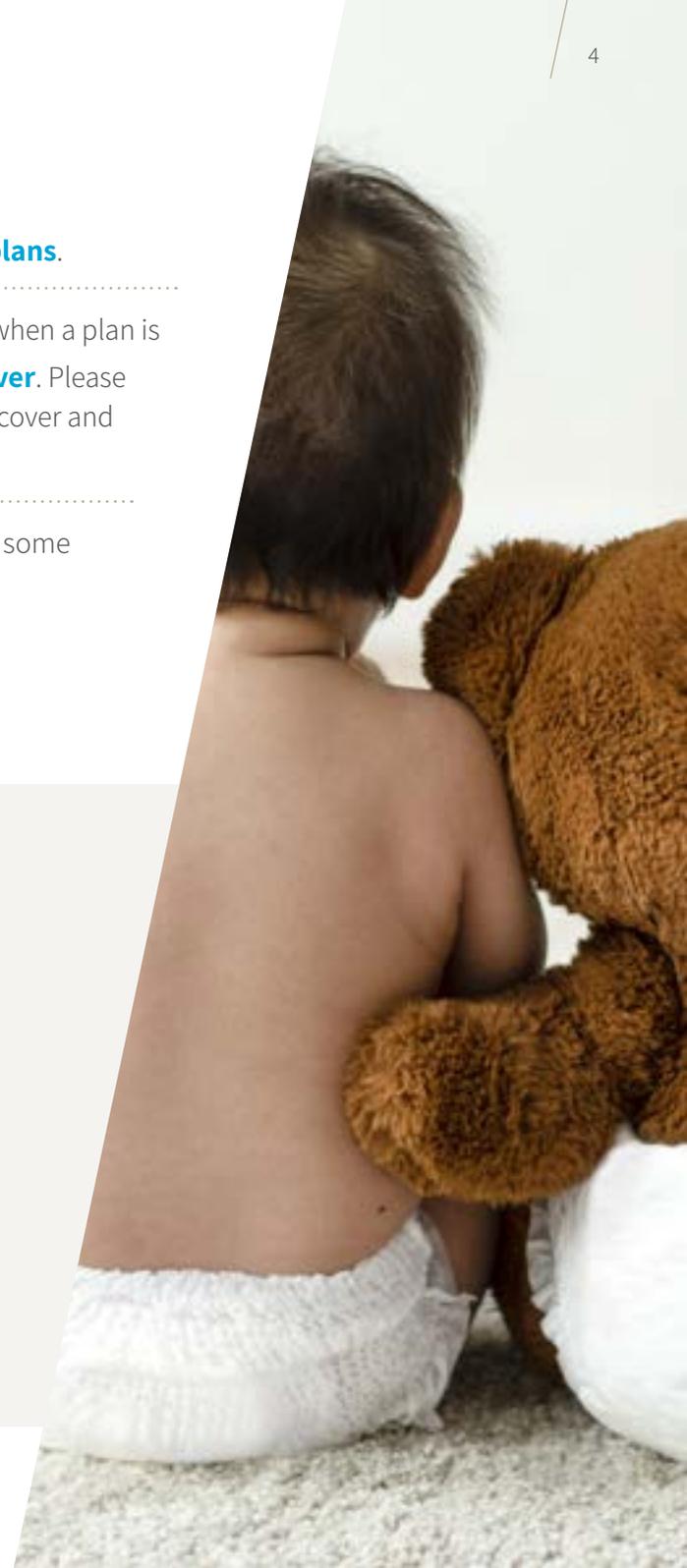


Claim Requirements

For child Life Cover we will **always** need:

- > A fully completed claim form
- > Death Certificate (a certified copy) / Still Birth certificate (a certified copy)
- > Birth Certificate (a certified copy)

Note: If the full Death Certificate is not yet available, please provide us with a certified copy of the Interim Death Certificate and any further information surrounding the circumstances or cause of death. This may help us to begin medically assessing the claim.





