

PENSIONS
INVESTMENTS
LIFE INSURANCE



Irish Life

LIFE OPTIONS

WITH YOU EVERY STEP OF THE WAY







ABOUT US

Established in Ireland in 1939, Irish Life is Ireland's leading life and pensions company. Since July 2013 Irish Life has been part of the Great-West Lifeco group of companies, one of the world's leading life assurance organisations.

Irish Life is committed to delivering innovative products backed by the highest standards of customer service and, as part of Great-West Lifeco, has access to experience and expertise on a global scale, allowing the company to continuously enhance its leading range of products and services.

Information correct as of May 2021. For the latest information, please see www.irishlife.ie.

LIFE OPTIONS		
	Aim	If you have life cover, this plan aims to provide a lump sum if you die; or if you have specified illness cover, this plan aims to provide a lump sum if you are diagnosed with one of the specified illnesses.
	Cost of cover	The cost of your cover can change.
	Time period	Whole of life.
	Jargon-free	Yes.

COMMITTED TO PLAIN ENGLISH

There is no financial jargon in this booklet and everything you need to know is written in an upfront and honest way.



We are the leading choice in Ireland for life and pensions, based on market share in 2019.

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All information including the Terms and Conditions of your plan will be provided in English.

The information and figures quoted in this booklet are correct as at May 2021 but may change.

THE LIFE OPTIONS PLAN

If you are converting into the Life Options plan, you can take out a level of cover up to a maximum of the level of cover on your original plan. If you originally selected single cover, you will have this on your Life Options plan. If you originally selected dual cover, then this will carry through to your Life Options plan. With conversion, you can choose to convert from a dual cover to a single cover.

If you are converting into the Life Options plan, you will not be able to select options that you did not have on your original plan.

LIFE COVER

Pays your family a lump sum if you die.



SPECIFIED ILLNESS COVER

Pays you a lump sum if you suffer from one of the 26 conditions we have listed on page 5.

CHILDREN'S COVER

You automatically get children's benefits if you or your partner take out life cover or specified illness cover.

NURSECARE

Gives you access to two confidential helpline services provided by Intana (formerly known as Aria Assistance. Intana is a trading name of Collinson Insurance Services Ltd.)

You must keep up payments to stay on cover.

MATCHING YOUR CHANGING NEEDS

By converting into this plan, you can take out a level of cover up to a maximum of the level of cover on your original plan. Therefore, you will not be able to increase your cover.

In all cases, we will review your payments at the end of your chosen period of cover. This is to work out the new payments that you will need to pay to maintain your benefits. We may also have to increase your payment during your chosen period of cover if certain circumstances arise.

To find out more about these special circumstances, simply go to the 'Your questions answered' section on page 11 of this booklet.

LIFE COVER

WHAT IS LIFE COVER?

Life cover pays your family a lump sum if you die, giving your family an income when they really need it. They can use this as they want, to pay bills, loans - whatever matters most. More importantly, life cover gives you peace of mind that your family will be financially secure when you are gone.

LIFE COVER PROTECTS

If you have life cover you can protect:

- Your life (single cover)
- Your life and your partner's life (dual cover)
- Your children – are automatically covered if you have life cover, see page 6.

LIFE COVER - ADDED EXTRAS

1. Terminal illness cover

If you have life cover and are diagnosed as having a terminal illness, we will immediately pay half the amount you are insured for (up to a limit of €125,000). This is to help you get the care you will need. (A terminal illness is a condition which, in the opinion of the appropriate hospital consultant and our Chief Medical Officer, is expected to lead to your death within 12 months.)

2. Children's cover

If you have life cover, we also cover your children for €4,000, see page 6.



IMPORTANT

- You must be aged between 18 and 74 to start life cover under the Life Options plan.
- If you are converting into the Life Options plan you can take out a level of cover up to a maximum of the level of cover on your original plan.

SPECIFIED ILLNESS COVER

WHAT IS SPECIFIED ILLNESS COVER?

If you are exercising Guaranteed Cover Again / converting into this Life Options plan, the same benefits you chose on your original plan will apply. You could use this lump sum to help maintain your family's standard of living; to pay for medical bills and help you cope during that difficult time. What's more, because you might have to adapt your house or modify your car to make your day-to-day life easier, specified illness cover could help with these outgoings too.

SPECIFIED ILLNESS COVER PROTECTS

If you have specified illness cover you can protect:

- Your life (single cover)
- Your life and your partner's life (dual cover)
- Your children – are automatically covered if you have specified illness cover, see page 6.

YOUR SPECIFIED ILLNESS COVER OPTIONS

If you had specified illness cover on your original plan, you may have chosen from the following options. These options are not available if you are converting into this plan and did not select the options in your original plan.

1. Stand-alone specified illness cover (no life cover).
2. Independent specified illness cover (with life cover and if you need to make a specified illness cover claim your life cover will not be affected).
3. Accelerated specified illness cover (with life cover and if you need to make a specified illness cover claim, we will reduce your life cover by the amount you receive for your specified illness cover claim).

THE 26 CONDITIONS WE COVER

We have identified 26 common conditions that could change your life so much that you would need financial help. We have included a condition called loss of independence. We describe this on page 23. This benefit makes your total cover more wide-ranging.

We have identified the 26 illnesses we cover below. You will find full descriptions from page 16 onwards.



1. Alzheimer's disease
2. Angioplasty
3. Benign brain tumour
4. Cancer
5. Cardiomyopathy
6. Coma
7. Coronary artery surgery
8. Heart attack
9. Heart valve and structural surgery
10. HIV or Aids - transfusions
11. HIV or Aids - physical injury
12. HIV or Aids - occupational injury
13. Kidney failure
14. Loss of hearing (to age 65)
15. Loss of independence
16. Loss of sight
17. Loss of speech
18. Loss of two or more limbs
19. Major organ transplant
20. Motor neurone disease
21. Multiple sclerosis
22. Paralysis of two or more limbs
23. Parkinson's disease
24. Severe burns
25. Stroke
26. Surgery to the aorta

SPECIFIED ILLNESS COVER: ADDED EXTRAS

1. Paying surgery benefit immediately

We will pay:

- up to €20,000 of your cover immediately if you are diagnosed as needing coronary artery surgery, heart valve and structural surgery, or surgery to the aorta;
- up to €40,000 of your cover if you lose one limb.

Find details of these payments on page 15.

2. Children's cover

If you have specified illness cover, we will also cover all your children between the ages of one and 21 for the lower of €20,000 or half of your specified illness benefit amount.

IMPORTANT



- We will only pay a specified illness cover claim if you are diagnosed with one of the 26 covered conditions.
- If you suffer from an illness we do not cover, we will not make any payment.
- You can only receive one payment with this cover. For example, you cannot claim for a heart attack and then claim for a different illness.
- You can find more details of specified illness cover in the technical details from page 14.
- We will not pay claims in certain circumstances, for example if you did not give us full information about your health on your original plan. You will find a summary of these situations in the 'Guide to making a claim' section, from page 9.

CHILDREN'S BENEFITS

LIFE COVER

When you have life cover, we cover all your children under 21 for €4,000 life cover for as long as you are covered. During the first six months we only cover them for accidental death.

SPECIFIED ILLNESS COVER

When you have specified illness cover, we will cover all your children between the ages of one and 21 for €20,000 for as long as you are covered. We will cover them for the same illnesses you are covered for, apart from HIV and AIDS caused by an injury at work. We also cover them for bacterial meningitis.

We will pay only one claim for each child regardless of how many plans you have with Irish Life. And they must live for at least 14 days after they have been diagnosed or have had surgery. As we do not ask for any medical details about your children before we include them in your plan, we will not pay a claim that arises as a result of any medical condition they have had since birth or any medical condition you knew about before they reached the age of one or before the specified illness cover started.

OUR SERVICES TO YOU

Throughout your plan...

