Policy Conditions

Specified Serious Illness Cover

ROYAL LONDON IRELAND

Important

Please keep these documents safely

- **You** may wish to let one or more of the beneficiaries of this policy know where **you** intend to keep it.
- Any documents which affect the title to the policy (such as trust deeds or assignments) should also be kept safely as these will be required when a claim is made.

Any notices should be sent to:
Existing Business Department
Royal London Ireland
47–49 St Stephen's Green
Dublin 2

Policy Conditions

This is the **policy conditions** booklet which applies to the following Royal London Ireland protection policies:

- Mortgage Protection with Accelerated Specified Serious Illness Cover
- Term Assurance with Specified Serious Illness Cover
- Stand-alone Specified Serious Illness Cover

Royal London Insurance Designated Activity Company, referred to as "Royal London Ireland", will pay out the life assurance **cover** shown in the **policy schedule**, provided the **premiums** are paid, as shown in the **policy schedule**, and subject to the terms and conditions as set out in this **policy conditions** booklet.

We're happy to provide **your** documents in a different format, such as Braille, large print, or audio, just ask us when **you** get in touch.

Contents

Specified Serious Illness Cover Policy Conditions

BEFORE YOU START, PLEASE NOTE
Any use of the words '**we**', '**our**' or '**us**' refers to **Royal London Ireland**. Any use of the words **'you'** or **'your'** refers to the **policy owner(s)** or their legal successors except where a different meaning is given in these terms and conditions.

1 Introduction

This is the **policy conditions** booklet for **your Royal London Ireland** Specified Serious Illness policy. Please keep it in a safe place, as **you** may need it in the future.

Words in **bold** are explained in Section 2.

This policy is provided by **us** to **you** (the **policy owner(s)** named in the **policy schedule**).

The policy consists of the **policy schedule** (and any **endorsements** attaching to it), and the **policy conditions**.

There should not be inconsistencies between them but if there are (save in the case of an obvious or manifest error) the **policy schedule** shall prevail over these **policy conditions**. The **policy schedule** and these **policy conditions** shall prevail over any and all other documentation.

The headings and table of contents are for reference purposes only and shall not affect the interpretation of these **policy conditions**.

This policy is a protection policy only. **You** will not receive a cash sum if **you** decide to cancel the policy. Even if **you** have not made a claim by the time the period of **cover** ends, **we** will not return **your premiums**.

All **cover** under the policy will end on the **expiry date** shown in the **policy schedule** unless it has ended before that for any of the reasons explained in the **policy conditions**.

If **you** are making a claim under this policy, please contact **us** at **our** Head Office at:

Royal London Ireland
47–49 St Stephen's Green
Dublin 2

+353 (0)1 429 3333

+353 (0)1 662 5095

service@royallondon.ie

More detailed information on all these matters is contained in the relevant sections of this **policy conditions** booklet.

Who receives the money we pay out?
The **policy owner(s)**, as defined in the **policy schedule**, or their legal personal representatives, will receive the money **we** pay out.

However, if this policy has been assigned to someone else (for example, it is passed to a financial institution as security for a mortgage), **we** will pay that assignee, i.e., the person or organisation to whom the **policy owner** assigned the policy. If the policy is written under trust, **we** will pay the trustee(s). The right to receive the policy's benefits may also pass to other people.

Writing to us
If **you** need to write to **us** about this policy, please write to **our** Head Office, quoting **your** policy number, at:

Royal London Ireland
47–49 St Stephen's Green
Dublin 2

2 Definitions & Explanations

AIDS
AIDS means Acquired Immune Deficiency Syndrome.

Application
The application contains the information that **you** and/or a **life assured** provided to **your Financial Broker** or to **us** or to a medical examiner acting on **our** behalf, which **we** have relied upon when deciding to enter into this policy, setting the terms and calculating the **premium** for **your** policy. This includes:

- **Your proposal** completed on **your** behalf by **your Financial Broker**;
- Supplementary questionnaires which **you** are requested to complete;
- Additional information that **you** completed either online, advised in writing or provided over the phone;
- The declaration form that **you** sign prior to the **start date**;
- Any statements which **you** make to a medical examiner acting for **us**; and
- Any other information provided on **your** behalf by **your Financial Broker**.

Any Data Capture form used by **your Financial Broker** in order to complete the application does not form part of **your** application to **us**.

Chief Medical Officer
The Chief Medical Officer is a **Registered Medical Practitioner** instructed by **Royal London Ireland**.

Consultant
A **Registered Medical Practitioner** who has specialist qualifications in an appropriate branch of medicine and who is practising at a **major hospital** in the Republic of Ireland or in the United Kingdom.

Conversion Option Expiry Date (if the policy schedule shows that a Conversion Option applies)
If a Conversion Option applies to this policy, a conversion option expiry date will be shown on the **policy schedule**. **You** can only exercise the option before this date (see Section 10).

Cover
The life assurance cover shown in the **policy schedule** or subsequent **endorsement**.

Diagnosis of an Insured Specified Serious Illness
A **life assured** is 'diagnosed as having an **insured specified serious illness**' if on a date after the **start date** of the policy and before the **expiry date**, the **life assured** has:

- Been diagnosed as having one of the **insured specified serious illnesses** or medical conditions as defined in Section 6 of these **policy conditions**; or
- Had a surgery defined in Section 6 of these **policy conditions**.

Dual Life
If there are two **lives assured** and **cover** is on a dual life basis (see **policy schedule**), **cover** is provided separately for the two lives. **Cover** can continue for the second **life assured** after the death of the first **life assured** provided that **you** continue to pay **premiums**. **We** will reduce the **premium we** charge to reflect that only one **life assured** is covered.

Eligible Child
An eligible child is defined as a natural or legally adopted child who is aged between 3 months and their 18th birthday at the date of death and whose mother or father is a **life assured** under the policy. If the child is in full-time education, the child will qualify for Children's Life Cover if they are aged between 3 months and their 21st birthday at the date of death.

Endorsement(s)
These are any documents adding additional information to **your** policy to amend the existing **policy schedule** or **policy conditions**. **We** will send an endorsement to **you** when such an amendment is made. Only certain types of changes to **your** policy are permitted. The latest endorsement will prevail over earlier endorsements.

European Union
Any country which is a member of the European Union at the date the policy commences.

Expiry Date
The expiry date shown in the **policy schedule**. **Cover** will end on this date unless it has ended earlier.

Family Member
Members of the **life assured's** immediate or extended family to include their spouse, civil partner, parent, child, brother or sister, aunt or uncle, niece or nephew, grandparent or grandchild.

Financial Broker
A person or firm instructed by **you**, as **your** agent, to provide **you** with financial advice and to submit **your application** to **us**.

Fraudulent Misrepresentation
Fraudulent misrepresentation means a **misrepresentation** that is false or misleading in any material respect and which the consumer either —

(a) Knows to be false or misleading, or

(b) Consciously disregards whether it is false or misleading, and

"fraudulent" or "fraud" shall be construed accordingly. **Misrepresentation** is separately defined in Section 3.

Guaranteed Insurability Option
As explained in Section 8 of these **policy conditions**, an option to increase **your** level of **cover** without providing further medical evidence if the **life assured** meets the **standard terms**.

HIV
HIV means Human Immunodeficiency Virus.

Indexation
As explained in Section 9 of these **policy conditions**.

Insured Specified Serious Illnesses
The insured specified serious illnesses as defined in Section 6 of this booklet which are covered by this policy, unless excluded in the **policy schedule**.

Intentional Self-inflicted Injury
This means, in **our** reasonable opinion, a key factor in a **life assured's** death or **terminal illness** is that they took or attempted to take their own life. This is regardless of whether or not it is specifically shown as a verdict or cause of death in a death certificate, coroner's report, or other equivalent documentation.

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

Joint Life
If there are two **lives assured** and **cover** is on a joint life basis (see **policy schedule**), **we** will only pay out a benefit on the first death. The policy will then cease.

Life Assured or Lives Assured
The person or people named in the **policy schedule** as the life or lives assured. Payment of the benefit under the policy depends on the lives of those people. Where **we** refer to 'lives assured' in these **policy conditions**, it is assumed to mean 'life assured' where there is only one life covered on the policy.

Major Hospital
An institution in the Republic of Ireland or the United Kingdom which has facilities for diagnosis, treatment and major surgery and has accommodation for in-patients. It does not include a long-term nursing unit, a geriatric or pre-convalescent ward, or an extended-care facility for convalescence, rehabilitation or other similar function.

Medical Specialist
A **Registered Medical Practitioner** who has specialist qualifications in an appropriate branch of medicine and who is practising at a **major hospital** in the Republic of Ireland or the United Kingdom.

Misrepresentation
See definition in Section 3.

Partial Payment Specified Serious Illness
The partial payment specified serious illnesses as defined in Section 7 of this booklet which are covered by this policy, unless excluded in the **policy schedule**.

Period of Grace
A period of 30 days from the due date to pay the **premium**. See Section 4 for further details.

Permanent
Expected to last throughout life with no prospect of improvement, irrespective of when the **cover** ends or the insured person expects to retire.

Permanent Neurological Deficit with Persisting Clinical Symptoms
Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life. Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

The following are not covered:

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

Policy Anniversary Date (if the policy schedule shows that Indexation applies)
This is each anniversary of the **start date** shown in the **policy schedule**. On this date each year the benefit and **premium** will increase if **Indexation** applies at that time (see Section 9).

Policy Conditions
The terms and conditions contained in this booklet and any conditions included in the **policy schedule**. They can be amended by **endorsement(s)** from time to time.

Policy Schedule
This is part of the contract. It sets out the specific details of the policy such as:

- The **start date**;
- The **expiry date**;
- The **life assured or lives assured**;
- The **policy owner** or **policy owners**;
- The life assurance **cover**;
- The Specified Serious Illness Cover
- The **premium**;
- If **Indexation** applies;
- If the Conversion Option applies; and
- Any special conditions that apply.

It can be amended by **endorsement(s)** from time to time.

Premium(s)
Either:

- The amount shown in the **policy schedule** under the relevant heading (or the amount to which this has increased if **Indexation** applies); or
- The amount **we** tell **you** when **we** reinstate **cover** under Section 4.3 or Section 4.4; or
- The reduced amount payable if there has been a claim on the Specified Serious Illness Cover (excluding Children's Specified Serious Illness Cover or Advance Payment of benefit for Heart Surgery); or
- The reduced amount payable if there has been a claim on a **dual life** policy (excluding Children's Specified Serious Illness Cover or Advance Payment of benefit for Heart Surgery); or
- The increased amount payable if an option covered under Section 8 of this booklet has been exercised.

Proposal
The information that **you** and/or a **life assured** provided to **your Financial Broker** and was submitted to **us** as part of **your application**, which **we** have relied upon when deciding to enter into this policy, setting the terms and calculating the **premium** for **your** policy. A transcript of the proposal has been issued to **you** with this policy.

Registered Medical Practitioner
A person who meets the legal requirements for carrying on a medical practice in the Republic of Ireland or the United Kingdom and who actually practices medicine in either of those countries.

Reinstatement Period
See definition in Section 4.

Single Life
If **cover** is on a single life basis, there is only one **life assured** and **we** will pay out the benefit if the **life assured** dies or has a **terminal illness**. The policy will then cease.

Standard Terms
Your policy is deemed to be on standard terms unless **we** have charged an extra **premium** or applied an exclusion to **your cover**, as stated in **your policy schedule**.

Start Date
The policy date shown in the **policy schedule**. **Cover** will start on this date.

Survival Period
For Stand-alone Specified Serious Illness Cover, a **life assured** must survive for a period of 10 days after the date of **diagnosis of an insured specified serious illness** in order to make a claim under the Specified Serious Illness Cover benefit. **We** will not pay any Specified Serious Illness Cover benefit for that **life assured** if they die within this period.

Terminal Illness
A definite diagnosis by the attending **Consultant** and **Royal London Ireland's Chief Medical Officer** of an illness that satisfies both of the following:

- The illness either has no known cure or has progressed to the point where it cannot be cured; and
- In the opinion of both the attending **Consultant** and **our Chief Medical Officer** the illness is expected to lead to death within 12 months.

For the avoidance of doubt, any reference to terminal illness shall be construed strictly in accordance the above definition.

3 How does the Policy Work?

Duty of disclosure
We have issued this policy to **you** on the understanding that the information given in response to the questions asked by **us** in the **proposal** and any related document (including that provided by a third party on behalf of **you** or a **life assured**) is true and that the questions **we** have asked have been answered honestly and with reasonable care by or on behalf of **you** or a **life assured**.

Your application included a series of specific questions which are material to the underwriting of **your** policy and the calculation of the **premium**. The answers **you** provided to the questions and the associated declarations were used in the underwriting process to establish material facts about **you** or a **life assured** which influence the assessment and acceptance of life cover (including the terms, the amount of **cover** and the calculation of the **premium**). **You** have a statutory duty to respond to all of the questions posed by **us** in **your application** honestly and with reasonable care.

If **you** or a **life assured** didn't answer the questions in **your application** fully, honestly, to the best of **your** knowledge and with reasonable care, this may result (depending on the particular failure) in:

- Delays in the processing of **your** claim;
- A reduction in the claim amount or refusal of a claim;
- The policy being treated as if it had been entered into on different terms; or
- The policy being cancelled from the **start date** (potentially without returning **premiums**) and with any subsequent claim not being paid.

We will send **you** a transcript of **your** completed **proposal** with the answers that **you** provided or were provided on behalf of **you** or a **life assured** by **your Financial Broker**. **You** should review these answers to confirm that **you** understand the responses are correct and that **you** have fulfilled **your** duty to answer all questions honestly and with reasonable care.

Before your cover starts
You must tell **us** if there's a change to anything that would affect any of the answers to the specific questions in **your application** in the time after **you**'ve applied for **your cover**, but before the **start date**. These changes could be changes affecting **you** or the **life assured**, for example, a change to health, occupation, or leisure activities. If **you** don't let **us** know about any changes affecting any of **your** answers before the **start date**, then this may also result in the consequences set out in the bullet points in the above paragraph.

If your cover is interrupted
If **your cover** ends because **premiums** have not been paid when due and it is reinstated under Section 4.4, **we** will reinstate it on the understanding that the answers given in response to the specific questions asked by **us** in the Declaration of Health form and any related documents are answered honestly and with reasonable care. If this is not the case, **we** may be entitled to void the policy, repudiate liability, treat the policy as if it had been entered on different terms, or limit the amount paid out in the event of a claim.

When we will pay a claim
We will pay the level of **cover** shown on **your policy schedule** if:

- The information **you** provided including the answers to the specific questions asked by **us** as part of **your application** were answered honestly and with reasonable care (and without negligent or **fraudulent misrepresentation**), and
- **Your** claim is valid according to these terms and conditions.

When we will not pay a claim
The circumstances under which **we** may not pay a claim include but are not limited to the following:

- It is the result of an **exclusion** shown on **your policy schedule**;
- Subject always to Section 12, it is the result of **intentional self-inflicted injury**, unless it's a claim for death more than 12 months after **your cover** starts or restarts.

Misrepresentation
We might also not pay **your** claim if **we** discover a **misrepresentation** in the answers **you** have provided to the specific questions in **your application**, depending on the nature of the **misrepresentation**. Examples of **misrepresentation** would include but are not limited to:

- **You** or a **life assured** didn't answer the questions on **your application** fully, honestly, and to the best of **your** or their knowledge and with reasonable care;
- **You** or a **life assured** did answer the questions on **your application** honestly and with reasonable care, but **your** answers include a negligent **misrepresentation** (that is, not innocent or fraudulent); or
- **You** didn't tell **us** about a change in circumstances between when **you** originally submitted **your application** and the **start date** that would affect any of the answers to the specific questions in **your application**. This includes changes to information about the health, occupation, or leisure activities of the **life assured**.