Section 2

Specified Illness Cover Claims

Top five Causes of Specified Illness Cover claims in 2021:

1. Breast Cancer -malignant
2. Heart Attack
3. Prostate Cancer- malignant
4. Stroke
5. Multiple Sclerosis



Did you know?

In the last five years Irish Life has paid out **€265,928,683** in **Specified Illness Cover claims?**

We have paid **4095 Full Specified Illness Cover claims** in the last five years?

In **2021** the **average claim amount** was **€66,305?**

In **2021** we paid over **91%** of **Specified Illness Cover claims** received?

Since the **launch of Additional Payment -Specified Illness Cover in 2009** we have paid **218 claims** totalling **€2.7million**. The most claimed condition is ductal carcinoma in situ-breast treated by surgery.

If your customer wishes to make a Specified Illness Cover claim, please contact us. Our dedicated claims assessors will then contact your customer by phone to discuss their potential claim and if appropriate arrange to issue the correct claim form.



Claim Requirements

We **will** always need:

- > Fully completed claim form

We **may** also need:

- > GP report
- > Specialist report



Why may a Specified Illness Cover claim be declined?

1. Definition not met

For example, a plan that covers cardiac arrest requires the claimant to have had a cardiac arrest followed by the permanent insertion of a defibrillator. A claim where the person has had a defibrillator inserted but has not suffered a cardiac arrest does not meet the plan definition.

2. Non-disclosure

If a customer does not provide complete and accurate answers to the health questions asked on their application form that

would have resulted in their application being postponed or rated, any potential claim may be declined.

For example, non-disclosure of smoking could result in the claim being turned down and the plan being cancelled.

3. Illness not covered by plan

For example, a person diagnosed with diabetes cannot claim Specified Illness Cover as this is not one of the listed illnesses we cover.



Section 2

Child Specified Illness Cover Claims



Did you know?

Children are **covered** on specific plans **under their parents' cover** (terms and conditions apply).

They are generally **covered for the same conditions** that are included in the terms and conditions.

Because we do not ask for any medical evidence for children when a plan is taken out, certain **restrictions** **apply to children's cover**. Please ensure to check the plan conditions for full details of children's cover and the amount we pay if a claim arises.

We paid **26** claims for children in **2021**, **42%** were for malignant cancer.



Check terms and conditions for details of the cover provided.