OUR COMMITMENT TO CLEAR COMMUNICATIONS

Because financial products can be complicated and difficult to understand, we are committed to using clear and straightforward language on all our communications to you. As a result, we work with Plain English Campaign to make sure all our customer communications meet the highest standards of clarity, openness and honesty.

KEEPING YOU UP TO DATE

We are committed to keeping you informed about your plan. Because of this, every year we will send you a statement to tell you what your protection benefits are.

PUTTING YOU FIRST

We are committed to providing excellent customer service to you at all times from the moment you apply for cover right throughout the life of your plan. When you ring us, you will get straight through to our award-winning service team, based in Ireland, who will be on hand to listen to your queries and help you when you are looking for answers.



How to contact us...

If you want to talk to us, just phone us on 01 704 1010.

Our lines are open:

8am to 8pm Monday to Thursday

10am to 6pm Friday

9am to 1pm Saturday.

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

You can also contact us in the following ways:

Email: customerservice@irishlife.ie

Fax: 01 704 1900

Write to: Customer service team,
Irish Life Assurance plc,
Irish Life Centre,
Lower Abbey Street,
Dublin 1.

Website: www.irishlife.ie

ONLINE SERVICES

We have a range of online services available for you. If you visit our website, you can get information on our full range of protection products. Visit www.irishlife.ie for more information.

You can also check the details of your cover online by visiting our website at www.irishlife.ie and logging in to: My Online Services.

You can sign up with your email address and you will get a code by text message to add your plan to your account. If you are having any issues, you can contact our customer service team on 01 7041010.

Our online services helps you keep up to date with your plan. Depending on your plan type you can:

- request to update your address or direct debit details;
- make a card payment;
- view your annual benefit statements;

and more.

YOU CAN CHANGE YOUR MIND

We want to make sure that you are happy with your decision to take out a Life Options plan. If, after taking out this plan, you feel it is not suitable, you have 30 days to cancel the plan. If you decide to do this, we guarantee to refund any payments you have made within the first 30 days of sending you details of your plan. The 30-day period starts from the day we send you your Life Options welcome pack.

ANY PROBLEMS?

If you experience any problems, please call your financial adviser or contact our customer service team. We monitor our complaint process to make sure it is of the highest standard. We hope you never have to complain. However, if for any reason you do, we want to hear from you. If, having contacted the customer service team, you feel we have not dealt fairly with your query, you can contact:

Financial Services and Pensions Ombudsman
Lincoln House,
Lincoln Place,
Dublin 2,
D02 VH29

Tel: (01) 567 7000
Email: info@fspoi.ie
Website: www.fspoi.ie

EUROPEAN COMMUNITIES (DISTANCE MARKETING OF CONSUMER FINANCIAL SERVICES) REGULATIONS 2004

If a financial service or product is provided on a 'distance basis' (in other words, with no face-to-face contact), we have to give you certain information. We have included this information under various headings in this booklet, in the customer information notice at the back of this booklet, in the Terms and Conditions booklet and in your terms of business letter. All information (including the terms and conditions of your plan) will be in English.

SOLVENCY AND FINANCIAL CONDITION REPORT

Irish Life's current Solvency and Financial Condition Report is available on our website at www.irishlife.ie.

GUIDE TO MAKING A CLAIM

We are committed to taking care of claims as quickly as possible in a professional, polite, sensitive and sympathetic way.

In the unfortunate event that you or your family have to make a life or specified illness cover claim, take a look below at the best way to go about it.

HOW TO MAKE A LIFE COVER CLAIM

- When your personal representatives need to make a claim, they should contact your financial adviser or our customer service team on 01 704 1010.
- We will send them a claim form and explain what to do. We will always need a filled-in claim form, the plan schedule, and the original death certificate.
- In some circumstances, we will need a certified copy of the will and grant of probate. If there is no will, we may need letters of administration. It is our policy to start paying interest on any life cover claim from two months after the date of death. This is in line with industry standards.
- When we receive all the documents and information we need, we will normally make a payment within five days. If our payment is delayed, as a gesture of goodwill, we will pay interest from the date of death rather than from two months after the date of death.

- If your benefit has been legally transferred to your mortgage lender, we will pay the benefit to the lender. We do not pay any extra claim amount to cover the level of interest built up on a mortgage between the date of your death and the date we settle the claim.

HOW DO I MAKE A SPECIFIED ILLNESS COVER CLAIM?

- If you need to make a claim, contact your financial adviser or our customer service team on 01 704 1010.
- We will send you a claim form, asking for details of your condition and details of the doctors or consultants you have seen. We will try to pay all valid claims as soon as possible.
- You must let us know that you are making a claim within six months of your condition being diagnosed or when you had surgery. We will need evidence from your doctor or consultant (or both). In some circumstances, we may ask for other medical examinations or tests to confirm the diagnosis.
- If your benefit has been legally transferred to your mortgage lender, we will pay the benefit to the lender. We do not pay any extra claim amount to cover the level of interest built up on a mortgage between the date you are diagnosed with a specified illness and the date we settle the claim.

Please see www.irishlife.ie for more information on claims.

CHILDREN'S COVER CLAIM

Please contact your financial adviser or our customer service team on 01 704 1010.

COUNSELLING SERVICE

If you or your family need to make a claim, you can avail of three counseling sessions provided by the Clanwilliam Institute, at no extra cost. The Clanwilliam Institute is a registered Irish Charity that was established in 1982. The Institute provides counselling and psychotherapy services for individuals, couples and families who are going through difficulties such as serious illness and bereavement. For more information visit www.clanwilliam.ie.

If you would like to use this service, please contact the Clanwilliam Institute to arrange an appointment on 01 676 1363 or 01 676 2881. Any counselling sessions you have with the Clanwilliam Institute will be strictly confidential.

The Clanwilliam Institute has offices in Dublin, Portlaoise, Kilkenny, Wexford, Dundalk, Wicklow, Roscommon, Galway, Sligo, Nenagh, Roscrea, Limerick, Cork and Dungarvan.

YOUR QUESTIONS ANSWERED

WHAT IS THE APPLICATION PROCESS FOR GUARANTEED COVER AGAIN / A CONVERSION OPTION - WHERE I AM CONVERTING FROM ANOTHER PLAN INTO A LIFE OPTIONS PLAN?

We will ask you to complete the Life Options application form. As you are converting from a previous plan, you will have already completed the medical health questions, so we will not need you to fill in that section of the form. However, we still need to assess your application form.

We accept most applications after assessing the application form alone. All the information we receive is kept strictly confidential. If we accept your application, we will send you:

- your terms and conditions booklet (which gives you detailed information about your plan);
- a schedule (which sets out how much you need to pay and what cover you have);
- a client-specific customer information notice, which highlights some of the important details about this plan; and
- record of conversion.

When you receive these items you should make sure that the details in them are correct and that you are happy with the plan. Remember that a Life Options plan is a long-term commitment. You have 30 days after we send you this information to cancel the plan. If you decide to do this, we will refund any payments you have made.

ARE THERE ANY SITUATIONS WHERE WE WILL NOT PAY A CLAIM?

If when you first took out the original plan, you gave us incorrect information or did not tell us something that would have affected our decision to accept your application. You must tell us everything relevant about your health on your application form. If you do not and you then make a claim, we may not pay your benefit. When we accept your application form we will send you a photocopy of your application form or a summary of the medical information in it. You should check this to make sure that you have answered all the health questions accurately.

We will not pay specified illness cover benefit for coma, loss of independence, loss of two or more limbs, paralysis of two or more limbs or limited payment for loss of one limb if a claim arises in any of the following circumstances.