If **misrepresentation** is discovered as part of **your** claim, **we** will assess **your application** and apply the remedies prescribed under the Consumer Insurance Contract Act 2019. **We** may be entitled to void the policy without return of **premium**, repudiate liability, treat the policy as if it had been entered into on different terms, or limit the amount paid out in the event of a claim. Once **we** have received all medical evidence or further information **we** need, **we**'ll fully assess **your application**. If upon full re-assessment of **your application**, **our** decision is different to the one **we** originally made, **we** may change the terms of **your cover** (unless the **misrepresentation** was innocent).

If **we** don't change **our** initial decision, **we**'ll assess **your** claim based on the terms **we** offered **you** when **your** policy started.

If **we** do change **our** initial decision, **we**'ll amend the terms of **your cover** and assess **your** claim based on those new terms. This means that if **we** would have charged a higher premium, **we**'ll reduce **your** amount of **cover** to reflect the amount of **cover we** would have offered based on the **premium you**'ve been paying. Alternatively, if **we** would have charged a higher premium, **we** may reduce proportionately the amount to be paid on a claim.

If **we** would have applied an exclusion to **your cover**, **we**'ll assess whether **your** claim would be excluded and **we** may not pay **your** claim.

If **we** wouldn't have offered **you cover** on any terms, **we**'ll cancel **your** policy from the **start date** and **we** won't pay **your** claim, but **we** will return the **premiums** paid.

We reserve the right to cancel **your** policy from the **start date** and retain the **premiums**, if **we** discover evidence of **fraudulent misrepresentation** as defined in the Consumer Insurance Contract Act 2019 or fraud of any other kind.

4 Paying Premiums

4.1 Although each **premium** is due as shown in the **policy schedule**, **we** allow a **period of grace** of 30 days from the due date to pay the **premium**. If **you** become entitled to a benefit during a **period of grace** and a **premium** is outstanding, **we** will deduct any **premium** that is due from the benefit amount.

4.2 If a **premium** has not been paid by the end of the **period of grace**, the **cover** under the policy will end immediately and no claim will be payable. A **premium** is not paid until **we** have received it. It is the responsibility of those paying the **premium** to make sure that **we** receive it.

4.3 If all unpaid **premiums** due on **your** policy are paid by **you** or by a third party on **your** behalf, within 100 days of the date **your** first unpaid **premium** was due, **your** policy will be reinstated without a requirement to submit a Declaration of Health form (the time period during which this is permitted is known as a '**reinstatement period**'). **Your** policy can be reinstated even if a claim event has occurred during this **reinstatement period**.

4.4 If, after the **reinstatement period** has expired, but within 12 calendar months of the first unpaid **premium** being due, **we** are asked to reinstate **cover**, the **life** or **life assured** must fill in a Declaration of Health form and all unpaid **premiums** must be paid. If the information given in response to the questions asked by **us** in the Declaration of Health form shows any material change to the answers on the **proposal** or **your application**, **we** may refuse to reinstate **cover** or may reinstate the **cover** with an increased premium or with new conditions (this could include the removal of options).

If **we** agree to reinstate **cover**, **we** will ask for all unpaid **premiums** to be paid and for **premiums** to start being paid again. **We** will not pay benefits for anything that happens between:

- The end of the **reinstatement period**; and
- The date, following **our** agreement to reinstate **cover**, on which **we** receive all unpaid **premiums**.

No benefit has to be paid if a **life assured** dies or has an **insured specified serious illness**, a **partial payment specified serious illness**, or a **terminal illness** within a year of the reinstatement of **cover** if it's the result of **intentional self-inflicted injury**.

If **we** accept a **premium** (or part **premium**) which is no longer due, **we** will return it as **we** will not have provided **cover** under the policy.

4.5 Monthly **premiums** must be paid by direct debit.

4.6 **Premiums** and benefits are payable in the currency of Ireland.

5 Your Cover

5.1 What benefits are available?
From the **start date**, the **life assured** is covered for the amount of **cover as** stated in the **policy schedule** (or amended by any subsequent **endorsement(s)**), subject to any limitations in these **policy conditions**.

The following benefits are payable:

- Life cover
- **Terminal illness** benefit
- Accelerated Specified Serious Illness Cover
- Stand-alone Specified Serious Illness Cover
  (Not available under a Mortgage Protection policy)

Sections 5.11 and 5.12 set out what benefits may apply to a **life assured's** children.

The **policy schedule** shows the level of life cover that **we** would pay subject to any changes that may arise from these terms and conditions including; Section 3, How does the Policy Work; Section 8, **Guaranteed Insurability Option**; or Section 9, **Indexation**.

5.2 If **we** accept a claim, **we** will pay the amount of **cover** set out in the **policy schedule** for that **life assured**. This will be adjusted for the amount (if any) by which it has been:

- Reduced due to the decreasing level of **cover** each month on a Mortgage Protection policy, details of which are contained in the **policy schedule**; or
- Increased due to **Indexation**, details of which are contained in the **policy schedule**; or
- Reduced due to a Specified Serious Illness Cover claim or Advanced Payment of benefit for Heart Surgery.

If the **Guaranteed Insurability Option** has been exercised, the amount of benefit payable will be adjusted accordingly, subject to the same conditions above. See Section 8 for details.

5.3 Life Cover
Life cover is payable when a **life assured** dies (assuming a life cover benefit applies to that **life assured**).

- If **cover** is on a **single life** basis, upon payment of this benefit all **cover** will end and the policy will cease immediately.
- If **cover** is on a **joint life** basis, this benefit is payable when the first of either **life assured** dies, after which all **cover** will end and the policy will cease immediately.
- If **cover** is on a **dual life** basis, upon payment of this benefit all **cover** will end immediately for that **life assured**. However, all benefits relating to the remaining **life assured** will be unaffected and the policy can continue on a **single life** basis.

5.4 Terminal Illness

Upon receipt of evidence of a **terminal illness** of a **life assured**, which satisfies the definition of a **terminal illness** as defined within these conditions, and after the **start date** of the policy, **we** will pay the level of their life cover as at the date of diagnosis of the **terminal illness** (assuming a life cover benefit applies to that **life assured**).

- If **cover** is on a **single life** basis, upon payment of this benefit the life cover will reduce to nil. If there is no Specified Serious Illness Cover benefit, all **cover** will end and the policy will cease immediately. If there is an Accelerated Specified Serious Illness Cover benefit, the Specified Serious Illness Cover will also reduce to nil and the policy will cease immediately. If there is a Stand-alone Specified Serious Illness Cover benefit, **we** will pay the level of their Specified Serious Illness Cover benefit as at the date on which the definition of **terminal illness** set out above is satisfied, and upon payment, all **cover** will end and the policy will cease immediately.
- If **cover** is on a **joint life** basis, this benefit is payable when the first of either **life assured** is diagnosed with a **terminal illness**, after which all **cover** will end and the policy will cease immediately.
- If **cover** is on a **dual life** basis, upon payment of this benefit the life cover will reduce to nil for that **life assured**. If there is no Specified Serious Illness Cover benefit for that **life assured**, all **cover** will end immediately for that **life assured**. If there is an Accelerated Specified Serious Illness Cover benefit for that **life assured**, the Specified Serious Illness Cover will also reduce to nil for that **life assured** and all **cover** will end immediately for that **life assured**. If there is a Stand-alone Specified Serious Illness Cover benefit for that **life assured**, **we** will pay the level of their Specified Serious Illness Cover benefit as at the date on which the definition of **terminal illness** set out above is satisfied and upon payment, all **cover** will end and the policy will cease immediately for that **life assured**. Upon payment of the **terminal illness** benefit for a **life assured**, all benefits relating to the remaining **life assured** will be unaffected.

If a **life assured** contracts a **terminal illness** by his or her own act, no payment will be made under this section. If a **life assured** is diagnosed with a **terminal illness** during a **period of grace**, **we** will reduce the benefit by the amount of any unpaid **premiums**.

5.5 Accelerated Specified Serious Illness Cover

Accelerated Specified Serious Illness Cover is payable when a **life assured** is diagnosed as having an **insured specified serious illness** as defined in Section 6 (assuming an Accelerated Specified Serious Illness Cover benefit applies to that **life assured**).

- If **cover** is on a **single life** basis, once a claim has been paid under the Accelerated Specified Serious Illness Cover on the policy (excluding Children's Specified Serious Illness Cover or **Partial Payment Specified Serious Illness** Cover), the life cover and Specified Serious Illness Cover will reduce by the amount of the payment made. If this results in the Specified Serious Illness Cover reducing to nil, the Specified Serious Illness Cover benefit will end. If this also results in the life cover reducing to nil, the life cover benefit will also end and the policy will cease immediately.
- If **cover** is on a **joint life** basis, this benefit is payable when the first of either **life assured** is diagnosed as having an **insured specified serious illness**. Once a claim has been paid under the Accelerated Specified Serious Illness Cover on the policy (excluding Children's Specified Serious Illness Cover or **Partial Payment Specified Serious Illness** Cover), the life cover and Specified Serious Illness Cover will reduce by the amount of the payment made. If this results in the Specified Serious Illness Cover reducing to nil, the Specified Serious Illness Cover benefit will end. If this also results in the life cover reducing to nil, the life cover benefit will also end and the policy will cease immediately.
- If **cover** is on a **dual life** basis, once a claim has been paid under the Accelerated Specified Serious Illness Cover on the policy (excluding Children's Specified Serious Illness Cover or **Partial Payment Specified Serious Illness** Cover), the life cover and Specified Serious Illness Cover for that **life assured** will reduce by the amount of the payment made. If this results in the Specified Serious Illness Cover for that **life assured** reducing to nil, the Specified Serious Illness Cover benefit will end for that **life assured**. If this also results in the life cover reducing to nil for that **life assured**, the life cover benefit will also end for that **life assured**. However, all benefits relating to the remaining **life assured** will be unaffected and the policy can continue on a **single life** basis.

The benefit payable will be the level of Accelerated Specified Serious Illness Cover for that **life assured** as at the date of diagnosis of the **insured specified serious illness**. The benefit can only be paid once per policy for **single life** and **joint life** polices, and once per **life assured** for **dual life** policies (assuming an Accelerated Specified Serious Illness Cover benefit applies to that **life assured**). For example, the same **life assured** cannot claim for a heart attack and then claim for cancer. If a **life assured** is diagnosed with an **insured specified serious illness** during a **period of grace**, **we** will reduce the benefit by the amount of any unpaid **premiums**.

5.6 Stand–Alone Specified Serious Illness Cover

Stand-alone Specified Serious Illness Cover is payable when a **life assured** is diagnosed as having an **insured specified serious illness**, as defined in Section 6, and survives for a period of 10 days (the **survival period**) after date of diagnosis (assuming a Stand-alone Specified Serious Illness Cover benefit applies to that **life assured**). **We** will not pay any Specified Serious Illness Cover benefit for a **life assured** if they die within the **survival period**.

- If **cover** is on a **single life** basis, once a claim has been paid under the Stand-alone Specified Serious Illness Cover on the policy (excluding Children's Specified Serious Illness Cover or **Partial Payment Specified Serious Illness** Cover), the Specified Serious Illness Cover will reduce by the

amount of the payment made. If this results in the Specified Serious Illness Cover reducing to nil, the Specified Serious Illness Cover benefit will end and if there is no life cover under the policy, the policy will cease immediately.

- If **cover** is on a **dual life** basis, once a claim has been paid under the Stand-alone Specified Serious Illness Cover on the policy (excluding Children's Specified Serious Illness Cover or **Partial Payment Specified Serious Illness** Cover), the Specified Serious Illness Cover for that **life assured** will reduce by the amount of the payment made. If this results in the Specified Serious Illness Cover for that **life assured** reducing to nil, the Specified Serious Illness Cover benefit will end for that **life assured**. If there is no life cover in respect of that **life assured**, all **cover** will end immediately for that **life assured**. However, all benefits relating to the remaining **life assured** will be unaffected and the policy can continue on a **single life** basis.

The benefit payable will be the level of Stand-alone Specified Serious Illness Cover for that **life assured** as at the date of diagnosis of the **insured specified serious illness**. The benefit can only be paid once per policy for **single life** polices, and once per **life assured** for **dual life** policies (assuming a Stand-alone Specified Serious Illness Cover benefit applies to that **life assured**). For example, the same **life assured** cannot claim for a heart attack and then claim for cancer. If a **life assured** is diagnosed with an **insured specified serious illness** during a **period of grace**, **we** will reduce the benefit by the amount of any unpaid **premiums**.

5.7 Partial Payment Specified Serious Illness Cover
Partial Payment Specified Serious Illness Cover is payable when a **life assured** is diagnosed as having a **partial payment specified serious illness** as defined in Section 7, and survives for a period of 10 days (the **survival period**) after date of diagnosis (assuming an accelerated or Stand-alone Specified Serious Illness Cover benefit applies to that **life assured**). **We** will not pay any **Partial Payment Specified Serious Illness** Cover benefit for a **life assured** if they die within the **survival period**.

With the exception of 'Coronary Angioplasty – of specified severity' **we** will pay the following amount on survival for 10 days after diagnosis:

- €15,000 or 50% of the level of Specified Serious Illness Cover for the **life assured** under the policy as at the date of the event giving rise to the claim, whichever is lower.

In the case of 'Coronary Angioplasty – of specified severity':

- On survival for 10 days after the procedure, the amount payable on a first Single Angioplasty Event will be the lesser of: 50% of the level of Specified Serious Illness Cover for the **life assured** under the policy as at the date of the procedure, or €5,000.
- On survival for 10 days after the procedure, the amount payable on a second Single Angioplasty Event on the same **life assured** will be the lesser of: 50% of the level of Specified Serious Illness Cover for the **life assured** under the policy as at the date of the procedure, or €45,000.
- On survival for 10 days after the procedure, the amount payable on a Double Angioplasty Event will be the lesser of: 50% of the level of Specified Serious Illness Cover for the **life assured** under the policy as at the date of the procedure, or €50,000.
- After payment for a second Single Angioplasty Event or a Double Angioplasty Event, no further benefit will be paid for 'Coronary Angioplasty – of specified severity' for that **life assured**.

The total amount **we** will pay through partial payments is limited to the amount of **your** accelerated or Stand-alone Specified Serious Illness Cover. **You** are only permitted to claim once for each of the illnesses defined in Section 7. **You** are only permitted to claim once for a single event. For example, if **you** claim under the cancer definition, payment will just be the full **cover** amount for cancer and no additional payment will be made if it is treated by lobectomy or pneumonectomy.

5.8 A **life assured** is 'diagnosed as having an **insured specified serious illness**' if on a date after the **start date** of the policy and before the **expiry date**, the **life assured** has:

- Been diagnosed as having one of the **insured specified serious illnesses** or medical conditions as defined in Section 6 of these **policy conditions**; or
- Had a surgery defined in Section 6 of these **policy conditions**.

5.9 The **cover** payable may also be reduced if **we** discover a **misrepresentation** in the information **you** have provided including the answers **you** have provided to the specific questions in **your application**, depending on the nature of the **misrepresentation**. See Section 3 – How does the Policy Work?

5.10 Advance Payment of benefit for Heart Surgery
If a **life assured** is diagnosed as needing Aorta Graft Surgery, Coronary Artery Bypass Graft Surgery, Pulmonary Artery Surgery, or Heart Valve Replacement or Repair Surgery and **we** have been given the evidence **we** need about the condition, as defined below, **we** will make an advance payment of their Specified Serious Illness Cover (up to €20,000).

The amount **we** will pay is €20,000 or their level of Specified Serious Illness Cover under the policy as at the date of the event giving rise to the claim, whichever is lower. **We** will pay any remaining Specified Serious Illness Cover after the surgery has taken place (provided the **life assured** survives for a period of 10 days after the surgery if the Specified Serious Illness Cover is on a stand-alone basis). **We** will not make a payment if the type of surgery has been excluded from the **life assured's cover**. If **cover** is on a **single life** or **joint life** basis, **we** will only make one advance payment as described in this section under the policy. If **cover** is on a **dual life** basis, **we** will only make one advance payment per **life assured** as described in this section under the policy.