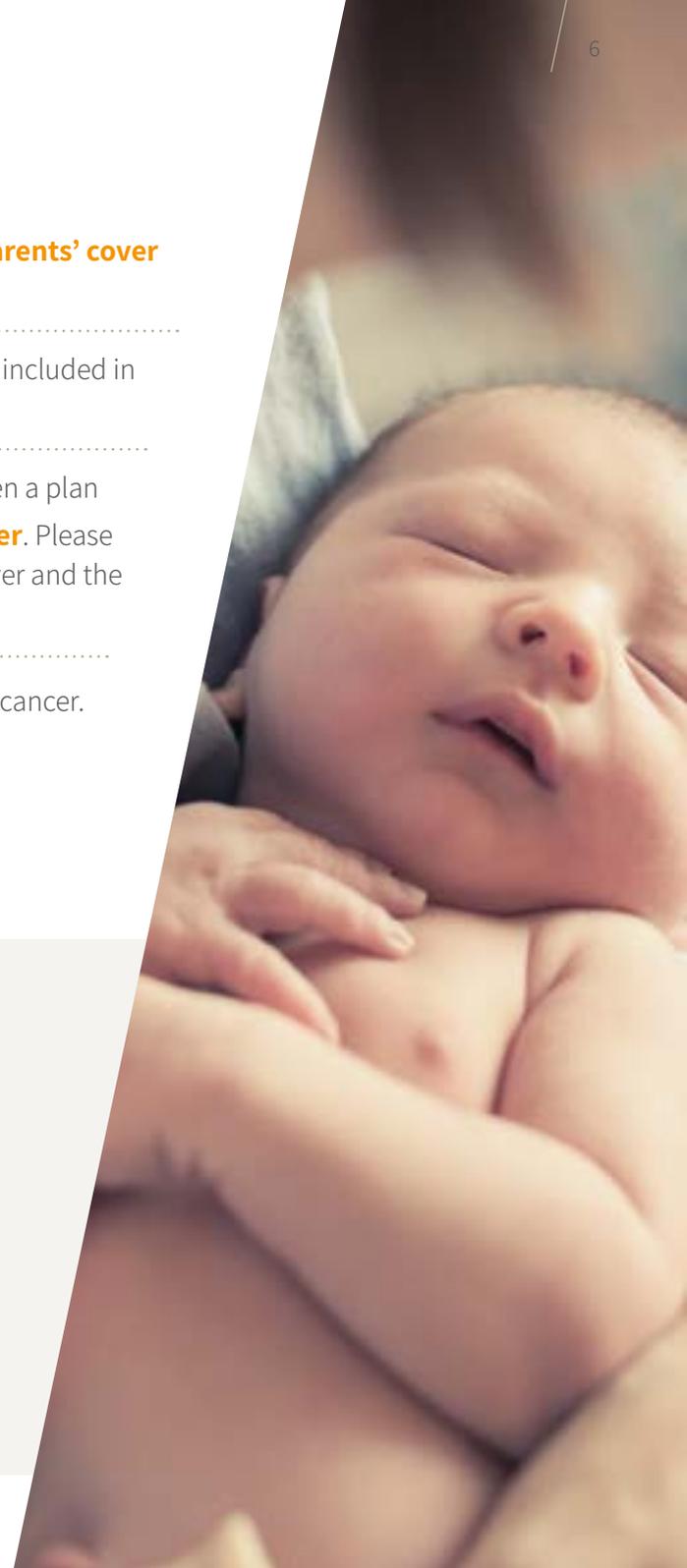
Claim Requirements

For Child Specified Illness Cover claims we will **always** need:

- > A fully completed claim form
- > Birth certificate (certified copy)

We **may** also need:

- > GP report
- > Specialist report





Section 3

Terminal Illness Cover



Did you know?

In the last **5 years** we paid **167 Terminal Illness Cover claims?**

The **number one cause** of Terminal Illness Cover claims is **malignant cancer?**

The **average claimant's age** in **2021** was **54?**



What is Terminal Illness Cover?

- > Most plans with **Life Cover** include Terminal Illness Cover benefit.
- > **It is an accelerated payment** of a portion of the Life Cover benefit.
- > To claim Terminal Illness Cover, the claimant must have **an incurable disease** with a prognosis of less than 12 months to live.