- If the injury has been caused directly or indirectly by war, riot, revolution, civil commotion or any similar event or by you taking part in a criminal act.
- If the condition was self-inflicted or caused directly or indirectly by you drinking alcohol (if there is a history of alcohol abuse) or taking illegal drugs, or if you failed to follow reasonable medical advice, medically recommended therapies, treatment or surgery.
- If the injury was caused by you taking part in any of the following hazardous pursuits: abseiling, bobsleighting, boxing, caving, flying (taking part in any flying activity, other than as a passenger in a commercially

licensed aircraft on a regular public airline), hang-gliding, horse racing (but not general equestrian activities), motor-car and motor-cycle racing or sports, mountaineering, mixed martial arts, parachuting, potholing, powerboat racing, rock climbing or scuba diving.

These exclusions are on top of any specific exclusions in the sections explaining the benefits themselves.

We will only pay benefit for terminal illness, specified illness cover if you are living in the European Union, United Kingdom, Australia, Canada, New Zealand, Norway, South Africa, Switzerland or the USA. If you move to live outside any of these countries, you must let us know immediately so that we can decide whether your benefits should continue. These situations are on top of any exclusion explained above.

WHAT SHOULD I DO IF I AM NOT HAPPY WITH MY PLAN?

If you feel that the plan you have taken out is not right for you, or if you have any questions or complaints, please contact your financial adviser or phone our customer service team. We will arrange an appointment to speak to you or visit you and do whatever we can to sort out your problem. See page 7 for our contact details.

If you feel that we have not dealt with your complaint properly, you can contact the Financial Services and Pensions Ombudsman. See page 8 for the Financial Services and Pensions Ombudsman contact details.

WHAT HAPPENS TO MY PAYMENTS EACH MONTH, AND WHAT CHARGES DO I PAY?

When your plan starts, we will invest your payments in our cash fund. Once your plan has built up value, we will invest your payments in a fund called the Consensus Fund. We do not always invest all of your payment. Any part of your payment that we do not invest is a charge

we have made. The table below shows what we invest. This charge goes towards the cost of setting up and managing the plan, including sales and commission costs.

	During the first 24 months of the payment	During further months
Your starting payments	We don't invest any of your payment	We invest 95% of your payment
Any payment increase	We don't invest any of your payment	We invest 95% of your payment

We charge 0.075% of the fund each month to cover our investment management expenses. Each month, we will then take an amount equal to the total cost of providing protection benefits from your Consensus Fund value. The plan fee in 2021 is €6.31 each month. We will increase the plan fee each year by:

- the increase in the Consumer Price Index for the previous year; or
- 5%;

whichever is higher.

HOW DOES THE CONSENSUS FUND WORK?

The Consensus Fund is based on the combined wisdom of all the top Irish investment managers. The fund matches their average investments in shares, property, bonds and cash. Rather than trying to do better than equivalent funds, the Consensus Fund aims to provide performance that is consistently in line with the average of all funds in the market.

The main advantages of this fund are:

- it gets rid of the risk of choosing the wrong investment manager; and
- it is more cost-effective than actively managed funds, which should mean better long-term performance.

WILL I HAVE TO PAY ANY TAX ON MY PROTECTION BENEFITS?

Usually tax does not have to be paid on life or specified illness benefits. In some circumstances tax may have to be paid on life cover. For example, if you die and we pay your life cover to your estate, your estate may have to pay inheritance tax on the proceeds from the plan. You should seek independent tax advice from your tax advisor or accountant.

We will collect any levies or taxes imposed by the government. The current government levy on life assurance payments is 1% (May 2021). A government levy is charged on payments that you make under this plan.

Under current Irish tax law (May 2021), tax is payable on returns made on this plan. The tax rate is currently 41%. We will pay you the after tax amount. If the plan is owned by a company the tax rate that applies may be different.

CAN I CASH IN ALL OR PART OF MY PLAN?

You can cancel your protection plan at any time, but it will have no cash in value in the first three years. If your plan has enough funds, you can cash in part of your plan (at least €300 after tax), after the third year. If you cash in part of your plan, we will review your cover and your payment. This may result in an increase to your regular payments if you want to keep the same level of cover.

YOUR PAYMENT QUESTIONS ANSWERED

Will you ever review the amount I pay?

We will review your plan at regular intervals. We may have to increase your payment during your chosen term of cover if certain circumstances arise.

This is to make sure that you are contributing the amount necessary to maintain your benefits.

When we review your plan, external events could cause us to change your maximum level of cover. Examples of these would be if:

- our cost of claims for any of the benefits you have chosen changes;
- there is a significant difference arising between the cost of maintaining existing plans and the costs we are taking from these plans; or
- there is a different investment return from the level we assumed you would get at the start of your plan.
- you change the amount you pay;
- you stop making your payment for a while;
- you change your benefit levels; or
- you cash in all or part of your protection fund.

The amount you pay will also change in the following circumstances.

- If you change your benefit levels.

Can I increase my payment?

The minimum amount you can increase your payment by is €13 a month.

You can reduce your cover and the amount you pay as long as your payments don't fall below the minimum payment of €30 a month.

TECHNICAL INFORMATION

TECHNICAL DETAILS OF SPECIFIED ILLNESS COVER

This section lists the technical details of specified illness cover. We will only pay the benefit if you are diagnosed as having one of the 26 conditions listed. You are not covered for any other illness or condition. We may not cover you against all these conditions. If this is the case, we will tell you and it will be referred to in your plan schedule.

- You can only receive one specified illness payment with this cover. For example, you cannot claim for a heart attack and then claim for a separate illness.
- Your cover will only apply if the person whose life is insured by the plan has their main home in a member state of the European Union, United Kingdom, Australia, Canada, New Zealand, Norway, South Africa, Switzerland or the United States of America. If you or your representatives make a claim, you must provide evidence that your main home is in one of these countries.
- When we refer to a 'major hospital', we mean an institution in a member state of the European Union, United Kingdom, Australia, Canada, New Zealand, Norway, South Africa, Switzerland or the United States of America which has facilities for diagnosis, treatment and major surgery. 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 function.

If you have accelerated specified illness cover

The amount of accelerated specified illness cover you have may be less than the amount of life cover so that the plan will continue if we make a payment for accelerated specified illness cover.

The amount of life cover you have left will be the amount of life cover after taking off the amount of accelerated specified illness cover payment. If your life cover and accelerated specified illness cover are the same, when we pay the accelerated specified illness benefit all cover for that person will end.

If you have independent specified illness cover

We will only pay a claim if you survive for a certain period after having the surgery or being diagnosed as having any of the conditions we cover. This period is 14 days for all surgery we cover and most of the conditions we cover. For some conditions the period is longer (such as six months and 14 days for Alzheimer's disease and 12 months and 14 days for loss of speech). We give full details in each plan definition. We will not make any payment under specified illness cover if you die within these periods.

PAYING SURGERY BENEFIT IMMEDIATELY

If you are diagnosed as needing surgery to the aorta, coronary artery surgery or heart valve and structural surgery and you have given us the evidence we need of your condition, we will pay your specified illness cover (up to €20,000) immediately.

We provide this benefit automatically with specified illness cover. It means that you will have a cash lump sum to help you decide when and where you have your surgery. We will take the amount we pay from your total specified illness benefit. You will find full definitions of the surgery we cover in your terms and conditions booklet.

LIMITED PAYMENT FOR LOSS OF ONE LIMB

If you lose one limb above the wrist or ankle joint (see loss of two or more limbs plan definition), we will pay your specified illness cover (up to €40,000). We provide this benefit automatically with specified illness cover. If you have independent specified illness cover, we will only make a payment under this condition if you survive for 14 days after losing the limb. We will take the amount we pay from your total specified illness benefit.

THE CONDITIONS YOU ARE PROTECTED FOR

The 26 conditions that you are protected for are defined on the following pages.

1. ALZHEIMER'S DISEASE

Plan Definition:

A global failure of brain function resulting in significant reduction in mental and social functioning requiring the continuous supervision of the life assured. The diagnosis must be confirmed by a consultant neurologist or consultant geriatrician of a major hospital who is satisfied that there is no other discernible cause and, if Irish Life so requires, this confirmation must be supported by one or more consultant neurologists or consultant geriatricians nominated by Irish Life. The condition must be present for a continuous period of at least six months.