- For Accelerated Specified Serious Illness Cover, if the basis of **cover** is **single life** or **joint life**, once an advance payment has been made, the life cover and Specified

Serious Illness Cover will reduce by the amount of the advance payment. If the basis of **cover** is **dual life**, once an advance payment has been made, the life cover and Specified Serious Illness Cover for that **life assured** will reduce by the amount of the advance payment. If this results in the Specified Serious Illness Cover for that **life assured** reducing to nil, the Specified Serious Illness Cover benefit will end for that **life assured**. If this also results in the life cover reducing to nil for that **life assured**, the life cover benefit will also end for that **life assured**. However, all benefits relating to the remaining **life assured** will be unaffected and the policy can continue on a **single life** basis. Where all life cover and Specified Serious Illness Cover under a policy has been reduced to nil as a result of a claim, the policy will cease immediately.

- For Stand-alone Specified Serious Illness Cover, if the basis of **cover** is **single life**, once an advance payment has been made, the Specified Serious Illness Cover will reduce by the amount of the advance payment. If the basis of **cover** is **dual life**, once an advance payment has been made, the Specified Serious Illness Cover for that **life assured** will reduce by the amount of the advance payment. If this results in the Specified Serious Illness Cover for that **life assured** reducing to nil, the Specified Serious Illness Cover benefit will end for that **life assured**. If there is no life cover in respect of that **life assured**, all **cover** will end immediately for that **life assured**. However, all benefits relating to the remaining **life assured** will be unaffected and the policy can continue on a **single life** basis. Where all life cover and Specified Serious Illness Cover under a policy has been reduced to nil as a result of a claim, the policy will cease immediately.

(i) If a **life assured** needs Aorta Graft Surgery, **you** must provide the following proof:

- Certification from a **Consultant** Cardiologist or Vascular Surgeon of a **major hospital** in the Republic of Ireland or UK that the **life assured** is on a waiting list or scheduled for surgery he or she definitely needs in order to correct any narrowing or weakening of the thoracic or abdominal aorta. This must include a report on the nature of the disease and symptoms and be verified by **our Chief Medical Officer**.

(ii) If a **life assured** needs Coronary Artery Bypass Graft Surgery, **you** must provide the following proof:

- Certification from a **Consultant** Cardiologist or Cardiac Surgeon of a **major hospital** in the Republic of Ireland or the United Kingdom that the **life assured** is on a waiting list or scheduled for a coronary artery bypass graft through open-heart surgery (surgery to divide the breastbone). This must include the result of a recent angiogram showing the extent of the coronary artery disease and be verified by **our Chief Medical Officer**.

(iii) If a **life assured** needs Pulmonary Artery Surgery, **you** must provide the following proof:

- Certification from a **Consultant** Cardiologist or Cardiac Surgeon of a **major hospital** in the Republic of Ireland or UK that the **life assured** is on a waiting list or scheduled for a pulmonary artery bypass graft through open-heart surgery (surgery to divide the breastbone). This must include the result of a recent angiogram showing the extent of the pulmonary artery disease and be verified by **our Chief Medical Officer**.

(iv) If a **life assured** needs Heart Valve Replacement or Repair Surgery, **you** must provide the following proof:

- Certification from a **Consultant** Cardiologist or Cardiac Surgeon of a **major hospital** in the Republic of Ireland or UK that the **life assured** is on a waiting list or scheduled for open-heart surgery (surgery to divide the breastbone) he or she definitely needs within one year in order to repair or replace one or more heart values or to correct structural abnormalities. This must include the result of a recent echocardiogram and angiogram showing significant heart valve disease or a significant structural defect of the heart and be verified by **our Chief Medical Officer**.

5.11 Children's Specified Serious Illness Cover and Partial Payment Specified Serious Illness Cover

On acceptance that an **eligible child** of a **life assured** is diagnosed as having one of the **insured specified serious illnesses**, that is not a pre-existing condition as defined below, or a condition specifically excluded herein, **we** will pay the following amount on survival for 10 days after diagnosis (known as the **survival period**):

- €25,000 or 50% of the level of Specified Serious Illness Cover under the policy as at the date of the event giving rise to the claim, whichever is lower, if the basis of **cover** is **single life** or **joint life**,
- €25,000 or 50% of the higher level of Specified Serious Illness Cover under the policy as at the date of the event giving rise to the claim, whichever is lower, if the basis of **cover** is **dual life**.

On acceptance that an **eligible child** of a **life assured** is diagnosed as having one of the insured **partial payment specified serious illnesses**, that is not a pre-existing condition as defined below, or a condition specifically excluded herein, **we** will pay the following amount on survival for 10 days after diagnosis (known as the **survival period**):

- €7,500 or 50% of the level of Specified Serious Illness Cover under the policy as at the date of the event giving rise to the claim, whichever is lower, if the basis of **cover** is **single life** or **joint life**,
- €7,500 or 50% of the higher level of Specified Serious Illness Cover under the policy as at the date of the event giving rise to the claim, whichever is lower, if the basis of **cover** is **dual life**.

The policy will not end upon payment of the lump sum and the level of Specified Serious Illness Cover will not be reduced. **We** will only pay the Children's Specified Serious Illness Cover once in respect of each child. This applies even if both parents are **lives assured**, or even if a **life assured** is covered under more than one policy which provides similar benefits.

A pre-existing condition is a medical condition (including congenital defects) where symptoms first arose, the underlying condition was first diagnosed or either parent received counselling or medical advice in relation to the condition before:

- The **start date** of the policy;
- The legal adoption of the child.

Children's Specified Serious Illness Cover applies only to the **diagnosis of an insured specified serious illness** and not on the death of a child. **We** will not pay any benefit if a child dies within the **survival period**.

No benefit for Children's Specified Serious Illness Cover (including Partial Payment Specified Serious Illness Cover) is payable for:

- Loss of Independent Existence – permanent and irreversible (condition 6.33);
- Diabetes Mellitus Type 1 – with insulin dependency (condition 7.30); or
- Severe Mental Illness – of specified severity (condition 7.46).

No benefit for Children's Specified Serious Illness Cover is payable before the age of 90 days for:

- Brain injury due to anoxia or hypoxia (condition 6.9); or
- Intensive Care – requiring mechanical ventilation for 10 consecutive days (condition 6.29).

An advance payment may be made under the Advance Payment of benefit for Heart Surgery definition, see Section 5.10 for details. Where applicable, the advance payment is €10,000 or 50% of the level of Specified Serious Illness Cover (based on the higher level of Specified Serious Illness Cover if the basis of **cover** is **dual life**) under the policy as at the date of the event giving rise to the claim, whichever is lower. However, the maximum total benefit per child for Children's Specified Serious Illness Cover is as defined in this section.

5.12 Children's Life Cover

On the death of an **eligible child** of a **life assured** (assuming a life cover benefit applies to that **life assured**) **we** will pay €5,000.

The policy will not end upon payment of the lump sum and the level of life cover, if included, or Specified Serious Illness Cover will not be reduced. **We** will only pay the Children's Life Cover once in respect of each child. This applies even if both parents are **lives assured**, or even if a **life assured** is covered under more than one policy which provides similar benefits.

5.13 Donor Recipient Cover

If Specified Serious Illness Cover is included as part of **your** policy, this benefit will provide **cover** in the event that the **life assured** donates a living organ to a **family member**. **We** will pay €2,500 to the **family member** who has received the living organ as a one-off cash lump sum if the **life assured** donates one of the following living organs:

- Kidney; or
- Portion of Liver; or
- Portion of Lung; or
- Bone Marrow, provided that the **family member** has undergone pre-conditioning with myeloablative chemotherapy and/or radiotherapy.

For the above definition, the following are not covered:

- Where the **family member**, who has received the living organ, was suffering with, or experiencing any symptoms of, any illness whether diagnosed or not, before the **start date** of the policy that results in the living donation;
- Stem cell donation;
- Islet cell donation;
- Donation of any other organ or tissue.

If a successful claim for Donor Recipient Cover is made, the policy will not end upon payment of the cash lump sum and the level of Specified Serious Illness Cover will not reduce. **We** will only pay Donor Recipient Cover once in respect of each **life assured** during the term of the policy.

5.14 Decreasing the benefit

If **you** need to decrease the benefit amount, **you** may do so at any time by giving **us** written notification. The decrease will be effective from the next **premium** due date falling after the receipt of notification or where possible, such earlier date as specified by **Royal London Ireland** (the "effective date"). If **your** policy is assigned, **we** will require written confirmation from **your** lender of **your** mortgage balance at the time. All **policy owners** must consent to any changes to the policy.

If **you** decrease the benefit more than once, **Indexation** will cease on the effective date of **your** second reduction in **cover** and/or **premium** reduction if Section 9 applies to **your policy**.

5.15 All **cover** will end and the policy will cease at the earliest of the following:

- At the end of a **period of grace**, if all or part of a **premium** has not been paid;
- On the **expiry date**, as shown in the **policy schedule**;
- When all **cover** (both life cover and Specified Serious Illness Cover, as applicable) has reduced to nil as a result of a claim or claims, as per Sections 5.3, 5.4, 5.5 and 5.6.

6 Specified Serious Illness Cover Definitions

Important Note: The explanations under "What does this mean?" in this section DO NOT form part of the **policy conditions** for this policy and are provided solely for information purposes. In the event of a claim under the Specified Serious Illness Cover on this policy, the policy definitions will apply.

6.1 Aorta Graft Surgery – for disease

Policy definition
The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches. The undergoing of surgery for traumatic injury to the aorta needing excision and surgical replacement of a portion of the aorta with a graft is also covered.

For the above definition, the following is not covered:

- Any other surgical procedure, for example the insertion of stents or endovascular repair.

What does this mean?
The aorta is the main artery in the body, which carries the blood through the thorax (chest) and abdomen. The aorta may be weakened by an aneurysm (which means a thinning and bulging of the arterial wall) or it may become narrowed by fatty deposits. An operation can be carried out to correct the narrowing or to replace or repair the damaged part of the aorta wall.

6.2 Aplastic Anaemia – of specified severity

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

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

For the above definition, the following is not covered:

- Other forms of anaemia.

What does this mean?
Aplastic anaemia is a rare and very serious form of anaemia in which there is a decrease in the quantity of blood-forming cells in the bone marrow. This then causes impairment of all blood cell production. This condition can be present from birth or may develop in later life. In most cases the bone marrow failure is **permanent**. However, in some cases (for example due to drug or radiation treatment or to infection) it is temporary. *Temporary bone marrow failure would not be covered by the definition.*

6.3 Bacterial Meningitis

Policy definition
A definite diagnosis of bacterial meningitis by a **Consultant** Neurologist supported by cerebrospinal fluid changes consistent with bacterial meningitis.

For the above definition, the following is not covered:

- All other forms of meningitis other than those caused by bacterial infection.

What does this mean?
Bacterial meningitis is a condition resulting from bacterial infection. This causes inflammation to the meninges, which is the protective layer around the brain. There are many forms of meningitis. It is only bacterial meningitis that is covered; all other forms, including viral meningitis, are excluded.

6.4 Balloon Valvuloplasty – to correct heart valve abnormalities

Policy definition
The insertion, on the advice of a **Consultant** Cardiologist, of a balloon catheter through the orifice of one of the valves of the heart and the inflation of the balloon to relieve valvular abnormalities.

What does this mean?
The valves of the heart open and close as a part of the pumping action, which circulates blood around the body. When these valves become diseased, the ability of the heart to pump properly is reduced. It is sometimes possible to open these valves with balloon valvuloplasty, where a small narrow tube containing a deflated balloon at its tip is advanced from a blood vessel in the groin through the aorta into the heart. Once it is in place the balloon is inflated until the flaps of the valves are opened.

6.5 Benign Brain Tumour – resulting in permanent symptoms

Policy definition
A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in **permanent neurological deficit with persisting clinical symptoms**.

For the above definition, the following are not covered:

- Tumours or lesions in the pituitary gland.
- Angiomas.

In addition, the requirement for **permanent neurological deficit with persisting clinical symptoms** will be waived if the benign brain tumour is surgically removed.

What does this mean?
Unlike cancer, which is a malignant tumour, benign tumours are localised and grow by expansion only. They therefore do not invade and destroy surrounding tissue and do not spread to other parts of the body. Once surgically removed, they tend not to recur. However, a benign tumour can still be very dangerous because it can put pressure on the brain and lead to possible damage, haemorrhage and ulceration. Deficit to the

neurological system means muscle weakness or sensory loss. Surgery to cure the condition may not always be possible.

6.6 Benign Spinal Cord Tumour – resulting in permanent symptoms or requiring surgery

Policy definition
A non-malignant tumour of the spinal canal or spinal cord, causing pressure and/or interfering with the function of the spinal cord which requires surgery or results in **permanent neurological deficit with persisting clinical symptoms**.

For the above definition, the following are not covered:

- Angiomas.

The requirement for **permanent neurological deficit with persisting clinical symptoms** will be waived if the benign spinal cord tumour is surgically removed either by invasive surgery or stereotactic radiosurgery.

The diagnosis must be made by a **Consultant** Neurologist or Neurosurgeon and must be supported by CT, MRI or histopathological evidence.

What does this mean?
A benign tumour of the spinal canal or spinal cord is a non-cancerous but abnormal growth of tissue. It can be very serious as the growth may be pressing on areas of spinal cord or spinal canal. In order for a claim to be paid, a **life assured** must have undergone surgery to have it removed or are suffering from **permanent** neurological deficit as a result of the tumour.

6.7 Blindness – permanent and irreversible

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

What does this mean?
Sight can be lost because of an accident or illness. In order for a claim to be paid, the loss of sight must be **permanent** and **irreversible**. If the loss was only temporary, it would not be covered by the definition.

6.8 Brain Abscess drained via Craniotomy

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

What does this mean?
A brain abscess is a rare, life-threatening infection of the brain. When bacteria, fungi or parasites infect part of the brain, inflammation occurs. The infected brain cells accumulate causing the immune system to create a membrane to isolate the infection creating an abscess. As the abscess grows, it places pressure on delicate brain tissue, which can become damaged or destroyed.

Craniotomy – this is a surgical operation in which an opening is made in the skull. The abscess is either drained of pus, or removed.

6.9 Brain injury due to anoxia or hypoxia – resulting in permanent symptoms

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

For the above definition the following are not covered:

- Children under the age of 90 days.

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

6.10 Cancer – excluding less advanced cases

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

The term malignant tumour includes:

- Leukaemia, essential thrombocythaemia, polycythaemia rubra vera and primary myelofibrosis
- Lymphoma and sarcoma except those that arise from or are confined to the skin (including cutaneous lymphomas and sarcomas)
- Pseudomyxoma peritonei
- Merkel cell cancer

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
  - Pre-malignant;
  - Cancer in situ;
  - Having borderline malignancy; or
  - Having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least clinical TNM classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate).
- All urothelial tumours unless histologically classified as having progressed to at least TNM classification T1N0M0.
- Neuroendocrine tumours (NETs) without lymph node involvement or distant metastases unless classified as WHO Grade 2 or above.

- Gastrointestinal stromal tumours (GISTs) without lymph node involvement or distant metastases unless classified by either AFIP/Miettinen and Lasota as having a moderate or high risk of progression, or UICC/TNM8 stage II or above.
- Malignant melanoma skin cancers that are confined to the epidermis (outer layer of skin).
- Any non-melanoma skin cancer that arises from and is confined to one or more of the epidermal, dermal, and subcutaneous tissue layers of the skin (including cutaneous lymphomas and sarcomas).
- All thyroid tumours unless histologically classified as having progressed to at least TNM classification T2N0M0.

What does this mean?
Cancer is a large group of diseases that can start in almost any organ or tissue of the body when abnormal cells grow uncontrollably, go beyond their usual boundaries to invade adjoining parts of the body and/or spread to other organs. Pre-malignant and non-invasive cancers and cancer in situ are very early stage cancers that have not invaded surrounding tissue and have not spread to other areas of the body. Treatment is relatively easy and successful and these cancers are not covered under this specific definition. With increased and improved screening, both prostate cancer and thyroid cancer are being detected at an earlier stage. Accordingly, the less advanced prostate cancers that are not treated surgically by removal of the prostate and early stage thyroid cancers are not covered under this specific definition. More advanced and more aggressive cases (typically those that are currently detected) will be covered.