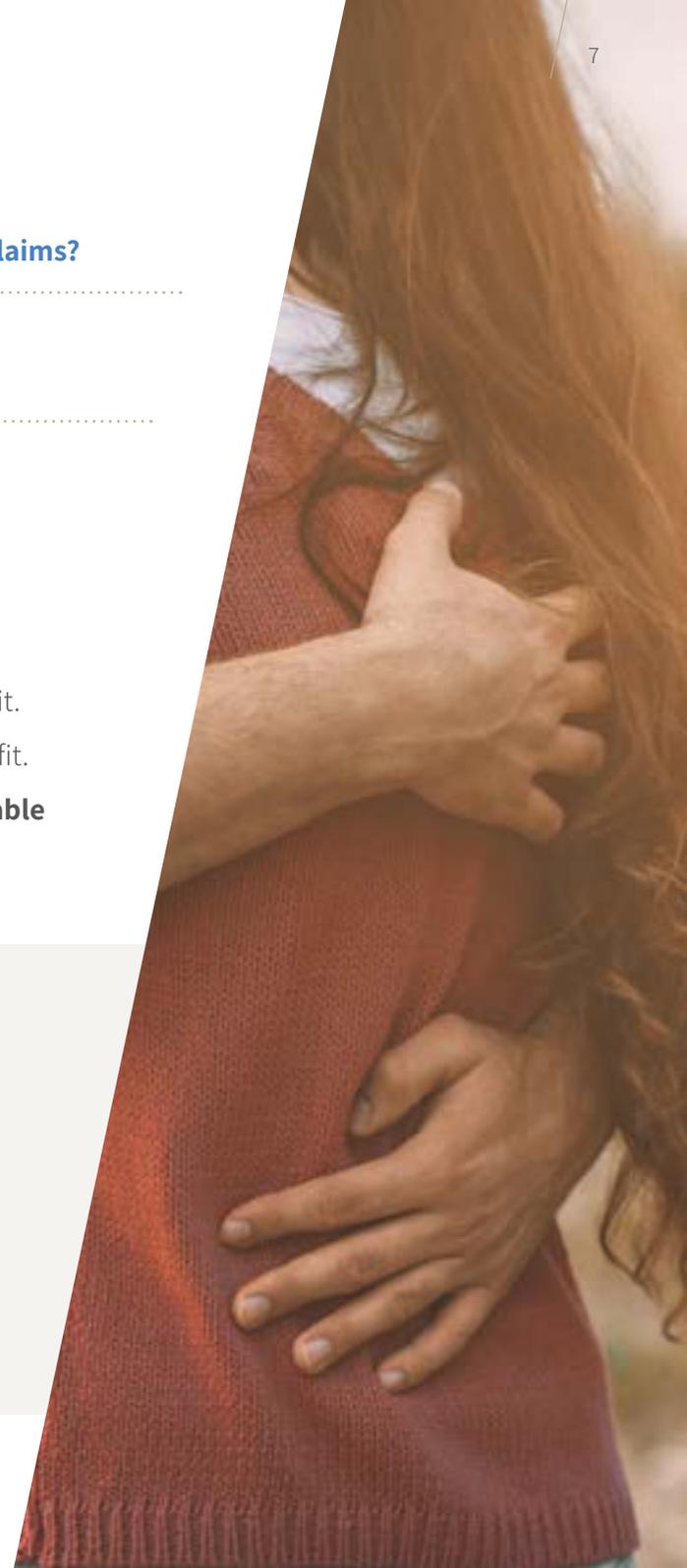
Claim Requirements

We **will** always need:

- > A fully completed Terminal Illness Claim form - Section A completed by the claimant and Section B completed by the specialist.

We **may** also need:

- > Additional medical reports from the specialist or GP





Section 4

Hospital Cash Cover Claims



Children's Hospital Cash Cover:

- > Children are covered on most plans where their parents have Hospital Cash Cover (check terms and conditions for details of the cover provided)



Did you know?

In the last **5 years** we have paid out **€3.2 million** in **Hospital Cash Cover claims?**

In **2021 76%** of claims were paid for **general illness?**



What is Hospital Cash Cover?

- > **Hospital Cash Cover provides a daily payment** if the claimant requires hospitalisation in a major hospital.

- > **There are different types of cover** depending on the plan type:

The claimant must be hospitalised for this minimum number of days to claim.

For example, 7 day hospital cash is payable from day 8 of hospitalisation (benefit is not backdated)



What do we not cover?

- > We do not consider claims in the first 2 years of the plan **if the claimant previously suffered the condition** they went into hospital for.
- > We do not cover hospitalisation for **treatment relating to alcohol, depression, stress/anxiety, cosmetic surgery, or rehabilitation.**
- > On some plans **there is no cover in the first 9 months for pregnancy.**
- > Please review terms and conditions of the individual plan for full details of exclusions.



Claim Requirements

We **will** always need:

- > A fully completed claim form

We **may** also need:

- > GP report
- > Specialist report



Section 5

Accident Cash Cover Claims



Did you know?

In the last **5 years** we paid out over **€3 million** in **Accident Cash Cover claims?**

In **2021, 48.9%** of **claims** were paid to **claimants under age 40?**

In **2021, 71%** of **claims** were paid to **male** lives?