In simpler terms:

Alzheimer's disease occurs when the nerve cells in the brain deteriorate over time and the brain shrinks. There are various ways in which this can affect someone, for example, severe loss of memory and concentration and mental ability gradually failing.

You can claim if you have been diagnosed by a consultant neurologist or consultant geriatrician as having Alzheimer's disease and you need to be continuously supervised

because your judgement, understanding and rational thought processes have been seriously affected and you cannot perform daily tasks such as preparing food, dressing yourself and washing yourself. You must have the condition for 6 months following diagnosis before you can claim this benefit.

2. ANGIOPLASTY

Plan Definition:

The undergoing, on the advice of a consultant cardiologist of a major hospital, of balloon angioplasty, atherectomy or laser treatment to treat a 70% narrowing of two or more coronary arteries. Irish Life shall be entitled to require that angiograms be produced. Such a procedure to one artery only is not covered.

In simpler terms:

Balloon angioplasty involves a surgeon passing a fine balloon catheter (a flexible plastic tube) down one of the arteries to the heart (a coronary artery). When the balloon reaches the place where the artery has narrowed, it is inflated to force the walls of the artery apart.

'Atherectomy' and 'laser treatment' are also techniques which involve passing a catheter into the blocked artery. Unlike bypass surgery, these procedures do not involve open heart surgery.

If you have balloon angioplasty, atherectomy or laser treatment, you can claim if the

treatment is to correct a 70% narrowing of at least two coronary arteries. We do not cover such treatment where only one artery is involved. However, we may pay some limited benefits only once in such circumstances. Investigations (such as angiograms) into blocked arteries are also not covered.

We may need to see 'angiograms' to confirm that your claim qualifies. Angiograms are carried out by passing a catheter into the artery, injecting a liquid into the area and taking rapid x-ray pictures. An angiogram is the only real way of seeing how badly an artery is narrowed or blocked. It will always be done before a bypass or balloon angioplasty is carried out.

3. BENIGN BRAIN TUMOUR

Plan Definition:

A non-malignant tumour in the brain that has required surgical removal or has resulted in permanent neurological deficit. Tumours or lesions in the pituitary gland are not covered.

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 removed by surgery.

You can claim if you are diagnosed as having a benign tumour of the brain and have had surgery to have it removed or are suffering from permanent neurological problems as a result of the tumour. Examples of tumours covered include gliomas, acoustic neuromas and meningiomas. We do not cover tumours or lesions in the pituitary gland. By neurological problems we mean definite symptoms of damage to the central nervous system. Examples of these symptoms include numbness, paraesthesia (an abnormal tingling sensation), paralysis, localised weakness, dysarthria (difficulty speaking),

aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty walking, problems with co-ordination, tremor, seizures (fits), dementia, delirium (for example, hallucinations) or coma. These neurological problems must be permanent.

4. CANCER

Plan Definition:

Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. The term cancer includes leukaemia and Hodgkin's disease but the following are excluded:

- All tumours which are histologically described as pre-malignant, as non-invasive or as cancer in situ.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least TNM classification T2N0M0.
- All forms of lymphoma in the presence of any human immunodeficiency virus.
- Kaposi's sarcoma in the presence of any human immunodeficiency virus.
- Any skin cancer other than malignant melanomas which have been histologically classified as having progressed to a Clark's level 2 or higher i.e. have invaded beyond the epidermis.

In simpler terms:

The term 'cancer' is used to refer to all types of malignant tumours (tumours which can spread) as opposed to benign tumours (which do not spread). A tumour results when the process of constructing and repairing body tissue goes out of control causing an abnormal mass of tissue to grow. The tumour may grow faster than and independently of the adjoining normal tissues.

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 make a claim if you are diagnosed as suffering from a malignant tumour which has invaded surrounding tissue, unless the type of cancer or tumour is specifically excluded. 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 performed on tissue removed during surgery or by biopsy (a procedure to remove a sample of the tumour for examination).

Leukaemia (cancer of the white blood cells) and Hodgkin's disease (a type of lymphoma) are both covered.

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. These are well-recognised conditions, and 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) which is easy to treat and cure.

With increased and improved screening, prostate cancer is being detected at an earlier stage. At early stages these tumours are treatable and the prognosis is good. It is not possible to provide cover against these early prostate cancers. 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 it reports on a scale of 1 to 4, with 1 representing a small tumour restricted to the organ.

We will not pay a claim for a T1 prostate cancer unless the tumour has a Gleason score (a method of measuring differentiation of cells) of greater than 6 or there is lymph node involvement or metastases as measured by the N and M elements of TNM.

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 and do not produce growths in other parts of the body. The only form of skin cancer that is covered is malignant melanoma which has been classified on histology 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 prognosis.

If you are HIV (human immunodeficiency virus) positive, you will not be covered for lymphoma or Kaposi's sarcoma as these tumours are directly related to the virus.

5. CARDIOMYOPATHY

Plan Definition:

The unequivocal diagnosis by a consultant cardiologist of cardiomyopathy resulting in permanent impaired ventricular function and permanent marked limitation of physical activity with the insured unable to progress beyond stage two of a treadmill exercise test using the standard Bruce protocol. Acute myocarditis is excluded unless there is subsequent development of cardiomyopathy as above. Cardiomyopathy directly related to alcohol or drug misuse is excluded.

In simpler terms:

Cardiomyopathy is a serious heart condition, often of unknown cause, in which the heart muscle can no longer effectively receive or pump blood through the body. In general it is the lower chamber of the heart that is most affected. While it can be a temporary

condition, in some cases it goes on to be a permanent condition. When the condition is permanent, it cannot be cured and usually deteriorates over time. The symptoms of cardiomyopathy include shortness of breath on moderate exercise, chest pain and fainting. You can claim if you suffer cardiomyopathy which is permanent and causing symptoms which significantly affect your normal everyday activities. This will be measured by a treadmill exercise test which involves recording electrical impulses while you are exercising. To qualify for payment, your ability to exercise must be measurable and limited to a specific degree (stage 2 of standard Bruce protocol). Acute myocarditis (inflammation of the heart muscle) is not covered as sufferers usually make a full recovery. Cover is not provided for cardiomyopathy resulting from alcohol or drug abuse.

6. COMA

Plan Definition:

Unrousable unconsciousness arising as a result of illness or injury continuing for at least 96 hours and resulting in permanent neurological deficit. Life supporting systems including assisted ventilation must be required throughout the period of unconsciousness..

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.

You can claim if:

- you are unconscious (as a result of injury or illness) for at least 96 hours;

- you need a life -support machine for that 96-hour period; and
- you suffer permanent brain or nerve damage as a result. Examples of permanent brain or nerve damage are paralysis of the right or left side of the body or disturbed speech or vision.

7. CORONARY ARTERY SURGERY

Plan Definition:

The undergoing, on the advice of a consultant cardiologist of a major hospital, of open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts in persons with limiting anginal symptoms.

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 vein, normally from the thigh, and using it to direct blood past the diseased or blocked artery. This is a major operation which involves opening the chest wall to reach the heart.

You will be able to claim if you have coronary artery bypass surgery for arterial disease as long as you have a history of angina (chest discomfort while walking uphill or climbing stairs).

8. HEART ATTACK

Plan Definition:

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

- typical chest pain;
- new characteristic electrocardiographic changes;
- the characteristic rise of cardiac enzymes, troponins or other biochemical markers;

The death of a portion of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction

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. You can claim if you are diagnosed as having suffered death of heart muscle.

Your claim must be supported by:

- new characteristic ECG changes (ECG stands for electrocardiogram, which is a record of the electrical impulses that make the heart beat);

and

- a characteristic increase in cardiac enzymes, troponins or other biochemical markers (which are released into the bloodstream from the damaged heart muscle); and
- chest pains which are typical of a heart attack.