Most skin cancers, including cutaneous lymphoma, are also easy to treat and are also excluded. However, malignant melanoma is a very serious form of skin cancer that can very quickly spread throughout the body. This form of skin cancer is therefore included if it has invaded beyond the epidermis (outer layer of skin).

6.11 Cardiac Arrest – with insertion of a defibrillator

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

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

For the above definition, the following are not covered:

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

What does this mean?
Cardiac arrest happens when the heart suddenly stops beating, sometimes because of an abnormal rhythm (arrhythmia) or coronary heart disease. This can stop the heart from pumping blood which can cause loss of consciousness due to lack of oxygen in the brain. A device known as an Implantable Cardioverter Defibrillator (ICD or CRT-D) can be implanted inside a **life assured's** body which will monitor the rhythm in their heart, delivering an electric pulse or shock should their heart rhythm become abnormal. This will restore the rhythm back to normal and prevent a cardiac arrest.

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

6.12 Cardiomyopathy – of specified severity

Policy definition
A definite diagnosis by a **Consultant** Cardiologist of cardiomyopathy resulting in permanently impaired ventricular function such that the ejection fraction is 40% or less for at least 6 months when stabilised on therapy advised by the **Consultant**. The diagnosis must also be evidenced by:

- Electrocardiographic changes; and
- Echocardiographic abnormalities.

The evidence must be consistent with the diagnosis of cardiomyopathy. For the above definition, the following are not covered:

- All other forms of heart disease and/or heart enlargement;
- Myocarditis; and
- Cardiomyopathy related to alcohol or drug misuse.

What does this mean?
Cardiomyopathies are a group of disorders of the heart muscle, which can cause sudden death and heart failure. Cardiomyopathy can occur in young people and can be inherited. Myocarditis is an acute inflammation of the heart muscle, typically caused by infection, and is not covered by the definition.

6.13 Cauda Equina Syndrome – with permanent symptoms

Policy definition
A definite diagnosis of Cauda Equina Syndrome (compression of the lumbosacral nerve roots) by a **Consultant** Neurologist resulting in all of the following:

- **Permanent** bladder dysfunction; and
- **Permanent** weakness and loss of sensation in the legs.

What does this mean?
With Cauda Equina Syndrome, nerves at the base of the spinal cord become compressed. This affects nerves important for messages to the legs, feet and pelvic organs. This is a serious condition which can cause lower back pain, numbness, paralysis and incontinence.

6.14 Chronic Lung Disease – of specified severity

Policy definition
Confirmation by a **Consultant** Physician of chronic lung disease resulting in all of the following:

- The need for continuous daily oxygen therapy on a **permanent** basis;
- FEV1 being less than 40% of normal; and
- Vital Capacity less than 50% of normal.

What does this mean?
Chronic lung disease can be caused by a number of conditions such as severe chronic bronchitis and emphysema and lung fibrosis. It is associated with persistent breathlessness at rest, or on minimal exertion, requiring daily oxygen therapy.

6.15 Chronic Pancreatitis – of specified severity

Policy definition
A definite diagnosis of Chronic Pancreatitis by a **Consultant** Gastroenterologist. The diagnosis must be evidenced by all of the following:

- Calcification of the pancreas.
- Malabsorption due to failure of secretion of pancreatic enzymes.
- Chronic inflammation of the pancreas as shown by Endoscopic Retrograde Cholangiopancreatography (ERCP) or Magnetic Resonance Cholangiopancreatography (MRCP).
- Pancreatic duct dilatation, beading and stricture.

For the above definition, the following is not covered:

- Chronic pancreatitis secondary to alcohol or drug misuse.
- Acute pancreatitis.

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

Acute pancreatitis is a sudden inflammation of the pancreas. It can be serious with severe complications. However, it usually settles and the patient can make a full recovery.

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

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

6.16 Chronic Rheumatoid Arthritis – of specified severity

Policy definition
The confirmation by a **Consultant** Rheumatologist of a definite diagnosis of chronic rheumatoid arthritis as evidenced by all of the following:

- The condition must be diagnosed, established and treated for a period of at least twelve months.
- There must be morning stiffness in the affected joints.
- There must be arthritis in at least three joint groups with joint destruction and either soft tissue swelling or fluid observed by a rheumatologist.
- The arthritis must involve at least one or more of the following sites:
  - Wrists or ankles
  - Hands and fingers
  - Feet and toes
- The arthritis must affect both sides of the body.
- Presence of rheumatoid factor or anti-CCP antibodies, unless all other criteria are met.
- There must be radiographic changes typical of active Rheumatoid Arthritis.

What does this mean?
Rheumatoid Arthritis is a chronic disease involving inflammation of the joints and their surrounding tissue. This inflammatory process can result in progressive destruction and deformity of the affected joints. The joints most commonly affected are the hands, wrists, elbows, cervical spine (neck), knees, ankles and metacarpophalangeal joints in the feet (joints in the toes and feet). Before a claim can be made, the disease must have progressed to such severity that it satisfies all of the detailed conditions listed above.

6.17 Coma – resulting in permanent symptoms

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

- Continues for a period of at least 96 hours
- Requires life supporting systems including assisted ventilation throughout the period of unconsciousness
- Results in **permanent neurological deficit with persisting clinical symptoms**

For the above definition, the following is not covered:

- Coma secondary to alcohol or drug misuse.

What does this mean?
A coma is a deep state of unconsciousness from which it is impossible to be aroused. The cause of the coma may be as a result of another illness such as a stroke, infection, and very low blood sugar or may be brought on by a serious accident. The coma needs to result in **permanent** damage to the nervous system in order to be covered by the definition.

6.18 Coronary Artery Bypass Graft Surgery – with surgery to divide the breastbone

Policy definition
The undergoing of surgery on the advice of a **Consultant** Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts. For the above definition, the following are not covered:

- Balloon angioplasty;
- Atherectomy;
- Rotablation;
- Insertion of stents;
- Laser treatment;
- Or any other procedures.

What does this mean?
If one or more of the coronary arteries, which supply oxygenated blood to the heart, becomes obstructed by the build-up of fatty deposits, angina can result and can even cause a heart attack. A coronary by-pass operation involves inserting a short length of artery or vein, the latter usually taken from the leg, around the narrowed coronary artery thus restoring an adequate supply of blood to the heart.

6.19 Creutzfeldt-Jakob Disease – resulting in permanent symptoms

Policy definition
A definite diagnosis of Creutzfeldt-Jakob disease by a **Consultant** Neurologist. There must be **permanent** clinical loss of the ability to do all of the following:

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

For the above definition, the following is not covered:

- Other types of dementia (these are covered under the dementia definition).

What does this mean?
Creutzfeldt-Jakob disease is a degenerative organic brain disease which may be inherited or acquired. There is a progressive degeneration of the nerve cells of the central nervous system which will result in defective muscular control and dementia. There is no cure.

6.20 Crohn's Disease – of specified severity

Policy definition
A definite diagnosis by a **Consultant** Gastroenterologist of Crohn's Disease with fistula formation and intestinal strictures. There must be evidence of ongoing symptoms despite optimal treatment and surgical interventions.

There must be evidence of continued inflammation of the bowel and all of the following:

- Stricture formation causing intestinal obstruction requiring admission to hospital.
- Fistula formation between the loops of the bowel or the bowel and another organ.
- At least two resections of a segment of the bowel.

In the event of a claim for this illness, the amount of any **life assured's** Specified Serious Illness benefit payment will be reduced by the amount of any Partial Payment Specified Illness benefit paid for Crohn's Disease – treated with surgical intestinal resection (condition number 7.27).

What does this mean?
Crohn's Disease is an inflammatory disease that affects the digestive system. The main symptoms of the disease are stomach cramps, diarrhoea and tiredness.

A stricture is an abnormal blockage or partial blockage which forms in the bowel.

A fistula is an abnormal passageway that can form between parts of the body that are not normally connected.

A bowel resection is when a part of the diseased bowel is removed during surgery.

A claim can only be made if the **life assured** has had a part of the bowel removed on two or more separate occasions as well as experiencing ongoing symptoms, fistula formation and strictures in spite of ongoing treatment.

6.21 Deafness – permanent and irreversible

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

What does this mean?
Loss of hearing may be caused by illness or by a serious accident. The loss must be **permanent** and **irreversible**. If the loss was only temporary, it would not be covered by the definition.

6.22 Dementia including Alzheimer's Disease – of specified severity

Policy definition
A definite diagnosis of dementia, including Alzheimer's disease, by a **Consultant** Geriatrician, Neurologist, Neuropsychologist or Psychiatrist supported by evidence including neuropsychometric testing. There must be **permanent** cognitive dysfunction with progressive deterioration in the ability to do all of the following:

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

For the above definition, the following is not covered:

- Mild cognitive Impairment (MCI).

What does this mean?
Dementia is a disorder of the mental process and results in loss of memory and impairment of behaviour and recognition. There is no cure and the cause is unknown. Definite diagnosis must be established via accepted standard medical tests and questionnaires.

Alzheimer's Disease specifically is a progressive and degenerative disease. The nerve cells in the brain deteriorate and the brain shrinks. The symptoms can include a severe loss of memory and concentration but there is an overall decline in all mental faculties.

6.23 Drug Resistant Epilepsy – with specified surgery

Policy definition
The undergoing of invasive surgery to brain tissue in order to control epilepsy that cannot be controlled by oral medication.

The following are not covered:

- Deep brain stimulation.
- Vagus nerve stimulation.

What does this mean?
About one-third of people with epilepsy don't fully respond to anti-seizure drugs. In some cases brain surgery may be required.

A claim will not be paid where electrodes are implanted into specific areas of the brain (deep brain stimulation) or where an implanted pulse generator and lead wire stimulate the vagus nerve.

6.24 Encephalitis – resulting in permanent symptoms

Policy definition
A definite diagnosis of encephalitis by a **Consultant** Neurologist resulting in **permanent neurological deficit and persisting clinical symptoms**.

For the above definition, the following is not covered:

- Myalgic encephalomyelitis and chronic fatigue syndrome.

What does this mean?
Encephalitis is inflammation of the brain. It can occur at any age. The inflammation is caused either by an infection invading the brain (infectious); or through the immune system attacking the brain in error (post-infectious/ auto-immune encephalitis). The inflammation can damage nerve cells resulting in "acquired brain injury." Encephalitis frequently begins with a flu-like illness or headache. Typically more serious symptoms follow hours to days later.

6.25 Heart Attack – of specified severity

Policy definition
A definite diagnosis of acute myocardial infarction with death of heart muscle as evidenced by all of the following:

- New characteristic electrocardiographic changes or new diagnostic imaging changes; and
- The characteristic rise of biochemical cardiac specific markers such as troponins or enzymes.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Myocardial injury without infarction.
- Angina without myocardial infarction.

What does this mean?
A heart attack is usually referred to in medical terms as "myocardial infarction". It is a serious medical emergency in which the supply of blood to the heart is suddenly blocked, usually by a blood clot.

The heart is a pump which ensures that oxygenated blood circulates through the body, without which the cells in the body would not survive. The heart itself also needs its own blood supply in order to function and if this is cut off then it can seriously damage the heart by causing part of the heart muscle to die. Coronary heart disease (CHD) is the leading cause of heart attacks and is a condition in which coronary arteries (the major blood vessels that supply blood to the heart) get clogged up with deposits of cholesterol. These deposits are called plaques. Before a heart attack, one of the plaques usually ruptures (bursts), causing a blood clot to develop at the site of the rupture. The clot may then block the supply of blood running through the coronary artery, triggering a heart attack. A heart attack can be diagnosed using various tests. Damage to the heart muscle usually causes severe pain and results in an increase in cardiac enzymes and Troponins, which are released and can be detected in the blood. An electrocardiogram (ECG) will also show specific findings. Angina is chest pain associated with CHD. However, it may occur without damage to the heart muscle and where this is the case it is not covered by the definition.

6.26 Heart Structural Repair – with surgery to divide the breastbone

Policy definition
The undergoing of heart surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a **Consultant** Cardiologist to correct any structural abnormality of the heart.

What does this mean?
The surgical division of the breastbone and the opening up of the chest wall, for the purpose of correcting a structural abnormality of the heart, for example, the surgical correction of a ventricular septal defect.

6.27 Heart Valve Replacement or Repair

Policy definition
The undergoing of a surgical procedure on the advice of a **Consultant** Cardiologist to replace or repair one or more heart valves.

What does this mean?
The valves of the heart open and close as a part of the pumping action, which circulates blood around the body. When these valves become diseased, the ability of the heart to pump properly is reduced. Surgery can be undertaken to either repair or replace the damaged valve.

6.28 HIV Infection

Policy definition
Infection by Human Immunodeficiency Virus resulting from:

(a) A blood transfusion given as part of medical treatment;

(b) A physical assault; or

(c) An incident occurring during the course of performing normal duties of employment from the eligible occupations listed below after the **start date** and satisfying all of the following:

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

For the above definition, the following is not covered:

- **HIV** infection resulting from any other means, including sexual activity or drug misuse.

Occupations covered:

- Ambulance workers
- Dental nurses
- Dental surgeons
- General practitioners and nurses employed by them
- Hospital caterers
- Hospital cleaners
- Hospital doctors/surgeons/**Consultants**
- Hospital laboratory workers
- Hospital laundry workers
- Hospital nurses
- Hospital porters
- Members of the Gardai
- Midwives
- Paramedics
- Prison officers
- Refuse collectors
- Social workers
- Taxi drivers

What does this mean?
Evidence suggests that infection with **HIV** can eventually lead to the development of **AIDS**. There is currently no cure for **AIDS**. It causes the body's defence mechanisms to break down leaving the sufferer open to various infections, which would normally pose little threat to people unaffected by **AIDS**. These infections usually prove to be fatal. More and more cases of physical assault are being reported to the police where the victim has been brought into contact with the **HIV** virus. A claim would be paid where the attack had been reported to the police and it is proved that the **HIV** infection was because of the attack.

6.29 Intensive Care – requiring mechanical ventilation for 10 consecutive days

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

For the above definition, the following are not covered:

- Sickness or injury as a result of drug or alcohol intake or other self-inflicted means;
- Children under the age of 90 days.

What does this mean?
There are many causes leading to admission to an intensive care unit (ICU). Reasons include severe illness, accident or surgery. People in ICUs may have had multiple organ failure and require medical equipment to take the place of these functions while they recover. To meet **our** definition, the **life assured** must not be able to breathe on their own and require mechanical ventilation.

6.30 Interstitial Lung Disease – permanent and irreversible

Policy definition
A definite diagnosis of interstitial lung disease by a **Consultant** Physician resulting in all of the following:

- Radiological evidence of pulmonary fibrosis.
- **Permanent** and **irreversible** DLCO (diffusing capacity of the lung for carbon monoxide) below 40% of predicted.

What does this mean?
Interstitial lung disease is a group of conditions which affect the tissue of the lungs. These conditions can result in a reduction in lung function and can sometimes result in scarring of the lungs (pulmonary fibrosis).

For this definition, there must be evidence of fibrosis and impairment of the lungs' ability to transfer oxygen from inhaled air to the red blood cells.

6.31 Kidney Failure – requiring dialysis

Policy definition
Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is necessary.

What does this mean?
The function of the kidneys is to remove waste material from the bloodstream.

If they do not work properly there can be a build-up of waste material in the blood, which can become life threatening. The body can function perfectly well with only one kidney, but if both fail there will be a need for regular dialysis, to clean the blood artificially, or for a kidney transplant.

6.32 Liver Failure – end stage

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

- **Permanent** jaundice;
- Ascites; and
- Encephalopathy.

For the above definition, the following is not covered:

- Liver failure secondary to alcohol or drug misuse.

What does this mean?
The liver has many functions and is essential to life. Cirrhosis is due to longstanding damage to the liver caused by a number of conditions including viral infections, inflammation, biliary obstruction, alcohol and certain drugs. Liver failure results in jaundice (yellow skin), fluid in the abdomen (ascites) and damage to the brain (encephalopathy).