Facts about Accident Cash Cover:

- > On certain plans we will make an upfront payment for specific fractures and dislocations (nose, fingers and toes are not included)
- > To claim weekly benefit, the claimant must be out of work for more than two weeks. The benefit is payable from week 3 onwards.
- > Maximum weekly benefit payable is a percentage of the claimants' weekly earnings regardless of the amount of cover taken out on application. (This can be 40% or 50%, depending on the type of plan so please check terms and conditions)



Why may some Accident Cash Cover claims be declined?

- > Late notification of a claim
- > Injury not as a result of an accident
- > Claimant off work for <2weeks
- > Definition of an accident not met
- > Please see the terms and conditions of the individual plan for full details of Accident Cash Cover including all exclusions.



Claim Requirements

We **will** always need:

- > A fully completed claim form

We **may** also need:

- > GP report
- > Specialist report





Section 6

Surgical Cash Cover Claims



Did you know?

In the last **5 years** we paid **126 Surgical Cash Cover claims**, totalling over **€1 million?**

In **2021**, the **average age of claimants** was **58 years old?**

In **2021**, the **average claim amount** was **€7963?**



What is Surgical Cash Cover?

- > The **claimant is paid a percentage** of their Surgical Cash Cover benefit in the event they undergo **one of the specific surgeries** listed in the terms and conditions.
- > **The percentage payable depends on the type of surgery**, which is carried out, for example where a hip replacement or knee replacement has been carried out **100% of the benefit is payable** or where the claimant undergoes a hysterectomy, **50% of the benefit is payable.**
- > **The maximum Surgical Cash Cover Benefit paid out** over the term of the plan **cannot exceed the lower of 50%** of the claimant's Specified Illness Cover or **€125,000.00**

Please see the terms and conditions of the individual plan for full details of Surgical Cash Cover including all exclusions.