The ECG would confirm that you suffered a heart attack. Increased levels of cardiac enzymes, troponins or other biochemical

markers found in blood tests will support this diagnosis and confirm that the heart attack was recent.

Your benefit does not cover angina or other acute coronary syndromes where there is an absence of ECG changes together with blood tests that support the diagnosis of heart attack.

9. HEART VALVE AND STRUCTURAL SURGERY

Plan Definition:

The undergoing of open heart surgery to repair or replace one or more heart valves or to correct structural abnormalities.

In simpler terms:

If one of the four heart valves is not working properly, an operation may be necessary to repair or replace the valve. 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 open heart surgery:

- to repair or replace a heart valve; or
- to correct a structural abnormality of the heart.

10. HIV INFECTION OR AIDS AS A RESULT OF A BLOOD TRANSFUSION

Plan Definition:

Infection by any human immunodeficiency virus (HIV) acquired from a transfusion of blood given as part of medical treatment administered in any member state of the European Union, United Kingdom, Australia, Canada, New Zealand, Norway, South Africa, Switzerland or the United States of America by registered medical practitioners after the start date of specified illness cover under this plan. There must be clear evidence satisfactory to Irish Life's Chief Medical Officer that the infection

was acquired in this way. Such infection shall be deemed to have occurred where tests, including blood, urine or other tests, indicate in the professional opinion of Irish Life's Chief Medical Officer either the presence of any human immunodeficiency virus or antibodies to such a virus.

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.

You can claim if you are infected with HIV or get AIDS from a blood transfusion which is medically necessary and which is carried out in any member state of the European Union, United Kingdom, Australia, Canada, New Zealand, Norway, South Africa, Switzerland or the United States of America. The transfusion must have taken place after specified illness cover starts under the plan. There must be proof that the transfusion was the source of the infection.

11. HIV INFECTION OR AIDS AS A RESULT OF AN OCCUPATIONAL INJURY (AVAILABLE TO CERTAIN OCCUPATIONS ONLY)

Plan Definition:

Infection by any human immunodeficiency virus (HIV) acquired by a life assured whose occupation is one of those listed below where Irish Life's Chief Medical Officer is satisfied that the infection was caused by an accidental injury by a sharp instrument or by exposure to blood or blood stained body fluid which occurred in Ireland or the UK during the 12 months preceding diagnosis but after the start date of specified illness cover under this plan and that it occurred while the life assured was following the normal duties of that occupation. In addition to the general condition above, it shall be a particular condition of the validity of a claim that the following sequence of events took place:

- (i) The accident was reported in accordance with the established occupational procedures for such an accident.
- (ii) Within seven days of the accident the relevant life assured underwent a blood test and this blood test indicated the absence of any HIV or antibodies to such a virus.
- (iii) Within 14 days of the accident, the circumstances of the accident were reported in full to Irish Life at its head office and it was reported that the blood test referred to in (ii) above, had been undergone.
- (iv) The accident was followed up in accordance with the established occupational procedures.
- (v) A further blood test, within 12 months of the accident, indicated the presence of HIV or of antibodies to such a virus, which supports the diagnosis of HIV infection.

Occupations covered:

- Ambulance workers
- Dental nurses
- Dental surgeons
- District nurses
- Dublin Bus employees
- Hospital doctors/surgeons/consultants
- Hospital laboratory technicians
- Fire brigade and firefighters
- Members of the Gardai
- Hospital laundry workers
- Hospital nurses
- General practitioners and nurses employed by them
- Hospital porters
- Midwives
- Hospital caterers
- Hospital cleaners
- Paramedics
- Prison officers
- Taxi drivers

Such infection shall be deemed to have occurred where tests, including blood, urine or other tests, indicate in the professional opinion of Irish Life's Chief Medical Officer either the presence of any human immunodeficiency virus, or antibodies to such a virus.

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 are in special danger of getting HIV or AIDS through their work. You can claim if you work in one of the jobs listed above and you are infected with HIV or get AIDS as a result of an accidental injury which happens while you are working. The injury giving rise to the infection must occur after the specified illness cover under your plan starts. We will only pay a claim under the following circumstances.

- The accident must be reported to the relevant authorities.
- Within seven days of the accident you must take a blood test and this must show that you do not have any HIV or antibodies to it.
- Within 14 days of the accident, the circumstances of the accident, and confirmation of the blood test, must be reported to us at our head office.
- After the accident, the usual procedures for your occupation must be followed.
- Within 12 months of the accident a further blood test must show the presence of HIV or antibodies to it.

12. HIV INFECTION OR AIDS AS A RESULT OF A PHYSICAL ASSAULT

Plan Definition:

Infection by any human immunodeficiency virus (HIV) acquired by a life assured where such infection was caused by a physical assault on the life assured in the Republic of Ireland.

The assault must have occurred at least 26 weeks after the start date of specified illness cover under this plan. There must be evidence that the infection occurred as a result of the assault on the life assured and the assault must have been reported to the Garda Síochána within 24 hours of its occurrence.

The life assured must have undergone a blood test within seven days of the assault which caused the infection indicating the absence of HIV or antibodies to such a virus and a further blood test within 12 months of the assault indicating the presence of HIV or antibodies to such a virus. Such infection shall be deemed to have occurred where tests, including blood, urine or other tests, indicate in the professional opinion of Irish Life's Chief Medical Officer either the presence of any human immunodeficiency virus, or antibodies to such a virus. All blood tests must be processed by a recognised hospital laboratory in the Republic of Ireland.

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. In some circumstances, there is a risk of becoming infected as a result of a physical assault. For this reason, you can claim if you are infected with HIV or get AIDS as a result of a physical assault in the Republic of Ireland. The assault giving rise to the infection must occur at least 26 weeks after the specified illness cover starts under your plan and have been reported to the Garda Síochána. Separate tests carried out within seven days and then 12 months of the assault must establish that the physical assault was the source of the infection.

13. KIDNEY FAILURE

Plan Definition:

End-stage renal failure due to chronic irreversible failure of both kidneys to function. This must be evidenced by the life assured undergoing regular peritoneal dialysis or haemodialysis or having had renal transplantation.

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 permanently and you need regular long-term dialysis or a kidney transplant.

14. LOSS OF HEARING

Plan Definition:

Total and irreversible loss of hearing in both ears before the 65th birthday of the life assured. Irish Life can require confirmation that the loss of hearing is total and irreversible from an appropriate consultant physician of a major hospital and, if Irish Life so requires, this confirmation must be supported by one or more consultant physicians nominated by Irish Life. The condition must be present for a continuous period of at least 12 months.

In simpler terms:

You can claim if before reaching age 65 you have total and irreversible loss of hearing in both ears. Although it is possible to be partially deaf, we will not pay unless the loss of hearing is complete and permanent in both

ears. The condition must continue for 12 months following diagnosis before you can claim benefit.

15. LOSS OF INDEPENDENCE

Plan Definition:

- (i) Permanent confinement to a wheelchair, or
- (ii) being permanently hospitalised or resident in a nursing home as a result of a medical impairment on the advice of a registered medical practitioner, or
- (iii) being permanently unable to fulfill THREE of the following activities unassisted by another person:
 - Walk 100 metres.
 - Get into and out of a vehicle.
 - Put on or take off all necessary items of clothing.
 - Eat food that has already been prepared, using normal cutlery.
 - Wash yourself all over.
 - Climb stairs.
- (iv) Suffering from severe and permanent intellectual impairment which must
 - (a) result from organic disease or trauma, and
 - (b) be measured by the use of recognised standardised tests.

The diagnosis must be confirmed to the satisfaction of the professional opinion of Irish Life's Chief Medical Officer, by a consultant physician, neurologist or geriatrician of a major hospital in Ireland or the UK.

Permanent means that after having undergone appropriate treatment there is no reasonable expectation of recovery with current medical knowledge. Many disabilities take time to stabilise and no benefit will be paid until the

condition has stabilised. This process could take six months or even longer. Benefit will be paid once it becomes obvious that the conditions for a claim have been satisfied.