6.33 Loss of Independent Existence – permanent and irreversible

Policy definition
The **permanent** and **irreversible** loss of the ability to function independently which is defined as follows:

(1) **Permanent** confinement to a wheelchair, or

(2) 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

(3) Being permanently unable to fulfil at least three of the following activities listed below without the help of another person, but with the use of appropriate assistive aids and appliances; and the disability is **irreversible** with no reasonable prospect of there ever being any improvement.

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) such that an adequate level of personal hygiene can be maintained.
- Dressing – the ability to dress and undress, ability to fasten and unfasten all necessary clothing including any surgical devices worn.
- Transferring – the ability to move from a bed to an upright chair, or wheelchair, or to get on or off a commode or toilet.
- Mobility – the ability to move from one room to another on a level surface.
- Continence – the ability to manage bowel and bladder functions such that an adequate level of personal hygiene can be maintained.
- Feeding – the ability to eat and drink, once food or drink has been prepared and made available.

The condition must continue for at least six months following diagnosis by a **Consultant** neurologist, physician or geriatrician of a **major hospital** in Ireland or the UK.

What does this mean?
This benefit is not linked to any particular Serious Illness. It is based on a **life assured's permanent** inability to carry out a variety of events outlined above without the assistance of another person. It is intended to provide more extensive **cover** for events where a **life assured** suffers drastic lifestyle changes.

6.34 Loss of Limb – permanent physical severance

Policy definition
Permanent severance of one or more hands from above the wrist or one or more feet from above the ankle joint. **Permanent** loss does not include loss of use or function only. It means having a hand or foot completely severed.

For the above definition, the following are not covered:

- Loss of any individual fingers or toes or combination of fingers and toes.
- Loss of a limb as a result of the **life assured's** own deliberate act.
- Loss of a limb as a result of a penalty imposed by a court of law.

What does this mean?
A claim can be made if the **life assured** has lost one or more limbs where the limb or limbs have been severed above the wrist in event of loss of hands and above the ankle in the event of loss of feet.

6.35 Loss of Speech – permanent and irreversible

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

What does this mean?
Loss of speech may be caused if the vocal chords are damaged in an accident or by a disease such as cancer of the larynx. The loss must be total, **permanent** and **irreversible**. Therefore a claim would not be paid if the loss was only partial or was a temporary condition. It is possible for the power of speech to be lost without physical damage to the vocal chords, possibly because of a severe mental trauma or shock. However, in such cases it is nearly impossible to determine whether the loss is **permanent** and therefore a claim would not be paid.

6.36 Major Organ Transplant – specified organs

Policy definition
The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official Irish or UK programme waiting list for such a procedure.

For the above definition, the following is not covered:

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

What does this mean?
Sometimes a major organ of the body (such as the liver) becomes so diseased that it fails and becomes life threatening. It may therefore be essential to replace it with a healthy organ.

For some rare illnesses, such as aplastic anaemia, a major organ transplant (in this case of the bone marrow) may be the only long-term cure available. It can take a long time to find the right donor organ, and the waiting list for such operations is often long. The claim will be met therefore upon inclusion onto the official programme waiting list of a major Irish or UK hospital for a transplant.

6.37 Motor Neurone Disease and specified diseases of the motor neurones – resulting in permanent symptoms

Policy definition
A definite diagnosis of one of the following motor neurone diseases by a **Consultant** Neurologist:

- Amyotrophic lateral sclerosis (ALS)
- Primary lateral sclerosis (PLS)
- Progressive bulbar palsy (PBP)
- Progressive muscular atrophy (PMA)
- Kennedy's disease, also known as spinal and bulbar muscular atrophy (SBMA)
- Spinal muscular atrophy (SMA).

There must be **permanent** clinical impairment of motor function.

What does this mean?
Motor neurone disease is a degenerative condition that results in weakness and the wasting of muscles. A claim can be made if there is a definite diagnosis by a **Consultant** Neurologist that the **life assured** is suffering from the disease.

6.38 Multiple Sclerosis – where there have been symptoms

Policy definition
A definite diagnosis of Multiple Sclerosis by a **Consultant** Neurologist. There must have been clinical impairment of motor or sensory function caused by Multiple Sclerosis.

What does this mean?
Multiple sclerosis (MS) is an incurable disease of the central nervous system. Nerve fibres are normally covered by a myelin sheath, which protects and insulates them. In MS this sheath degenerates which interrupts the smooth transmission of nerve impulses around the body, leading to loss of power and/or lack of co-ordination and/or sensory impairment usually affecting different parts of the body. The symptoms and signs can come and go over the years or can progressively worsen. Investigations such as an MRI scan of the brain and/or spinal cord and examination of the cerebrospinal fluid can be helpful in supporting the diagnosis, but do not in themselves make a definite diagnosis.

6.39 Muscular Dystrophy

Policy definition
A hereditary muscular dystrophy confirmed by a **Consultant** neurologist resulting in the inability to fulfil at least three of the following activities listed below without the help of another person, but with the use of appropriate assistive aids and appliances:

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) such that an adequate level of personal hygiene can be maintained.

- Dressing – the ability to dress and undress, ability to fasten and unfasten all necessary clothing including any surgical devices worn.
- Transferring – the ability to move from a bed to an upright chair, or wheelchair, or to get on or off a commode or toilet.
- Mobility – the ability to move from one room to another on a level surface.
- Continence – the ability to manage bowel and bladder functions such that an adequate level of personal hygiene can be maintained.
- Feeding – the ability to feed oneself once food and drink have been prepared and made available.

What does this mean?
Muscular Dystrophy is a genetic (inherited) condition where slow progressive muscle wasting leads to increasing weakness and disability.

6.40 Myasthenia Gravis – with persisting clinical symptoms

Policy definition
A definite diagnosis of Myasthenia Gravis by a **Consultant** Neurologist. There must be clinical impairment of muscle weakness that must have persisted for a continuous period of at least 6 months or treated with removal of the thymus gland.

What does this mean?
Myasthenia Gravis is a long-term condition that causes muscle weakness that comes and goes. It most commonly affects the muscles that control the eyes and eyelids, facial expressions, chewing, swallowing and speaking. But it can affect most parts of the body. A claim may be payable if the clinical impairment has lasted at least 6 months or the thymus gland has been removed.

6.41 Necrotising Fasciitis – requiring surgery

Policy definition
A definite diagnosis of necrotising fasciitis or gas gangrene by a **Consultant** Physician, requiring surgery to remove necrotic tissue and intravenous antibiotic treatment.

For the above definition, the following is not covered:

- All other forms of gangrene or cellulitis.

What does this mean?
Necrotising Fasciitis is an infection caused by flesh-eating bacteria. It can destroy skin, fat and the tissue covering muscles in a short time period. A claim can be made if a **Consultant** Physician diagnoses necrotising fasciitis that requires treatment by surgery and intravenous antibiotics.

6.42 Neuromyelitis Optica (Devic's Disease) – where there have been symptoms

Policy definition
A definite diagnosis of Neuromyelitis Optica or Neuromyelitis Optica Spectrum disorder (Devic's Disease) by a **Consultant** Neurologist. There must have been current clinical impairment of motor or sensory function caused by Neuromyelitis Optica.

What does this mean?
Neuromyelitis Optica (Devic's Disease) is an autoimmune, inflammatory disorder in which a person's own immune system attacks the optic nerves and spinal cord. This produces an inflammation of the optic nerve (optic neuritis) and the spinal cord (myelitis). Although inflammation may also affect the brain, the lesions are different from those observed in the related condition, Multiple Sclerosis. Spinal cord lesions lead to varying degrees of weakness or paralysis in the legs or arms, loss of sensation (including blindness), and/or bladder and bowel dysfunction.

6.43 Paralysis of one Limb – total and irreversible

Policy definition
Total and **irreversible** loss of muscle function to the whole of one or more limbs. The paralysis must be **permanent** and confirmed by a **Consultant** Neurologist.

What does this mean?
Paralysis or paraplegia of one or more limbs is evidenced by **permanent** and **irreversible** loss of movement and sensation. It could be caused by an accident or by an illness.

6.44 Parkinson's Disease – resulting in permanent symptoms

Policy definition
A definite diagnosis of Parkinson's Disease by a **Consultant** Neurologist. There must be **permanent** clinical impairment of motor function with associated tremor, rigidity of movement and postural instability.

For the above definition, the following are not covered:

- Parkinson's Disease secondary to chronic alcohol misuse or illegal drug misuse.
- Other Parkinsonian syndrome.

What does this mean?
Parkinson's Disease causes a disturbance of voluntary movement. It causes tremors in the limbs and head and rigidity of the muscles. The condition usually takes a long time to progress and some drugs are available which can slow the process down even further but treatment becomes less effective as time goes by.

For a claim to be paid, the onset of Parkinson's Disease must be idiopathic. This means it must have developed naturally rather than because of some other medical treatment or illness.

6.45 Parkinson Plus Syndromes – resulting in permanent symptoms

Policy definition
A definite diagnosis by a **Consultant** Neurologist of one of the following Parkinson Plus syndromes:

- Multiple System Atrophy
- Progressive Supranuclear Palsy
- Parkinsonism-Dementia-Amyotrophic lateral sclerosis complex
- Corticobasal Ganglionic degeneration
- Diffuse Lewy Body disease

There must also be **permanent** clinical impairment of at least one of the following:

- Motor function; or
- Eye movement disorder; or
- Postural instability; or
- Dementia; or
- Bladder control and postural hypotension.

What does this mean?
Parkinson Plus syndromes are a group of neurodegenerative disorders which share the features of idiopathic Parkinson's Disease but with other unique characteristics specific to the condition diagnosed.

A claim can be made if a **life assured** is diagnosed by a **Consultant** Neurologist with one of the Parkinson Plus syndromes named above and has **permanent** symptoms as defined.

6.46 Peripheral Vascular Disease – treated with by-pass surgery

Policy definition
A definite diagnosis of Peripheral Vascular Disease by a **Consultant** Cardiologist or Vascular Surgeon with objective evidence from ultrasound of an obstruction in the arteries that results in the claimant undergoing by-pass graft surgery to the leg.

For this definition, the following is not covered:

- Angioplasty.

In the event of a claim for this illness, the amount of any **life assured's** Specified Serious Illness benefit payment will be reduced by the amount of any **partial payment specified serious illness** benefit paid for Peripheral Vascular Disease – treated with angioplasty (condition number 7.41).

What does this mean?
Peripheral vascular disease is the most common disease of the arteries and refers to any disease or disorder of the circulatory system outside of the brain and heart. It is caused by build-up of fatty material which causes an artery to gradually become blocked, narrowed, or weakened. Peripheral vascular disease is sometimes called arteriosclerosis, or hardening of the arteries. By-pass graft surgery is often performed for severe Peripheral vascular disease that is unresponsive to medication or angioplasty.

6.47 Pneumonectomy – removal of a complete lung

Policy definition
The undergoing of surgery on the advice of an appropriate **medical specialist** to remove an entire lung for disease or traumatic injury suffered by the **life assured**.

For the above definition the following are not covered:

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

What does this mean?
Pneumonectomy is the removal of a complete lung. It may also be the most appropriate treatment for a tumour located near the centre of the lung that affects the pulmonary artery or veins, which transport blood between the heart and lungs. In addition, pneumonectomy may be the treatment of choice when the patient has a traumatic chest injury that has damaged the main air passage (bronchus) or the lung's major blood vessels so severely that they cannot be repaired.

6.48 Primary Sclerosing Cholangitis – of specified severity

Policy Definition
A definite diagnosis of Primary Sclerosing Cholangitis as evidenced by imaging confirmation of typical multifocal formation of bile duct strictures and dilation of intrahepatic and/or extrahepatic bile ducts.

For the above definition, the following are not covered:

- All other causes of bile duct stricture formation and dilation; or
- Primary Sclerosing Cholangitis secondary to liver disease which is associated with alcohol.

What does this mean?
Primary Sclerosing Cholangitis (PSC) is a chronic (lasting years), progressive (worsening over time) disease of the bile ducts that channel bile from the liver into the intestines. PSC caused by alcohol is not covered.

6.49 Pulmonary Artery Surgery

Policy definition
The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) or thoracotomy on the advice of a **Consultant** Cardiologist for one of the following procedures:

- Pulmonary artery surgery to excise and replace the diseased pulmonary artery with a graft; or
- Pulmonary endarterectomy.

What does this mean?
The surgical division of the breastbone and the opening up of the chest wall is performed to gain access to repair the diseased section of the pulmonary artery with a graft.

6.50 Pulmonary Hypertension – of specified severity

Policy definition
A definite diagnosis of Pulmonary Hypertension by a **Consultant** Cardiologist or **medical specialist** in respiratory medicine. There must be clinical impairment of the heart function resulting in **permanent** loss of the ability to perform physical activities to at least Class III of the New York Heart Association (NYHA) classification of functional capacity. For the purposes of this condition, NYHA Class III means a marked limitation of physical activity of the **life assured** due to symptoms of less than ordinary activity causing fatigue, palpitations, dyspnoea or anginal pain. The **life assured** is only comfortable at rest.

What does this mean?
Pulmonary Hypertension is where the blood pressure is abnormally high in the arteries that provide blood to the lungs. In order to claim, the condition must have reached a position where there are symptoms of a particular severity as detailed in the definition and must be of a **permanent** nature. Because of the complexities involved in the diagnosis and classifying symptoms, the diagnosis must also be made by a **Consultant** Cardiologist (an expert in heart diseases) or a **medical specialist** in respiratory medicine. The NYHA classifications are an internationally recognised system of describing symptoms of heart disease.

Explanation of the NYHA classification is as follows:

Class	
Class I (Mild)	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, or shortness of breath.
Class II (Mild)	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitations, or shortness of breath.
Class III (Moderate)	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitations, or shortness of breath.
Class IV (Severe)	Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.

6.51 Severe Sepsis – resulting in admission to a critical care unit for 3 days or more

Policy definition
A definite diagnosis of sepsis by a **Consultant** Physician resulting in admission to either an intensive care unit (ICU) or a high dependency unit (HDU) for at least 3 continuous days.

What does this mean?
Sepsis is a life-threatening medical condition. It happens when the immune system overreacts to an infection and starts to damage the body's own tissues and organs. Sepsis can also be referred to as septicaemia or blood poisoning.

6.52 Short Bowel Syndrome – requiring permanent total parenteral nutrition

Policy definition
A definite diagnosis by a **Consultant** Gastroenterologist of a short bowel syndrome resulting in massive loss of the small intestine and requiring parenteral nutrition on a **permanent** basis.

What does this mean?
Short Bowel Syndrome occurs when there is impaired ability to absorb food nutrients in the intestinal tract, usually caused by surgery, injury, or trauma to the small intestine. It usually does not develop unless more than two thirds of the small intestine has been removed. Total parenteral nutrition is where a person needs to be fed intravenously, bypassing the usual process of eating and digestion with no significant nutrition being obtained by other routes.

6.53 Spinal Stroke – resulting in permanent symptoms

Policy definition
Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in **permanent neurological deficit with persisting clinical symptoms**.

What does this mean?
A spinal stroke occurs when there is an interruption in the flow of blood to the spinal cord. Like other strokes, these may occur when there is a blockage in the blood supply or there is a bleed due to a burst blood vessel.

6.54 Stroke – resulting in specified symptoms

Policy definition
Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in either:

- **Permanent neurological deficit with persisting clinical symptoms;** or
- Definite evidence of death of brain tissue or haemorrhage on a brain scan; and
- Neurological deficit with persisting symptoms lasting at least 24 hours.

For the above definition, the following is not covered:

- Transient ischaemic attack.
- Central Retinal Artery Occlusion or Central Retinal Vein Occlusion (Eye Stroke).

What does this mean?
As with a heart attack, the cause of a stroke is inadequate blood supply, this time to the brain. It can be caused by a

blood clot becoming caught in an artery of the brain or the bursting of one of the brain's blood vessels. The event that triggers the stroke may result from problems within the body, such as clogged up arteries or weaknesses in the wall of a blood vessel. A claim can be made if the event causes clinical symptoms of a stroke which last at least 24 hours and results in evidence of brain damage. Transient ischaemic attacks are often known as mini strokes but do not result in **permanent** damage. They are therefore excluded.