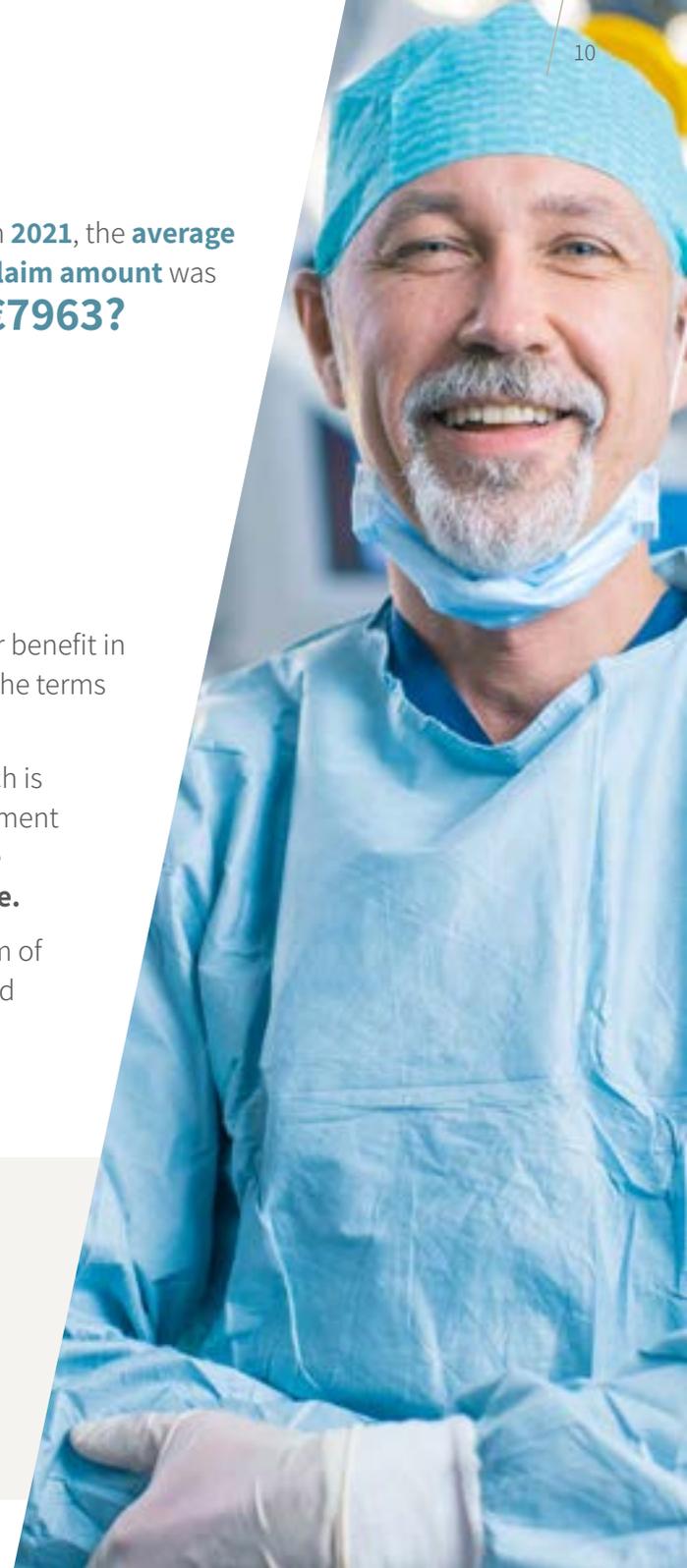
Claim Requirements

We **will** always need:

- > A fully completed claim form

We **may** also need:

- > GP report
- > Specialist report





Section 7

Income Protection Claims



Did you know?

Irish Life is **one of the largest providers** of Income Protection in Ireland?

We have paid claims to **133 claimants in 2021**, totalling almost **€3million?**



Claim Requirements

We **will** always need:

- > A fully completed claim form
- > A Medical certificate to be completed by their GP

Other documents:

- > Proof of age
- > Proof of address