In simpler terms:

This benefit is intended to make your total cover more wide-ranging and will be particularly valuable as you get older. By focusing on the disability rather than the specific illness, extra cover is provided for a variety of events which may radically change your life.

You will be able to claim if any of the following apply.

- You are permanently confined to a wheelchair.
- You are a permanent patient in hospital or a resident in a nursing home as a result of a medical condition.
- You are permanently unable to do three of the following without the help of another person.
 - Walk 100 metres
 - Get into and out of a vehicle
 - Get dressed or undressed
 - Use normal cutlery to eat food that has already been prepared for you
 - Wash yourself all over
 - Climb the stairs
- You suffer from severe and permanent brain damage as a result of disease or injury. Standard tests will measure elements of brain function such as awareness of time and place, language, behavioural changes, personality changes, concentration and short- term and long-term memory loss. If you fail the standard tests, you would probably have difficulty with everyday activities such as handling basic household finances, taking prescribed medication and being able to answer the phone and take a message. The damage must be severe and be diagnosed by an appropriate specialist.

In all of the above, permanent means that even with the best treatment available, you are not expected to recover. The condition must continue for at least six months following diagnosis before you can claim benefit.

16. LOSS OF SIGHT

Plan Definition:

Total, permanent and irreversible loss of sight in both eyes. Irish Life can require confirmation that the loss of sight is total and irreversible from an appropriate consultant physician of a major hospital and, if Irish Life so requires, this confirmation must be supported by one or more consultant physicians nominated by Irish Life. The condition must be present for a continuous period of at least six months.

In simpler terms:

You can claim only if you have total and irreversible loss of sight in both eyes. It is possible to be 'registered blind' (as certified by an eye specialist) even though the loss of sight may only be partial. Even if you are registered blind, your claim will only be met if the loss of sight is complete and cannot be corrected. The condition must continue for at least six months following diagnosis before you can claim benefit.

17. LOSS OF SPEECH

Plan Definition:

Total and irreversible loss of the ability to speak because of physical damage to or disease of the vocal cords. Irish Life can require confirmation that the loss of speech is total and irreversible from an appropriate consultant physician of a major hospital, and, if Irish Life so requires, this confirmation must be supported by one or more consultant physicians nominated by Irish Life. The condition must be present for a continuous period of at least 12 months.

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 to or disease of the vocal cords.

18. LOSS OF TWO OR MORE LIMBS

Plan Definition:

The irreversible severance of two or more limbs from above the wrist or ankle joint.

In simpler terms:

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

We may pay a limited benefit if you only lose one limb.

19. MAJOR ORGAN TRANSPLANT

Plan Definition:

The actual undergoing in a major hospital of, or confirmation of acceptance onto the official programme waiting list of a major hospital for, a necessary transplantation as a recipient of a heart, lung, liver, pancreas or bone marrow.

In simpler terms:

Serious disease or injury can severely damage the heart, lungs, 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.

You can claim if:

- your condition is life-threatening; and
- you have had a transplant of any of the above or are on an official Irish or UK programme waiting list for a transplant.

20. MOTOR NEURONE DISEASE

Plan Definition:

Unequivocal diagnosis of motor neurone disease by a consultant neurologist of a major hospital where there are obvious neurological signs. If Irish Life so requires, the diagnosis must be supported by one or more consultant physicians nominated by Irish Life.

In simpler terms:

Motor neurone disease is a rare disease which affects the central nervous system that controls movement. As the nerves deteriorate, the muscles weaken. The cause is not known.

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

21. MULTIPLE SCLEROSIS

Plan Definition:

Unequivocal diagnosis of multiple sclerosis by a consultant neurologist of a major hospital following more than one episode of well-defined neurological symptoms with persisting signs of involvement of either the optic nerves, brain stem or spinal cord. The diagnosis must be confirmed by modern investigative techniques such as image scanning..

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 cause is not known and at present there is no cure, but the search for one continues. 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.

It can be difficult to diagnose multiple sclerosis but a neurologist can carry out various tests such as:

- CT scanning (computerised tomography, which is a computer and x-ray technique which produces images of the body from different angles);
- lumbar puncture (a process which tests the spinal fluid); and
- MRI (magnetic resonance imaging, which forms images by putting the patient in a strong magnetic field).

You can claim if:

- you are diagnosed by a consultant neurologist as suffering from multiple sclerosis;
- there is supporting evidence from the tests described above; and
- you have ongoing, well-defined symptoms of the disease.

22. PARALYSIS OF TWO OR MORE LIMBS

Plan Definition:

The total and irreversible loss of the use of two or more limbs. Irish Life has the right to require confirmation of the total and irreversible nature of the paralysis from an appropriate consultant physician of a major hospital and can require that such confirmation be supported by one or more appropriate consultant physicians nominated by Irish Life.

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 two or more limbs.

23. PARKINSON'S DISEASE

Plan Definition:

The unequivocal diagnosis by a consultant neurologist of a major hospital of idiopathic Parkinson's disease resulting in the need for permanent supervision and assistance. If Irish Life so requires, this diagnosis must be supported by one or more consultant neurologists nominated by Irish Life. The condition must be present for a continuous period of at least six months.

In simpler terms:

Parkinson's disease is a disease of the central nervous system which affects voluntary movement. It is characterised by uncontrollable shuffling, slow movements and shaking of the limbs and head. It normally takes hold gradually and at present there is no known cure.

You can claim if you have 'idiopathic' Parkinson's disease to a degree where you need permanent supervision and help to carry out daily tasks such as dressing and eating. 'Idiopathic' means that the cause of the disease is not known, so any form of Parkinson's disease brought on by a known cause such as certain drugs, toxic chemicals or alcohol is not covered. The condition must continue for six months following diagnosis before you can claim benefit.

24. SEVERE BURNS

Plan Definition:

Burns affecting no less than 20% of the body surface area to a depth of full thickness (i.e. third degree).

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 (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 20% or more of the surface area of your body.

25. STROKE

Plan Definition:

Any cerebrovascular incident producing neurological sequelae lasting more than 24 hours and including infarction of brain tissue, haemorrhage and embolisation from an extracranial source. There must be evidence of permanent neurological deficit. Transient ischaemic attacks are specifically excluded.

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).

You will only be able to claim if you suffer a stroke that leaves evidence of permanent damage to the nervous system. Examples of this evidence may be paralysis of the right or left side of the body, or disturbed speech or vision.

This benefit does not cover 'transient ischaemic attacks' (also known as mini-strokes) 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.

26. SURGERY TO THE AORTA

Plan Definition:

The undergoing of surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta.

In simpler terms:

The aorta is the main artery of the body and the source of all others. 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 the aorta to correct narrowing or weakening. Only the parts of the aorta in the chest and abdomen (thoracic and abdominal aorta) are covered because these are the parts which are closest to the heart and so are where any blockage or weakness is more serious. The branches of the aorta are less critical and damage to these is not usually life-threatening.

We will not pay a benefit if a life assured has become ordinarily resident outside the accepted countries described in section 5.4 unless we were told and agreed to continue cover.

You can claim if you have had surgery to the aorta to correct narrowing or weakening. Only the parts of the aorta in the chest and abdomen (thoracic and abdominal aorta) are covered because these are the parts which are closest to the heart and so are where any blockage or weakness is more serious. The branches of the aorta are less critical and damage to these is not usually life threatening.

CUSTOMER INFORMATION NOTICE - CIN

Plain English Campaign's Crystal Mark does not apply to this customer information notice.

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INTRODUCTION

INTRODUCTION

This notice is designed to highlight some important details about the plan and, along with the Life Options booklet, is meant to be a guide to help you understand your plan. Full details on the specific benefits and options that apply to you will be contained in your plan schedule, Terms and Conditions Booklet and personalised customer information notice that you will receive in your welcome pack. It is important that you should read these carefully when you receive them as certain exclusions and conditions may apply to the benefits and options on your plan.