6.55 Syringomyelia or Syringobulbia – treated by surgery

Policy definition
A definite diagnosis of Syringomyelia or Syringobulbia by a **Consultant** Neurologist which has been treated surgically. This includes surgical insertion of a **permanent** drainage shunt.

What does this mean?
Syringomyelia is a disorder in which a cavity forms in the spinal column. This cavity can extend or expand over time causing damage to the spinal cord.

Syringobulbia is a cavity that forms in the part of the brain called the brain stem. This cavity can extend or expand over time causing damage to the brain stem.

The symptoms of these disorders are wide ranging and may include for example pain, or loss of the ability to feel extreme heat or cold.

6.56 Systemic Lupus Erythematosus – with severe complications

Policy definition
A definite diagnosis of systemic lupus erythematosus by a **Consultant** Rheumatologist where either of the following are present:

(i) Severe kidney involvement with systemic lupus erythematosus as evidenced by:

- **Permanent** impaired renal function with a glomerular filtration rate below 30ml/min/1.73m^2, and
- Abnormal urinalysis showing proteinuria or haematuria.

In addition to the above criteria, the disease must have been unresponsive to disease modifying drugs for a continuous period of at least 12 months.

or

(ii) Severe central nervous system involvement with systemic lupus erythematosus as evidenced by **permanent** deficit of the neurological system as evidenced by at least any one of the following symptoms, which must be present on clinical examination and expected to last for the remainder of the life of the **life assured**:

- Paralysis
- Dysarthria (difficulty with speech)
- Aphasia (inability to speak)
- Dysphagia (difficulty in swallowing)
- Difficulty in walking
- Lack of coordination
- Severe dementia where the insured needs constant supervision
- **Permanent** coma.

For the purposes of this definition, seizures, headaches, fatigue, lethargy or any symptoms of psychological or psychiatric origin nor injury secondary to alcohol or illegal drug misuse will not be accepted as evidence of **permanent** deficit of the neurological system.

What does this mean?
The body's immune system produces white blood cells and proteins called antibodies to destroy viruses and bacteria that are foreign to the body. Lupus, like other auto-immune diseases, mistakes the body's own tissue as foreign and attacks it causing inflammation. It can affect major organs in the body and stop them functioning properly.

6.57 Terminal Illness – payable under stand-alone specified serious Illness cover

Policy definition
A definite diagnosis by the attending **Consultant** and **our Chief Medical Officer** of an illness that satisfies both of the following:

- The illness either has no known cure or has progressed to the point where it cannot be cured; and
- In the opinion of both the attending **Consultant** and **our Chief Medical Officer** the illness is expected to lead to death within 12 months.

For the avoidance of doubt, any reference to **terminal illness** shall be construed strictly in accordance the above definition.

What does this mean?
A **terminal illness** is an illness or condition which cannot be cured and is expected to lead to death within a year.

6.58 Third Degree Burns – covering 20% of the body's surface area

Policy definition
Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area or 50% loss of surface area of the face which for the purpose of this definition includes the forehead and ears.

What does this mean?
Third degree burns are the most serious type of burn. They involve the destruction of the full thickness of the skin and can cause damage to the fat, muscle and bone.

6.59 Traumatic Head Injury – resulting in permanent symptoms

Policy definition
Death of brain tissue due to traumatic injury resulting in **permanent neurological deficit with persisting clinical symptoms**.

For the above definition, the following are not covered:

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

What does this mean?
Damage to brain tissue could be caused by an external trauma such as a severe head injury received in a road traffic accident.

7 Partial Payment Specified Serious Illness Cover Definitions

7.1 Advanced (Non-Melanoma) Skin Cancer

Policy definition
The presence of one of the following malignant skin lesions, diagnosed with histological confirmation:

- Basal cell carcinoma that has progressed to at least TNM classification T2N0M0;
- Squamous cell carcinoma that has progressed to at least TNM classification T2N0M0;
- Dermatofibrosarcoma protuberans with invasion to the underlying deep fascia or muscle;
- Cutaneous leiomyosarcoma that has at least one of the following features:
  - Involves the subcutaneous tissue;
  - Poorly differentiated to at least grade 3 (where cells are very abnormal as demonstrated when seen under a microscope);
  - Has grown to at least 5cm; or
  - Has recurred at the same site (local recurrence); or
- Pleomorphic dermal sarcoma (undifferentiated) that is larger than 2cm and has any of the following features:
  - Invasion into subcutaneous tissue;
  - Tumour necrosis;
  - Lymphovascular invasion; or
  - Invasion into the space around the nerves in the skin (perineural invasion).

What does this mean?
These skin cancers are early forms of cancer which are not covered by the full cancer definition, as it has not yet spread or become life-threatening.

7.2 Aortic Aneurysm – with endovascular repair

Policy definition
The undergoing of endovascular repair of an aneurysm of the thoracic or abdominal aorta with a graft.

For the above definition, the following are not covered:

- Procedures to any branches of the thoracic or abdominal aorta.

What does this mean?
An aortic aneurysm is a bulge or swelling in the aorta. The aorta is the main blood vessel that runs from the heart down through the chest and abdomen.

Endovascular repair is a procedure where a graft is inserted into a blood vessel in the groin through small cuts made in the skin. The graft is then carefully guided up into the aneurysm.

7.3 Carcinoma in situ of the Anus – with surgical removal

Policy definition
A positive diagnosis with histological confirmation of carcinoma in situ of the anus with surgery to remove the tumour.

The following is not covered:

- Anal intraepithelial neoplasia (AIN) grade 1 or 2.

What does this mean?
Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay **your** claim if, after diagnosis of carcinoma in situ of the anus, a **life assured** undergoes surgery to remove the tumour.

7.4 Carcinoma in situ of the Appendix, Colon or Rectum – resulting in intestinal resection

Policy definition
A definite diagnosis with histological confirmation of carcinoma in situ of the appendix, colon or rectum resulting in intestinal resection.

For the above definition, the following are not covered:

- Local excision
- Polypectomy

What does this mean?
Carcinoma in situ is an early form of cancer which affects only the cells in which it originated and has not begun to spread to other cells, i.e. it is non-invasive. The policy will pay **your** claim if, after diagnosis of carcinoma in situ of the appendix, colon or rectum, a **life assured** undergoes a surgical resection of their intestines.

7.5 Carcinoma in situ of the Bile Ducts – with surgical removal

Policy definition
A positive diagnosis with histological confirmation of carcinoma in situ of the extra-hepatic bile ducts with surgery to remove the tumour.

What does this mean?
Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay **your** claim out on positive diagnosis with histological confirmation of cancer in situ of the extra-hepatic bile ducts with surgery to remove the tumour.

7.6 Carcinoma in situ of the Breast – treated by surgery

Policy definition
A definite diagnosis with histological confirmation of carcinoma in situ of the breast (including ductal and lobular carcinoma in situ), with surgery to remove the tumour.

What does this mean?
Carcinoma in situ is a term used to describe an early stage of cancer of the breast; that has not spread deeper into the breast tissue or to other parts of the body.

A claim can be made if treatment is carried out involving the removal or partial removal of the breast or surgical removal of the tumour itself following a diagnosis of carcinoma in situ.

7.7 Carcinoma in situ of the Cervix – with surgery

Policy definition
A definite diagnosis with histological confirmation of carcinoma in situ of the cervix uteri resulting in trachelectomy (removal of the cervix) or hysterectomy.

For the above definition, the following are not covered:

- Loop excision
- Laser surgery
- Conisation
- Cryosurgery and Cervical Intraepithelial Neoplasia (CIN) grade I or II

What does this mean?
Carcinoma in situ is an early form of cancer which affects only the cells in which it originated and has not begun to spread to other cells, i.e. it is non-invasive. The policy will pay **your** claim if, after diagnosis of carcinoma in situ of the cervix, a **life assured's** cervix is surgically removed or they undergo a hysterectomy.

7.8 Carcinoma in situ of the Gallbladder – with surgical removal

Policy definition
A positive diagnosis with histological confirmation of carcinoma in situ of the gallbladder with surgery to remove the tumour.

What does this mean?
Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay **your** claim out on positive diagnosis with histological confirmation of cancer in situ of the gallbladder with surgery to remove the tumour.

7.9 Carcinoma in situ of the Larynx – with specified treatment

Policy definition
A definite diagnosis with histological confirmation of carcinoma in situ of the larynx treated with surgery, laser or radiotherapy.

What does this mean?
Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay **your** claim out on positive diagnosis with histological confirmation of cancer in situ of the larynx treated with surgery, laser or radiotherapy.

7.10 Carcinoma in situ of the Lung or Bronchus – with specified surgery

Policy definition
A positive diagnosis with histological confirmation of cancer in-situ of the lung or bronchus resulting in wedge resection or lobectomy.

What does this mean?
Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay **your** claim out on positive diagnosis with histological confirmation of carcinoma in situ of the lung or bronchus or carcinoid tumour resulting in wedge resection or lobectomy.

7.11 Carcinoma in situ of the Oesophagus – treated by specific surgery

Policy definition
Definite diagnosis of a carcinoma in situ of the oesophagus positively diagnosed with histological confirmation by biopsy, which has been treated surgically by removal of a portion or all of the oesophagus. A carcinoma in situ is a malignancy that has not invaded the basement membrane but shows cytologic characteristics of cancer. Histological evidence will be required.

- Treatment by any other method is specifically excluded.

What does this mean?
The oesophagus is the portion of the digestive system that leads from the mouth to the stomach, sometimes called the gullet. This muscular passage carries food and liquids from the mouth to the stomach.

Carcinoma in situ is an early form of cancer. In situ means that these abnormal cells are found in the innermost layer of tissue lining the oesophagus. The policy will pay **your** claim if, after diagnosis of carcinoma in situ of the oesophagus, a surgeon removes a part or all of a **life assured's** oesophagus.

7.12 Carcinoma in situ of the Oral Cavity or Oropharynx – with surgical removal

Policy definition
A positive diagnosis with histological confirmation of carcinoma in situ of the oral cavity or oropharynx with surgery to remove the tumour. This includes lip, inside of cheek, floor of the mouth, tongue, gums, hard palate, soft palate and tonsils.

What does this mean?
Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay **your** claim out on positive diagnosis with histological confirmation of cancer in situ of the larynx treated with surgery, laser or radiotherapy.

7.13 Carcinoma in situ of the Pancreas – with surgical removal

Policy definition
A definite diagnosis with histological confirmation of cancer in situ of the pancreas with surgery to remove the tumour.

What does this mean?
Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay **your** claim out on positive diagnosis with histological confirmation of cancer in situ of the pancreas with surgery to remove the tumour.

7.14 Carcinoma in situ of the Renal Pelvis (of the Kidney) or Ureter – of specified severity

Policy definition
A definite diagnosis with histological confirmation of cancer in situ of the renal pelvis or ureter.

For the above definition, the following are not covered:

- Non-invasive papillary carcinoma
- Tumours of TNM classification stage Ta.

What does this mean?
Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay **your** claim out on positive diagnosis with histological confirmation of cancer in situ of the renal pelvis or ureter. For the above definition, the following is not covered:

- Non-invasive papillary carcinoma, Tumours of TNM classification stage Ta.

7.15 Carcinoma in situ of the Stomach – with surgical removal

Policy definition
A definite diagnosis with histological confirmation of cancer in situ of the stomach with surgery to remove the tumour.

What does this mean?
Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay **your** claim out on positive diagnosis with histological confirmation of cancer in situ of the stomach with surgery to remove the tumour.

7.16 Carcinoma in situ of the Testicle – requiring surgical removal of one or both testicles

Policy definition
A definite diagnosis of carcinoma in situ of the testicle (also known as intratubular germ cell neoplasia unclassified or ITGCNU) supported by histological evidence, which has been treated surgically with an orchidectomy (complete removal of the testicle).

What does this mean?
Carcinoma in situ is an early form of cancer. In situ means that there are abnormal cells in the testicle, but they are completely contained and so cannot spread as cancer cells can. Carcinoma in situ is most often found when a man has a testicular biopsy to investigate infertility. There is no lump and usually no other symptom. **You** can claim if a **life assured** has been diagnosed as having carcinoma in situ of the testicle requiring surgical removal of one or both testicles.

7.17 Carcinoma in situ of the Thymus – with surgical removal

Policy definition
A definite diagnosis with histological confirmation of epithelial tumour of the thymus with surgery to remove the tumour.

What does this mean?
A claim can be made following a positive diagnosis with histological confirmation of epithelial tumour (thymoma) with surgery to remove the tumour.

7.18 Carcinoma in situ of the Urinary Bladder – requiring surgical removal

Policy definition
A definite diagnosis of a carcinoma in situ of the urinary bladder positively diagnosed with histological confirmation by biopsy, which is treated by complete removal of the bladder.

For the above definition, the following is not covered:

- Any urinary bladder tumour which has been histologically classified as stage Ta or non-invasive papillary carcinoma.

What does this mean?
Carcinoma in situ is an early form of cancer. Carcinoma in situ of the urinary bladder affects the lining of the bladder without any invasion into the deeper tissues. **You** can claim if a **life assured** has been diagnosed as having carcinoma in situ of the urinary bladder requiring surgical removal of the entire bladder.

7.19 Carcinoma in situ of the Uterus – with specified surgery

Policy definition
A positive diagnosis with histological confirmation of carcinoma in situ of the lining of the uterus (endometrium) resulting in hysterectomy.

What does this mean?
Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay **your** claim out on positive diagnosis with histological confirmation of cancer in situ of the lining of the uterus (endometrium) resulting in hysterectomy.

7.20 Carcinoma in situ of the Vagina – resulting in surgery to remove the tumour

Policy definition
A definite diagnosis with histological confirmation of carcinoma in situ of the vagina resulting in surgery to remove the tumour.

For the above definition, the following are not covered:

- Laser surgery and diathermy
- Vaginal Intraepithelial Neoplasia (VAIN) grade 1 or 2

What does this mean?
Carcinoma in situ is an early form of cancer which affects only the cells in which it originated and has not begun to spread to other cells, i.e. it is non-invasive. **You** can claim if a **life assured** has been diagnosed with carcinoma in situ of the vagina resulting in surgical removal of the tumour.

7.21 Carcinoma in situ of the Vulva – resulting in surgery to remove the tumour

Policy definition
A definite diagnosis with histological confirmation of carcinoma in situ of the vulva resulting in surgery to remove the tumour.

For the above definition, the following are not covered:

- Laser surgery and diathermy
- Vulval Intraepithelial Neoplasia (VIN) grade 1 or 2

What does this mean?
Carcinoma in situ is an early form of cancer which affects only the cells in which it originated and has not begun to spread to other cells, i.e. it is non-invasive. **You** can claim if a **life assured** has been diagnosed with carcinoma in situ of the vulva resulting in surgical removal of the tumour.

7.22 Carcinoma in situ (Other) – with surgery

Policy definition
A definite diagnosis of carcinoma in situ based on histological confirmation, that has been treated by surgery to remove the tumour.

For the above definition, the following are not covered:

- Any skin cancer (including melanoma)
- Tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment; and
- Intra-epithelial neoplasia or pre-malignant conditions.

This definition excludes all other specified carcinoma in situ conditions listed in the **Partial Payment Specified Serious Illness** Cover section (i.e. condition numbers 7.3 to 7.21 inclusive). For example, if a claim is made for carcinoma in situ of the cervix and the definition specific to that condition is not met, the carcinoma in situ (other) definition cannot be used instead.

What does this mean?
Carcinoma in situ is an early form of cancer which affects only the cells in which it originated and has not begun to spread to other cells, i.e. it is non-invasive. **You** can claim if a **life assured** has been diagnosed with carcinoma in situ which results in surgery. This excludes all other carcinoma in situ sites specified as partial payments, which are subject to their own definitions.

7.23 Carotid Artery Stenosis – treated by Endarterectomy or Angioplasty

Policy definition
Undergoing endarterectomy or therapeutic angioplasty with or without stent to correct symptomatic stenosis involving at least 70% narrowing or blockage of the carotid artery. Angiographic evidence will be required.