- > If employed, copies of the previous 3 years Employment Detail Summary and a letter from the claimant's employer confirming salary for the previous 12 months
- > If self-employed we will require a copy of accounts, tax calculation and income tax assessments for the previous three accounting years
- > Details of other insurance, pensions and state benefits or any other ongoing income the claimant is in receipt of.
- > A copy of a bank statement dated within 6 months as proof of IBAN and BIC

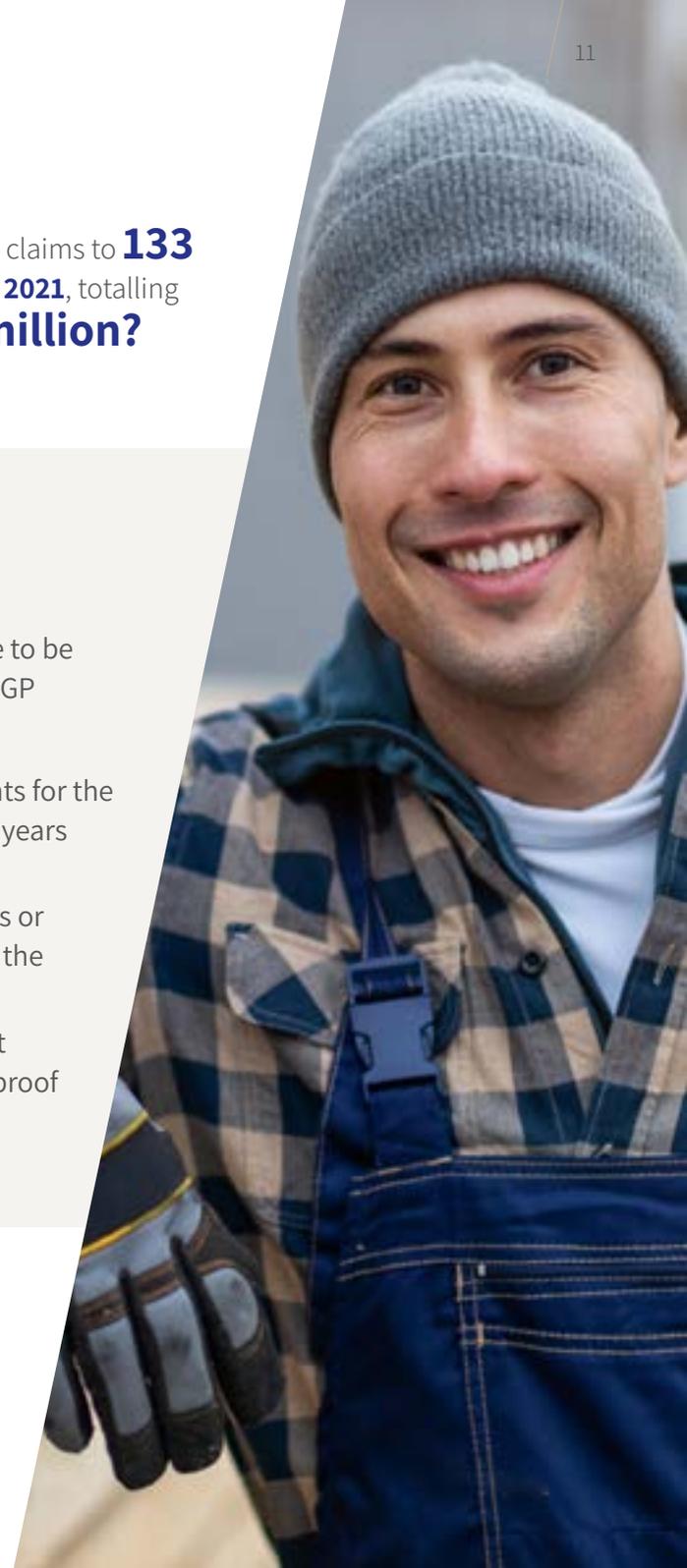
Income Protection claims are administered by a dedicated team and you can contact them using the following details:



By phone:
01 7041802



By email:
incomeprotection@irishlife.ie



About us

Our Protection Claims Team is experienced and professional. We are always open to discussing claims directly with your customers and with you.



How you can contact us:

Phone: **01 7041855**

Email: **protectionclaims@irishlife.ie**

Website: **www.irishlife.ie**

Address: Protection Claims, Irish Life, Lower Abbey Street, Dublin 1

Our support for you and your customers:

- > We will **'alert' you** on our systems when we receive your customers protection claim
- > We will **contact your customer** on all Specified Illness Cover claims prior to issuing our claim form to ensure they are comfortable and understand our process.
- > We **send** our Life Cover Claims and Specified Illness Claim booklets to claimants so they can understand the claims process.
- > We **publish** detailed annual claims statistics



Extra support for your customers through our LifeCare range



MedCare

a medical second opinion service provided by Mediguide (available on plans taken out from 2014 onwards)



NurseCare

is a helpline service provided by Intana Assist which gives your customer 24/7 access to experienced nursing professionals and midwives who can give guidance on medical queries.



ClaimsCare

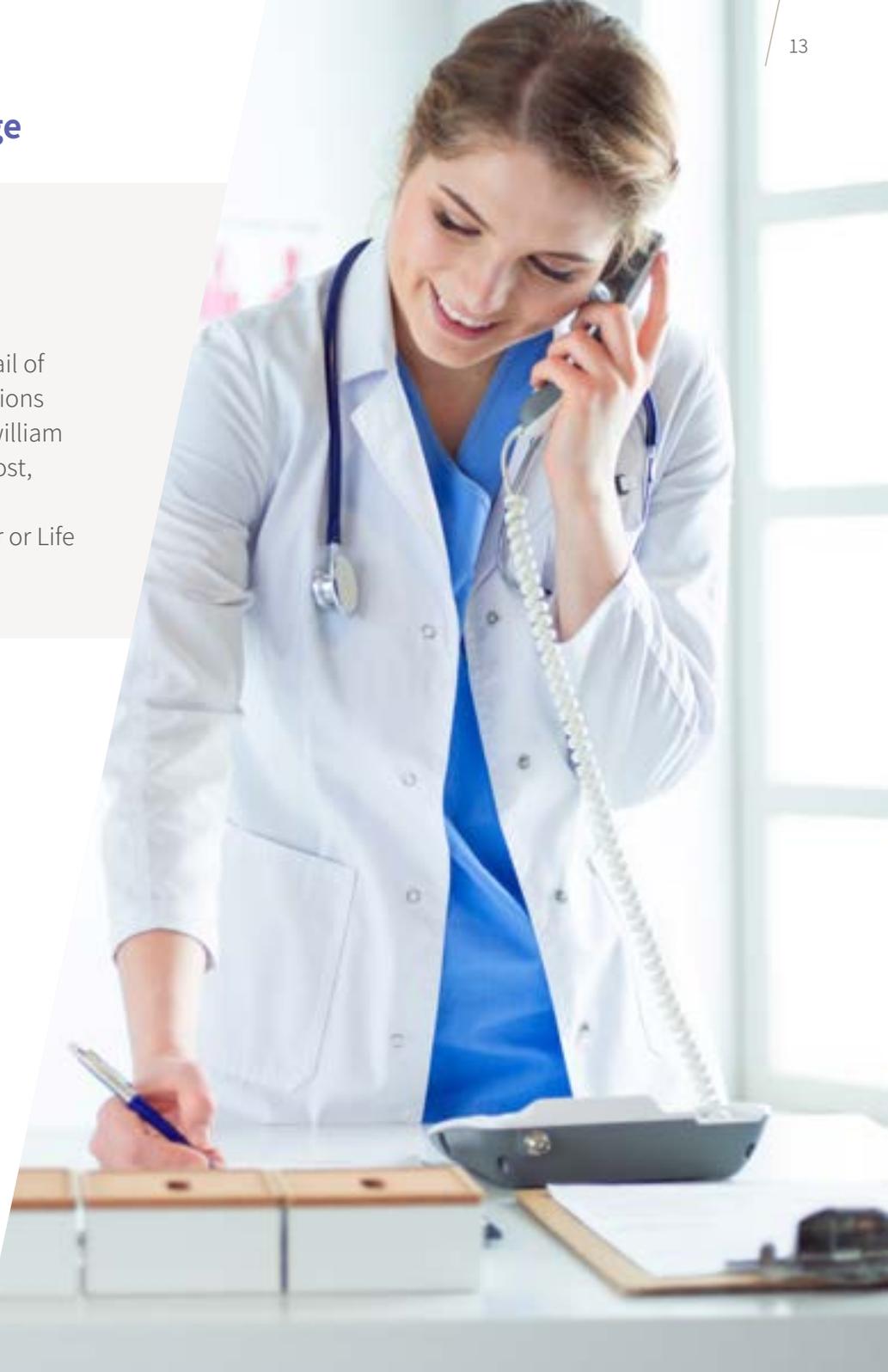
your customer can avail of three counselling sessions provided by the Clanwilliam Institute, at no extra cost, if they have to make a Specified Illness Cover or Life Cover claim.

LifeCare gives your client access to services provided by other companies which are independent from us. These services are not designed to replace the advice provided by their doctor or their own health professional, but to give information to help direct them toward the appropriate course of action. Access to these third party services is subject to their terms and conditions. We accept no responsibility for these services. We may change the service providers or withdraw access to these services in the future.

Our Complaints Procedure

If your customer does not agree with any aspect of our claims handling or decision the following options are available:

- > If your customer has a complaint, they should write to us outlining the details
- > We will review the complaint and provide updates to the customer in respect of their complaint every 10 working days.
- > If the complaint cannot be resolved internally, the customer can contact the Financial Services and Pensions Ombudsman which is free of charge.



Contact us

Phone: 01 7041855

Email: protectionclaims@irishlife.ie

Website: www.irishlife.ie

Address: Protection Claims, Irish Life, Lower Abbey Street, Dublin 1

Please note this brochure is intended as a guide only, and individual terms and conditions should be checked in each case.

All claim figures relate to Retail and Corporate divisions, unless otherwise stated.

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