ANY QUESTIONS?

If you have any questions on the information included in this customer information notice you should contact your financial adviser or your insurer Irish Life, who will deal with your enquiry at our Customer Services Team, Lower Abbey Street, Dublin 1.

A. INFORMATION ABOUT THE POLICY

1. MAKE SURE THE POLICY MEETS YOUR NEEDS!

The Life Options plan is a regular payment unit linked protection plan that can provide life cover and specified illness cover.

You are entering into a commitment to make a regular payment over a relatively long term. Unless you are fully satisfied as to the nature of this commitment having regard to your needs, resources and circumstances, you should not enter into this commitment.

Your financial adviser must indicate whether paragraph a) or paragraph b) below applies

- a) This plan replaces in whole or in part an existing plan with Irish Life, or with another insurer, which has been or is to be cancelled or reduced. Your financial adviser will advise you as to the financial consequences of such replacement and of possible financial loss as a result. You will be asked on your application form to confirm this in writing. Please ensure that you have completed this section of the form and that you are satisfied with the explanations provided by your financial adviser before you complete the rest of the application form.
- b) This plan does not replace in whole or in part an existing plan with Irish Life or with any other insurer which has been or is to be cancelled or reduced.

2. WHAT HAPPENS IF YOU WANT TO CASH IN THE POLICY EARLY OR STOP PAYING PREMIUMS?

You may cash in the plan at any time. The plan will have no value in the first three years. The cash value at any time is likely to be significantly less than the payments made. If you cash in part of the plan we will review the payment, and this may need to be increased to maintain your benefits in the future. If you do not increase payments in these circumstances then benefits will be reduced or even cancelled.

If you stop making payments and the plan has no cash value, all cover under the plan will end and we will not refund any of your payments.

If you stop making payments and the plan has a cash value, the cost of the cover will be deducted from the cash value of your plan until you resume making payments. If you do not resume payments all cover will end when there is no cash value left in your fund.

It is possible to temporarily suspend payments under this plan. This is called a payment skip.

As long as you have made three years payments and your fund value has built up, you may choose to stop making payments for a period of 6 months (12 months if you pay a yearly payment). Before allowing the skip it is necessary to ensure that there are sufficient units attaching to cover all charges for the duration of the skip. If your fund runs out cover under the plan ends. When you start making payments again, we may have to review your plan to see if the payments are adequate to maintain your cover. Skip start and end dates should coincide with payment renewal dates. You must request a payment skip in writing.

3. WHAT ARE THE PROJECTED BENEFITS UNDER THE POLICY?

The following payment and benefit details are for an example of a Life Options plan. The figures will obviously vary based on each individual's personal details and choice of protection benefits. The payment quoted below is correct as at May 2021. Figures for your specific plan details will be shown in your customer information notice in your welcome pack. The figures below are based on the following details.

Protection Benefits: Life cover of €50,000
 Independent specified illness cover of €15,000
 Cover is on a dual life basis.

Lives Covered: Male, non-smoker aged 62 next birthday.
 Female, non-smoker aged 59 next birthday.

Payments: €291.61 per month payable by direct debit

Target Term: The payment is designed to provide cover for a target term of 19 years.

The payment shown does not include the 1% government levy.

ILLUSTRATIVE TABLE OF PROJECTED BENEFITS AND CHARGES

	A	B	C	D	E	F = A+B-C-D-E
Year	€	€	€	€	€	€
	Total amount of premiums paid into the policy to date	Projected investment growth to date	Projected expenses and charges to date	Projected cost of protection benefits to date	Taxation to date	Projected policy value after payment of taxation
1	3,499	0	2,306	1,193	0	0
2	6,999	0	4,469	2,530	0	0
3	10,498	0	6,440	4,058	0	0
4	13,997	20	7,034	5,790	0	1,192
5	17,497	97	7,307	7,646	0	2,640
10	34,993	1,225	8,862	18,955	0	8,402
15	52,490	3,171	10,636	34,578	0	10,446
19	66,487	4,273	11,977	58,769	0	14

Warning: These figures are estimates only. They are not a reliable guide to the future performance of your investment.

Note: Certain categories of policyholders may not be liable to tax if the requirements for tax-exempt status are met when tax is due to be paid.

Important: These illustrations assume a return of 4% per annum. This rate is for illustration purposes only and is not guaranteed. Actual growth will depend on the performance of the underlying investments and may be more or less than illustrated.

The premiums shown in column A do not include the Government Levy.

The charges shown in Column C include the cost of intermediary/sales remuneration incurred by Irish Life, as described in Section 4.

The payment made includes the cost of the protection benefits, and all charges, expenses, intermediary remuneration and sales remuneration associated with your plan. It does not include any government levies that may be payable.

The payment is designed to provide protection benefits for a target term of 19 years, based on the stated investment assumptions and the continuation of current expense charges and claims assumptions. An increased payment would be required to sustain the cover beyond the target term.

At the end of the target term in order to continue the plan, the required monthly payment to maintain cover for a further 10 years is estimated at €1,365.86 (this does not include the government levy of 1%).

An increase in the payment may also be required in the circumstances set out in Section 5. A breakdown of the cost of the benefits on your plan will be shown on your schedule.

The surrender value of the fund will be reduced to zero on the payment of a life cover, specified illness cover. It is possible that the reduction of the fund surrender value to zero on the payment of a specified illness claim will result in the need to increase the payment to keep the remaining plan benefits in force.

The projected plan value after payment of tax (Column F) shows the amount that will be paid out (based on the assumed return) if you cash in your plan in full at that stage. An exit tax, currently at a rate of 41%, is payable on any profit element of the surrender value.

Where the exit tax applies Irish Life will deduct any tax due and pay out the net amount.

4. WHAT INTERMEDIARY/SALES REMUNERATION IS PAYABLE?

The level of intermediary/sales remuneration shown is based on the typical plan outlined in Section 3 above. The figures will vary based on the exact plan details in each case. Figures for your specific plan details will be shown in your welcome pack.

ILLUSTRATIVE TABLE OF INTERMEDIARY SALES REMUNERATION

Year	€	€
	Premium payable in that year	Projected total intermediary / sales remuneration payable in that year
1	3,499	2,589
2	3,499	105
3	3,499	105
4	3,499	105
5	3,499	105
10	3,499	105
15	3,499	105
19	3,499	105

The projected intermediary/sales remuneration shown above includes the costs incurred by Irish Life in relation to the provision of sales advice, service and support for the plan. These costs are included in the plan charges set out in Column C of the Illustrative Table of Projected Benefits and Charges in Section 3.

5. ARE RETURNS GUARANTEED AND CAN THE PREMIUM BE REVIEWED?

The payment may be reviewed during, or at the end of, the planned term of cover in the following circumstances:

- if our investment return, expense or cost of claims is different to that assumed;
- if you change the benefits or the payment on your plan, if you stop making payments for any period or if you cash in part of the cash value of your fund.
- following the payment of a life cover, specified illness cover.

At a review the payment may have to be increased to maintain your protection benefits in the future. If you do not increase your payment in these circumstances, then benefits will be reduced or even cancelled.

The surrender values illustrated are not guaranteed. What you get back depends on how your investments grow. You could get back more or less than these projected benefits.

6. CAN THE POLICY BE CANCELLED OR AMENDED BY THE INSURER?

Where you stop making payments and your plan has no cash value, all cover under your plan will end.

Your cover and or payment may be amended at a review as outlined above.

We may also increase the plan fee or any other charges if there is a significant difference between the costs of maintaining existing plans and the charges that we take from these plans.

We may end your cover and refuse to pay a claim if you do not give us information (or if you give us incorrect information) regarding an illness or condition that will affect our assessment of your application at the time you complete the application for this plan or a related plan if you are exercising a Guaranteed Cover Again option. Our decision to accept you for cover is based on this information. If that information is not true and complete or if we do not receive all relevant information, we may end your cover and refuse to pay any claim.