What does this mean?
Carotid Endarterectomy is the surgical procedure to remove fatty tissue from the neck arteries. Stenosis occurs when the arteries become blocked with the fatty tissue and the brain does not get enough oxygen.

An angioplasty involves the insertion of a balloon tipped tube into the blocked blood vessel. The balloon is inflated, compressing the fatty deposits against the arterial walls resulting in restoration of blood flow. A mechanical device known as a small metal mesh tube is placed inside the artery where the blockage occurred to widen the opening and support the artery wall. *This benefit does not cover any other treatment of the carotid artery or vascular system.*

7.24 Cerebral Aneurysm – treated with surgery or radiotherapy

Policy Definition
Undergoing craniotomy, endovascular repair or stereotactic radiotherapy to treat a cerebral aneurysm.

What does this mean?
An aneurysm is a bulge or swelling in a blood vessel caused by a weakness in the wall of a blood vessel.

This definition covers aneurysms in the brain which are treated by undergoing either surgery or radiotherapy.

7.25 Cerebral Arteriovenous Malformation – treated with surgery or radiotherapy

Policy definition
Undergoing craniotomy, endovascular repair or stereotactic radiotherapy to treat a cerebral arteriovenous fistula or malformation.

What does this mean?
Cerebral arteriovenous malformation is the name given when blood vessels in the brain become tangled with abnormal connections between arteries and veins.

This definition covers malformations in the brain which are treated with either surgery or radiotherapy.

7.26 Coronary Angioplasty – of specified severity

Policy definition
The undergoing of coronary artery angioplasty, atherectomy, laser treatment or stent insertion on the advice of a **Consultant** Cardiologist to any of the main coronary arteries to correct:

- Narrowing or blockages of at least 70%, confirmed by angiographic evidence; or
- Narrowing or blockages where there is a fractional flow reserve ratio of ‹0.8.

The Main Coronary Arteries for this purpose are defined as:

- Right Coronary Artery;
- Left Main Stem;
- Left Anterior Descending Coronary Artery; and
- Circumflex Coronary Artery.

Two or more procedures on the same Main Coronary Artery or a branch of the same Main Coronary Artery or two or more procedures on multiple branches of the same Main Coronary Artery will be regarded as one *Single Angioplasty Event* even if the procedures are performed at different times.

The undergoing of the above procedures on two or more Main Coronary Arteries at the same time is regarded as a *Double Angioplasty Event*.

The amounts payable for a *Single Angioplasty Event* and a Double Angioplasty Event are set out in Section 5.7.

What does this mean?
Fatty material builds up on the walls of the coronary artery blood vessels, preventing the heart getting the blood supply it needs. There are several types of interventional procedures which may be used when performing angioplasty.

Angioplasty involves the insertion of a thin plastic tube with a small balloon tip into the artery. Once the balloon tip reaches the narrowed section of the artery, the balloon is inflated and the fatty material is compressed into the artery wall increasing the blood flow to the heart. Stenting involves the insertion of a small metal mesh tube into the narrowed artery. Atherectomy and laser treatment are also techniques which involve passing a thin plastic tube (catheter) into the blocked artery. **We** will require angiographic evidence showing at least 70% stenosis in the coronary arteries.

7.27 Crohn's Disease – treated with surgical intestinal resection

Policy definition
A definite diagnosis by a **Consultant** Gastroenterologist of Crohn's Disease and where the **life assured** has undergone surgery to remove part of the small or large intestine.

For the above definition, the following are not covered:

- Other types of inflammatory bowel disease
- Intestinal biopsy

The amount of any Specified Serious Illness benefit to be paid for Crohn's Disease – of specified severity (condition number 6.20) will be reduced by the amount of any **partial payment specified serious illness** benefit paid for Crohn's Disease – treated with surgical intestinal resection.

What does this mean?
Crohn's Disease is an inflammatory disease that affects the digestive system. The main symptoms of the disease are stomach cramps, diarrhoea and tiredness.

A claim can only be made if the **life assured** has had an operation to surgically remove part of the small or large intestine (bowel) as a result of Crohn's Disease. A claim will not be considered for a diagnosis of Crohn's Disease unless it has resulted in surgery as shown in the definition.

7.28 Cystectomy – removal of a complete bladder

Policy definition
A complete surgical removal of the urinary bladder.

For the above definition, the following are not covered:

- Urinary bladder biopsy;
- Removal of a portion of the urinary bladder.

What does this mean?
A claim can be made only where an entire bladder has been removed as a result of injury or disease. Claims for removal of only part of the bladder will not be paid.

7.29 Desmoid-type Fibromatosis – with specified treatment

Policy definition
A definite diagnosis with histological confirmation of non-malignant aggressive fibromatosis by a **Consultant** resulting in:

• Surgical removal;

• Radiotherapy; or

• Chemotherapy.

What does this mean?
Non-malignant aggressive fibromatosis sometimes called Desmoid tumours are rare but benign (non-cancerous) tumours. These tumours can affect any part of the body although most commonly the arms, legs and stomach.

For this definition treatment must be by surgical removal, radiotherapy or chemotherapy.

7.30 Diabetes Mellitus Type 1 – with insulin dependency

Policy definition
A definite diagnosis of type 1 Diabetes Mellitus by an appropriate **medical specialist**, requiring the **permanent** need for exogenous insulin replacement therapy.

For the above definition, the following are not covered:

- Any other type of diabetes, even if treated with insulin.

What does this mean?
Diabetes is caused when the body's immune system attacks the cells in the pancreas that create insulin. Insulin is essential to the body and a lack of insulin results in ketonuria, an increase in the level of sugar in the blood and urine. This can lead to ketoacidosis where the sugar turns to acid causing damage to the organs and eyes and stroke.

Without regular insulin, complications can occur potentially resulting in coma and even death. Type 2 diabetes also results in high blood sugar levels but is as a result of low levels of insulin rather than a complete absence. While it can be treated with insulin, a controlled diet and exercise are often enough. Like type 2 diabetes, gestational diabetes (diabetes during pregnancy) can also potentially be treated with a controlled diet or oral insulin. These types of diabetes are not covered.

7.31 Early Stage Thyroid Cancer – of specified advancement

Policy definition
A definite diagnosis of invasive thyroid cancer which has been histologically classified as having progressed to TNM classification T1N0M0.

What does this mean?
You can make a claim if **you** have been diagnosed with thyroid cancer where the tumour has progressed to at least clinical TNM classification of T1N0M0.

7.32 Eye Stroke – Central Retinal Artery Occlusion or Central Retinal Vein Occlusion – resulting in permanent visual loss

Policy definition
Death of optic nerve or retinal tissue due to inadequate blood supply within the central retinal artery or vein.

This must result in **permanent** visual impairment.

For the above definition, the following are not covered:

- Branch retinal artery or branch retinal vein occlusion or haemorrhage; or
- Traumatic injury to tissue of the optic nerve or retina.

What does this mean?
The retina is the light-sensitive layer of tissue at the back of the eyeball. The central retinal artery and vein transport blood to and from the retina. Central retinal artery/vein occlusion occurs when these blood vessels become blocked causing **permanent** damage and visual loss.

7.33 Gastrointestinal Stromal Tumour (GIST) – with surgery

Policy definition
Gastrointestinal stromal tumour (GIST) of low malignant potential diagnosed by histological confirmation and that has been treated by surgery to remove the tumour.

For the above definition, the following is not covered:

- Tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment.

What does this mean?
A claim can be made following a diagnosis of GIST and where this has been treated by surgery.

Your claim must be supported by a microscopic examination of a sample of the relevant cells. This is known as 'histology' and would usually be carried out as part of a normal hospital investigation.

7.34 Guillain–Barré Syndrome – with persisting clinical symptoms

Policy definition
A definite diagnosis of Guillain-Barré Syndrome by a **Consultant** Neurologist. There must be on-going clinical impairment of motor or sensory function caused by Guillain-Barré Syndrome, which must have persisted for a continuous period of at least 6 months.

What does this mean?
Guillain-Barré syndrome is a very rare and serious condition that affects the nerves. It mainly affects the feet, hands and limbs, causing problems such as numbness, weakness and pain. It can be treated and most people will eventually make a full recovery, although it can occasionally be life-threatening and some people are left with long-term problems.

7.35 Heart Failure – of specified severity

Policy definition
A definite diagnosis by a **Consultant** Cardiologist of failure of the heart to function as a pump which is evidenced by all of the following:

- **Permanent** and **irreversible** limitation of function to at least Class 3 of the New York Heart Association (NYHA) classification of functional capacity (i.e. heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness, or chest pain).
- **Permanent** and **irreversible** ejection fraction of 39% or less.

What does this mean?
Heart failure means that the heart is unable to pump blood around the body properly. This doesn't mean that the heart has stopped working – it just needs some support to help it work better. Doctors usually classify patients' heart failure according to the severity of their symptoms.

The NYHA classifications are an internationally recognised system of describing symptoms of heart disease. A detailed explanation of the NYHA classification may be found under condition number 6.50 of these **policy conditions**.

The ejection fraction refers to a measure how effective the heart is at pumping blood around the body.

7.36 Implantable Cardioverter Defibrillator – for the primary prevention of sudden cardiac death

Policy definition
Undergoing of the insertion of an implantable cardioverter-defibrillator (ICD) on the advice of a **Consultant** Cardiologist for the primary prevention of sudden cardiac death.

For the above definition, the following is not covered:

- Insertion of a pacemaker

What does this mean?
An ICD is a small electrical device implanted in patients who are at risk of sudden death due to life-threatening, irregular heart rhythms. The ICD monitors the rhythm of the patient's heartbeat. When the ICD records arrhythmia (abnormal electrical activity in the heart), it acts to restore rhythm.

Inserting a pacemaker is excluded as this is a different device and is used to treat conditions that are generally less serious.

7.37 Liver Resection

Policy definition
Undergoing a partial hepatectomy (liver resection) on the advice of a specialist surgeon in gastroenterology and hepatology.

For this definition, the following are not covered:

- Surgery relating to liver disease resulting from alcohol or drug misuse;
- Surgery for liver donation (as a donor);
- Liver biopsy

What does this mean?
A liver resection is surgery to remove part of the liver. There are many reasons for removing part of the liver, including benign tumours, cysts, or traumatic injury.

7.38 Low level Prostate Cancer – with Gleason score between 2 and 6 and with specific treatment

Policy definition
Positive diagnosis with a prostate cancer which has been histologically classified as having a Gleason score between 2 and 6 inclusive, provided the tumour has progressed to at least clinical TNM classification T1N0M0 and must have resulted in the undergoing of any treatment to remove or destroy tumour cells.

What does this mean?
The prostate is a walnut sized gland in the male reproductive system located at the base of the bladder. Cancer of the prostate is one of the most common types of cancer in men. The Gleason score is a system of grading prostate cancer tissue based on how it looks under a microscope. The scores range from 2 to 10 and indicate how likely it is that a tumour will spread. A low Gleason score means the cancer is less likely to spread, a high Gleason score means that the cancer is more likely to spread. In order for a claim to be valid, the histology report must show a Gleason score between 2 and 6. A Gleason score greater than 6 will result in a full Specified Serious Illness Cover claim.

7.39 Neuroendocrine Tumour (NET) of low malignant potential – with surgery

Policy definition
Neuroendocrine tumours of low malignant potential, including Merkel cell cancer of the skin, diagnosed by histological confirmation and that has been treated by surgery to remove the tumour.

The following are not covered:

- Tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment.

What does this mean?
A claim can be made if a **life assured** has been diagnosed as having a neuroendocrine tumour and where this has been treated by surgery.

Your claim must be supported by a microscopic examination of a sample of the relevant cells. This is known as 'histology' and would usually be carried out as part of a normal hospital investigation.

7.40 Ovarian Tumour of borderline malignancy/low malignant potential – with surgical removal of an ovary

Policy definition
An ovarian tumour of borderline malignancy/low malignant potential that has been positively diagnosed with histological confirmation and has resulted in surgical removal of an ovary.

For the above definition, the following is not covered:

- Removal of an ovary due to cyst.

What does this mean?
A claim can be made if a **life assured** has been diagnosed as having an ovarian tumour of borderline malignancy/low malignant potential, and where this has been treated by surgery.

Your claim must be supported by a microscopic examination of a sample of the relevant cells. This is known as 'histology' and would usually be carried out as part of a normal hospital investigation.

7.41 Peripheral Vascular Disease – treated with angioplasty

Policy definition
Undergoing a balloon angioplasty, atherectomy, laser treatment or stent insertion on the advice of a **Consultant** Cardiologist or Vascular Surgeon to correct at least 70% narrowing or blockage to an artery of the legs. Angiographic evidence will be required.

The amount of any Accelerated or Stand-alone Specified Serious Illness benefit to be paid for Peripheral Vascular Disease – with bypass surgery (condition number 6.46) will be reduced by the amount of any **partial payment specified serious illness** benefit paid for Peripheral Vascular Disease – treated by angioplasty.

What does this mean?
Peripheral vascular disease is the most common disease of the arteries and refers to any disease or disorder of the circulatory system outside of the brain and heart. It is caused by build-up of fatty material which causes an artery to gradually become blocked, narrowed, or weakened. Peripheral vascular disease is sometimes called arteriosclerosis, or hardening of the arteries.

Balloon angioplasty involves a surgeon passing a fine balloon catheter (a flexible plastic tube) into the narrowed 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.

7.42 Permanent Pacemaker

Policy definition
The **permanent** insertion of an artificial pacemaker to correct an abnormal rhythm of the heart. The abnormal rhythm of the heart must have been documented on electrocardiograph (ECG) and be available to the company.

What does this mean?
A claim can be made if a **life assured** is treated for an abnormal rhythm of the heart with insertion of a pacemaker. For the claim to be valid, there must be supporting ECG evidence of the abnormal rhythm of the heart.

7.43 Pituitary Gland Tumour – with specified treatment

Policy definition
Diagnosis of a pituitary tumour requiring radiotherapy or surgical removal.

The following is not covered:

- Tumours of the pituitary gland treated by other methods.

What does this mean?
The pituitary gland makes hormones that control many other glands in the body. A pituitary tumour is a growth of abnormal cells in the pituitary gland. Most tumours of the pituitary gland are benign and slow growing. However, they can cause a variety of symptoms including headache, loss of vision, and infertility. Treatment may include surgery, radiation therapy and drug therapy. Pituitary tumours where symptoms are controlled by ongoing medication only are excluded.

7.44 Primary Cutaneous Lymphoma – early stage

Policy definition
Diagnosis of primary cutaneous lymphoma supported by histological evidence and classified as having progressed to at least TNM classification T2N0M0 or Stage IB.

For the above definition the following is not covered:

- Lymphomatoid papulosis.

What does this mean?
Primary cutaneous lymphomas are a type of cancer that arises from the skin and does not affect other organs at the time of diagnosis. They can originate from different types of immune cells. The diagnosis is based on the examination of a skin biopsy, which shows the type and features of the lymphoma cells. If this shows progression to at least TNM classification T2N0M0 or Stage IB, this definition will have been met.

7.45 Serious Accident Cover – resulting in at least 28 consecutive days in hospital

Policy definition
A serious accident resulting in severe physical injury where the **life assured** is immediately admitted to hospital for at least 28 consecutive days to receive medical treatment. The 28 days can include a stay in a rehabilitation hospital as long as the **life assured** goes straight from the hospital to the rehabilitation centre.

Severe physical injury means injury resulting solely and directly from unforeseen, external violent and visible means and independent of any other cause. A **life assured** may claim only once under this **cover**.

For the above definition, the following are not covered:

- Stays in hospital of less than 28 consecutive days.
- An accident as a result of involvement in the armed forces.
- An accident as a result of involvement in hazardous pursuits (as outlined in Section 12.2).
- An accident secondary to alcohol where there is a history of alcohol misuse.
- An accident secondary to illegal drug misuse.

What does this mean?
A claim can be made for this benefit if the **life assured** following a serious accident is confined to hospital for at least 28 consecutive days in order to receive medical treatment for the injuries sustained in the accident. The 28 consecutive days can include time spent in a rehabilitation centre if the transfer is made directly from the hospital in order for treatment to be continued. Serious accident secondary to alcohol or drug misuse is not covered. **You** can only make one claim for injuries resulting from the same accident.