If this happens you will lose all rights under the plan and we will not refund your payments. Relevant information includes anything that a reputable insurer might regard as likely to influence the assessment and acceptance of your application. We will provide a photocopy of your application form or any other forms that you have filled in for us if you ask.

7. INFORMATION ON TAXATION ISSUES

Any taxes or levies imposed by the government will be collected by Irish Life and passed directly to the Revenue Commissioners.

Under current Irish tax law (May 2021), tax is payable on returns made on this plan. The tax rate is currently 41%. We will pay you the after tax amount. If the plan is owned by a company the tax rate that applies may be different.

Tax is payable on your returns when

- You make any withdrawal (full or partial) from your plan
- You reach the 8th anniversary of your plan, and each subsequent 8th anniversary
- You die
- You transfer all or part of your plan to someone else. There are some exceptions to this however you must inform us if you transfer the plan.

The tax payable on each eighth anniversary will reduce the amount invested in the fund from that date onwards. Where tax is deducted from your fund on each eighth anniversary, this tax can be offset against any tax that is payable on a subsequent encashment.

Any tax due will be deducted from the fund and thus reflected in the fund performance. If tax legislation and practice changes during the term, this will be reflected in the fund value.

Tax legislation means Irish Life must deduct the correct amount of tax payable. Irish Life retains absolute discretion to determine, in accordance with all relevant legislation and guidelines, its application and interpretation, the tax treatment of this plan.

In some circumstances, additional tax may be due after death. For example, if the death benefit is paid to your estate, your beneficiaries may have to pay inheritance tax. There is no inheritance tax due on an inheritance between legal spouses. In certain circumstances inheritance tax due may be reduced by any tax paid on a death under this plan.

If payments are made by anyone other than the legal owner of the plan, for example from a company or business account, there may be other tax implications.

Please contact your financial adviser or Irish Life if you do not fully understand the likely tax treatment of any benefits payable in connection with your Life Options plan.

We recommend that you seek independent tax advice in respect of your own specific circumstances.

8. ADDITIONAL INFORMATION IN RELATION TO YOUR POLICY

What are the benefits and options provided under this plan?

You may select benefits from the following options in order to meet your particular needs. If this plan is being taken out as the result of exercising a Guaranteed Cover Again (Conversion) Option on a previous plan then there are limits on the amount of cover you are allowed. In general if a benefit is not covered on the original plan then you will not be covered for it on this plan and the benefit amounts cannot be higher than those under the original plan.

Life cover

We will pay the life cover you select in the event of the death of one of the lives covered during the term of the plan. If there is more than one life covered, this benefit can be paid on the death of either or both of the lives covered.

Independent specified illness cover

If this benefit applies we will pay the independent specified illness cover if either, or both of the lives covered is diagnosed during the term of the plan as having one of the specified illnesses listed in the terms and conditions booklet, and survives for a certain period after having the surgery or being diagnosed as having any of the conditions covered. If one or more of those illnesses or conditions is not covered, this will be referred to in the plan schedule.

No other illnesses or conditions are covered.

Where a life covered has independent specified illness cover but no life cover, and he or she dies without a claim being made for independent specified illness cover, we will pay the fund value or 5% of the amount of independent specified illness cover, whichever is higher.

Accelerated specified illness cover

If this benefit applies we will pay the accelerated specified illness cover if either, or both of the lives covered is diagnosed during the term of the plan as having one of the specified illnesses listed in the terms and conditions booklet. If one or more of those illnesses or conditions is not covered, this will be referred to in the schedule.

No other illnesses or conditions are covered.

The amount of life cover for a life covered will be reduced by the amount of any accelerated specified illness cover payment.

Children's life cover

If this benefit applies we will pay the children's life cover shown on your schedule in the event of the death of your child during the term of the plan if they are under the age of 21.

Children's specified illness cover

If this benefit applies we will pay the children's specified illness benefit if your child (under the age of 21) is diagnosed during the term of the plan as having one of the specified illnesses listed in the terms and conditions booklet, and survives for a certain period after having the surgery or being diagnosed as having any of the conditions covered. If one or more of those illnesses or conditions is not covered, this will be referred to in the schedule.

No other illnesses or conditions are covered.

What is the term of the contract?

There is no specified term. Your Life Options plan is an open-ended protection contract and will remain in force while you are alive until you decide to end it. However, your payment may need to increase in the future if you wish to maintain the same level of benefits.

Are there any circumstances under which the plan may be ended?

We may cancel your plan if you stop making payments.

How are the payments invested?

Your Life Options plan is a unit-linked plan. In return for your money we allocate units to your plan from the fund(s) as will be listed on your schedule. The value of your plan is linked to the value of these units.

The value of a unit may go down as well as up over time, depending on how the underlying assets perform. You do not own the units. Unit-linking is simply a method of working out the value of your plan at any date. The value of your plan at any date will be equal to the total of the number of units allocated to your plan from each fund multiplied by the price for units of that fund on that date. The value of your plan will therefore go down as well as up over time as the unit prices change to reflect the value of the underlying assets.

Is there an opportunity to change your mind?

You have an opportunity to cancel this plan if you are not satisfied that the benefits meet your needs. You may do this by writing to the Customer Services Team at Irish Life within 30 days of receiving details of your plan. On cancellation all benefits will cease and Irish Life will refund your payment.

Law applicable to your plan

Irish Law governs the plan and the Irish Courts are the only courts that are entitled to settle disputes.

What to do if you are not happy or have any questions?

If for any reason you feel that this plan is not right for you, or if you have any questions, you should contact Irish Life Customer Services Team, Irish Life Centre, Lower Abbey Street, Dublin 1 who will deal with your enquiry. Our Customer Services Team also 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 and Pensions Ombudsman at Lincoln House, Lincoln Place, Dublin 2, D02 VH29.
Tel: (01) 567 7000.
Email: info@fspo.ie
Website: www.fspo.ie

B. INFORMATION ON SERVICE FEE

There is no service charge payable to Irish Life in addition to the payment.

C. INFORMATION ABOUT THE INSURER/ INSURANCE INTERMEDIARY/SALES EMPLOYEE

Insurer

The Life Options plan is provided by Irish Life Assurance plc, a company authorised in Ireland. Irish Life Assurance plc is regulated by the Central Bank of Ireland. You can contact us at Irish Life Centre, Lower Abbey Street, Dublin 1, by telephone at 01 704 2000, by fax at 01 704 1900, and by e-mail at customerservice@irishlife.ie. In the interest of customer service we will record and monitor calls.

Insurance Intermediary

The Financial Adviser should insert details of their name, legal status, their address for correspondence and a contact telephone number/fax number or e-mail address and where relevant the companies with whom agencies are held.

No delegated or binding authority is granted by Irish Life to your Financial Adviser in relation to underwriting, claims handling or claims settlement.

D. INFORMATION TO BE SUPPLIED TO THE POLICYHOLDER DURING THE TERM OF THE INSURANCE CONTRACT

We at Irish Life are obliged by law to tell you if any of the following occurs during the term of your contract:

- we change our name;
- our legal status changes;
- our head office address changes;
- an alteration is made to any term of the contract which results in a change to the information given in paragraph A(8) of this document.

notes:

notes:

notes:



PENSIONS
INVESTMENTS
LIFE INSURANCE



Irish Life

CONTACT US

PHONE: 01 704 1010
8am to 8pm Monday to Thursday
10am to 6pm on Fridays
9am to 1pm on Saturdays

FAX: 01 704 1900

EMAIL: customerservice@irishlife.ie

WEBSITE: www.irishlife.ie

WRITE TO: Irish Life Assurance plc, Irish Life Centre, Lower Abbey Street, Dublin 1.

In the interest of customer service we will record and monitor calls.

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

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