7.46 Severe Mental Illness – of specified severity

Policy definition
A definitive diagnosis from a **Consultant** Psychiatrist of any mental illness that has resulted in all of the following:

- An admission to a psychiatric ward where treatment was provided for at least 14 consecutive nights; and
- Has chronic unremitting symptoms; and
- Has not responded to comprehensive management and treatment which the person has completed based on best clinical practice for more than 1 year.

For this definition, the following is not covered:

- Conditions related to or exacerbated by alcohol or drug abuse.

What does this mean?
A range of conditions that are considered to be mental illness are covered, provided the criteria for a severe mental illness are met. These criteria require the insured to be constantly ill, not to have responded to treatment for more than one year and to have been admitted to a psychiatric ward for treatment for at least 14 nights.

7.47 Significant Visual Impairment – permanent and irreversible

Policy definition
Permanent and **irreversible** reduction in the sight of both eyes to the extent that even when tested with the use of visual aids, vision is measured at 6/18 or worse in the better eye using a Snellen eye chart, while wearing any corrective glasses or contact lenses.

If a **life assured** is 'registered blind,' **your** claim will only be met if the loss of sight meets the criteria outlined in the definition outlined above.

What does this mean?
In order for the **life assured** to claim under this definition, the loss of sight in both eyes must be **irreversible** to the extent that, even when using glasses or other visual aids, the degree of loss is measured at 6/18 or worse on the Snellen eye chart. A Snellen chart is an eye chart used by eye care professionals to measure visual acuity. The chart consists of rows of letters that decrease in size downwards. A result of 6/18 indicates that the **life assured** can only see at 6 metres what someone with normal sight can see at 18 metres away.

7.48 Single Lobectomy – removal of a complete lobe of a lung

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

For the above definition, the following are not covered:

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

What does this mean?
A lobectomy is an operation during which a single lobe of the lung is removed. People have two lungs located on either side of the heart within the rib cage. They are not identical, the right lung has three lobes and the left one has two lobes.

7.49 Spinal Aneurysm – with specified treatment

Policy definition
The undergoing of treatment on the advice of a Neurosurgeon for a spinal aneurysm using any one of the following:

- Surgical resection
- Wrapping
- Clipping
- Embolisation

What does this mean?
A spinal aneurysm is a weakness in the wall of a spinal artery or vein resulting in a swelling of the blood vessel. A spinal aneurysm can rupture, bleeding into surrounding tissue.

7.50 Spinal Arteriovenous Malformation – with specified treatment

Policy definition
The undergoing of treatment on the advice of a Neurosurgeon for a spinal arteriovenous malformation using any one of the following:

- Surgical resection or removal;
- Endovascular embolisation;
- Stereotactic radiosurgery; or
- Radiation therapy.

What does this mean?
Spinal arteriovenous malformation (AVM) is an abnormal tangle of blood vessels on, in or near the spinal cord.

In a spinal AVM, the blood passes directly from the arteries to the veins, bypassing the capillaries. This disruption in blood flow deprives the surrounding cells of oxygen and causes cells in the spinal tissues to deteriorate or die.

The AVM may enlarge over time as blood flow increases and compress the spinal cord, leading to disability or other complications. Without treatment, spinal AVM can permanently damage the spinal cord.

7.51 Surgical removal of one eye

Policy definition
Undergoing surgical removal of a complete eyeball for disease or trauma.

What does this mean?
The surgical removal of an entire eyeball due to either disease or injury.

7.52 Third Degree Burns – covering at least 10% of the body's surface

Policy definition
Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 10% and less than 20% of the body's surface area or at least 25% of the surface area of the face which for the purpose of this definition includes the forehead and the ears.

What does this mean?
There are only three degrees of burns and all three refer to how deep the burn goes through the skin. The higher the number the worse the burn. First and second degree burns can heal without scarring. Third degree burns are the most serious type of burn; they involve the destruction of the full thickness of the skin, fat, muscle and bone. In order for a claim to be valid, burns must involve damage or destruction of the skin covering at least 10% and less than 20% of the body's surface area or at least 25% of the surface area of the face. Burns in excess of 20% of the body's surface area or at least 50% of the surface area of the face will result in a full Specified Serious Illness Cover claim.

7.53 Total Colectomy – including a Total Colectomy performed as a result of Ulcerative Colitis

Policy definition
The surgical removal of the entire colon.

For the above definition, the following is not covered:

- Total Colectomy as a result of Crohn's Disease.
- Partial removal of the colon.

What does this mean?
The colon is the final section of the digestive system linking the stomach to the anus.

Colectomies are used to treat a variety of medical conditions including cancer, trauma of the colon, colon obstructions and intestinal irritants such as Ulcerative Colitis. A total colectomy is the surgical removal of the whole colon.

8 Guaranteed Insurability Option

8.1 This option is only available if a **life assured** was accepted on **standard terms** and is not available if any special conditions apply, for example, if **we** applied any exclusions to the **cover** or included an extra **premium** for special terms. If the policy is **joint life**, this option will only apply to the policy if both **lives assured** were accepted on **standard terms**. If the policy is **dual life**, then this option may only apply to one **life assured**. The availability of this option is subject to underwriting at the time the original policy is taken out.

8.2 If this option is included it allows **you** to increase the life cover and Specified Serious Illness Cover on the policy, up to the limits set out below, without the need to supply further medical evidence, following any of these events:

- Increase in mortgage by a **life assured** either to purchase a new main residence or for home improvement of main residence;
- The marriage of a **life assured**;
- The birth or legal adoption of a child by a **life assured**.

8.3 The **life assured** must be under 55 years old at the time the option is exercised. If the basis of **cover** is **joint life**, both **lives assured** must be under 55 years old at the time the option is exercised. If the policy is **dual life**, this option may be exercised separately in respect of each **life assured**.

8.4 Any increase in Accelerated Specified Serious Illness Cover must be matched by the same increase in life cover. However, **you** can choose to increase the life cover only. Any increase in Stand-alone Specified Serious Illness Cover does not need to be matched by an increase in life cover.

8.5 **You** can increase **your cover** on more than one occasion, but the following limits apply:

The maximum increase in life cover for any one event is limited to whichever of the following amounts is lower:

- 50% of the relevant original level of life cover;
- Or €100,000.

The maximum increase in Specified Serious Illness Cover for any one event is limited to whichever of the following amounts is lower:

- 50% of the relevant original level of Specified Serious Illness Cover;
- Or €100,000.

The maximum total increase in life cover for all events over the term of the policy is limited to whichever of the following amounts is lower:

- The relevant original level of life cover;
- Or €200,000.

The maximum total increase in Specified Serious Illness Cover for all events over the term of the policy is limited to whichever of the following amounts is lower:

- The relevant original level of Specified Serious Illness Cover;
- Or €200,000.

8.6 This option cannot be exercised in respect of Specified Serious Illness Cover if the proposed increase in **cover** would take the level of Specified Serious Illness Cover above the maximum allowed under this policy at the time **you** wish to exercise the option. The current maximum level of Specified Serious Illness Cover is €1,400,000.

8.7 If the basis of **cover** is **joint life**, the maximum limits apply to the joint levels of **cover** and not individually. If the basis of **cover** is **dual life**, the maximum limits apply separately to each **life assured's** level of **cover**. In addition, if **you** have more than one policy with **us**, these limits apply across all of these polices and not separately to each of them.

8.8 Where the option is to be exercised for the purchase of a new main residence or home improvement, the maximum increase is also limited to the increase in the mortgage amount.

8.9 **You** must apply in writing to **us** within three months of the occurrence of the event if **you** wish to exercise this option. **We** will require evidence to show that the event has occurred.

8.10 **You** cannot increase **your cover** using this option:

- If **we** have already paid, or are currently considering, a Specified Serious Illness Cover claim or **partial payment specified serious illness** claim (excluding Children's Specified Serious Illness Cover);
- Or, if **you** are no longer resident in the Republic of Ireland;
- Or, for the purchase of a secondary residence or an overseas property.

8.11 Any increase in **cover** will:

- Be based on the normal terms and conditions applicable for policies of this type at the date the option is exercised;
- Have a term equal to the remaining term of the original policy;
- Include any special conditions or restrictions as per the original **policy conditions** and **policy schedule**.

8.12 If this option is exercised, the **premium** will be recalculated accordingly each time the **cover** is increased.

We will base **your** new **premium** on:

- The age of the **life assured**, or both **lives assured** if the basis of **cover** is **joint life**, at the date the increase in **cover** commences;
- The smoking habits of the **life assured**, or both **lives assured** if the basis of **cover** is **joint life**, at the date the increase in **cover** commences;
- Any special terms as outlined in the original **policy schedule** or at any subsequent reinstatement under Section 4.4;
- And **our** premium rates at the time of the increase.

9 Indexation

9.1 This section only applies if the **policy schedule** shows that **Indexation** applies to the policy and it has not been cancelled.

9.2 If **Indexation** applies and provided it has not been cancelled, then the benefit amount (both life cover and Specified Serious Illness Cover, as applicable) will increase on each **policy anniversary date** by 3%.

9.3 The **premium** will also automatically increase on each **policy anniversary date** by 4%. The increase in **premium** is to pay for the increase in the benefit.

9.4 If **Indexation** applies, **we** will write to **you** at least three weeks before each **policy anniversary date** with the details of the increase. If **you** want to cancel **Indexation**, **you** must write to **us** and **we** must receive this instruction at least one week prior to the next **policy anniversary date**. **You** can only cancel an increase in all **cover** under the policy: for example, **you** cannot cancel an increase in life cover and proceed with an increase in Specified Serious Illness Cover. If **cover** is on a **dual life** basis, **you** can only cancel an increase in **cover** in respect of both **lives assured** and not on one **life assured** only.

9.5 The maximum level of Specified Serious Illness Cover is €1,400,000.

9.6 For policies with Accelerated Specified Serious Illness Cover, if the basis of **cover** is **single life** or **joint life**, once the maximum level of Specified Serious Illness Cover has been reached there will be no further increases in **cover** (life cover or Specified Serious Illness Cover) or **premium**. This may result in an increase in **cover** of less than 3% for the final increase. A proportionate increase in **premium** of less than 4% will also apply. If the basis of the policy is **dual life**, once the maximum level of Specified Serious Illness Cover for a **life assured** has been reached there will be no further increases in **cover** for that **life assured** (life cover or Specified Serious Illness Cover). This may result in an increase in **cover** for that **life assured** of less than 3% for the final increase. A proportionate increase in **premium** of less than 4% will also apply.

9.7 For policies with Stand-alone Specified Serious Illness Cover, once the maximum level of Specified Serious Illness Cover for a **life assured** has been reached there will be no further increases in the level of Specified Serious Illness Cover for that **life assured**. This may result in an increase in the level of their Specified Serious Illness Cover of less than 3% for the final increase. However, life cover (assuming a life cover benefit applies) can continue to increase, subject to Sections 9.8 and 9.9. Once the maximum level of Specified Serious Illness Cover has been reached, any further increases in life cover (assuming a life cover benefit applies) will result in an increase in total **premium** of less than 4% to reflect the fact that the Specified Serious Illness Cover isn't increasing.

9.8 There will be no further increase in benefit or **premium** when the **life assured**, or the oldest **life assured** in the case of a **joint life** policy, reaches age 70.

For **dual life** policies, the increase in benefit and **premium** for each **life assured** will cease when they have reached age 70.

9.9 If **you** cancel the increase three times during the existence of the policy or if **you** reduce the benefit or **premium** under this Section 9 more than once, **you** will not be entitled to any further increases.

10 Conversion Option

If the **policy schedule** shows that a Conversion Option applies, **you** can convert this policy into another policy provided by **us** without having to provide evidence of health. The new policy must commence on or before the **conversion option expiry date**, and (aside from waiving the medical underwriting requirements) will be subject to **our** standard new business terms and conditions at the date of conversion. The following conditions apply:

10.1 The policy must not have already ceased as per Section 5.15.

10.2 The level of **cover** under the new policy cannot be greater than the level of **cover** under this policy on the date it is converted.

10.3 **We** will issue the new policy under **our** normal terms which apply at the time this policy is converted. The premium payable will be calculated based on the age of the **life assured** and **our** prevailing rates for the class of policy selected at the time.

10.4 Any special conditions which attach to this policy will apply to the new policy. If **we** have charged an extra **premium** on this policy (e.g. for health reasons), **we** will also charge an extra premium on the new policy based on the premium rates in place at the time of conversion.

10.5 **You** must apply in writing before the **conversion option expiry date**.

10.6 **Indexation** will not be available under the new policy.

10.7 When **you** take out the new policy, the **cover** under this policy will be immediately reduced by the level of cover under the new policy. If the level of **cover** under this policy is reduced to nil, this policy will be immediately cancelled and no further benefit will be payable under it.

10.8 The new policy will be of a type offered by **us** at that time.

10.9 In some circumstances, the Conversion Option will be subject to financial underwriting – refer to **your policy schedule** to see if this applies. Where it does apply, **we** have the right to reduce the level of cover on conversion or disallow the conversion altogether if the evidence of financial justification submitted at the time does not, in the opinion of **our** underwriters, warrant the level of cover requested.

10.10 The term of the new policy will be subject to **Royal London Ireland's** maximum age at cessation for relevant new business policies at the time of conversion, or before the 91st birthday if this is lower. The term also cannot be greater than 51 years (or 40 years if Specified Serious Illness is included on the new policy). For **Joint** and **dual life** policies the maximum age of cessation is based on the age of the oldest **life assured**.

10.11 **You** may not exercise **your** Conversion Option if **you** are no longer resident in the Republic of Ireland.

11 Separation Option

If **you** separate, **your** policy is a **dual life** or **joint life** policy and **we** accepted both of the **lives assured** on **your** policy on **standard terms** and subject always to the conditions specified in this Section 11, it may be possible to split **your dual/joint life** policy and each take out a new **single life** policy without answering any further medical questions.

You can exercise this option as long as:

- **You** and the other **policy owner** provide in writing to **us**, **your** consent to cancel the original policy; and
- **You** take out a new policy before **you** turn 70 (65 if Conversion Option or **Indexation** is chosen); and
- **You** apply in writing to **us** within three months of the separation happening; and
- **You** have not made, nor are **you** eligible to make a claim under this policy.

The new policy:

- Will be subject to the minimum premium applying at the time;
- Can only start when **your** original policy has been cancelled;
- Has to end before the **life assured** turns 75 (65 if **Indexation** is chosen); and
- Has to have a level of **cover** which is less than, or equal to, the level of **cover** under this policy on the date the Separation Option is exercised.

The premium **you** will pay for any new policy will be based on the rates available at the time of the request and based on the age of the **life assured** at that time.

It is **our** intention that the new policy will offer equal or equivalent terms and conditions as this policy. However, **we** reserve the right at **our** absolute discretion, to offer alternative **cover** if it is not possible for any reason to offer these terms and conditions.

In some circumstances, the Separation Option will be subject to financial underwriting at **our** discretion. **We** retain the right to reduce the level of **cover** on the new policy or policies or disallow the Separation Option altogether if the evidence of financial justification submitted at the time does not, in the opinion of **our** underwriters, warrant the level of **cover** requested.

12 Exclusions

In addition to any conditions or exclusions outlined on **your policy schedule**, the following exclusions apply to **your** policy. These exclusions are on top of any specific exclusions in the sections explaining the benefits themselves.

12.1 Life Cover and Terminal Illness Benefit

No benefit has to be paid if a **life assured** dies or has a **terminal illness** within a year of the **start date** or the date of a reinstatement under Section 4.4 if it's the result of **intentional self-inflicted injury**.

We may however pay a claim on an ex-gratia basis where:

- The policy has been assigned in favour of a lending institution; or
- The policy has been deposited with a lending institution as part of a mortgage or loan arrangement; or
- A lending institution proves to have an interest in the policy; for example, it would have to prove to **us** that it was a condition of a mortgage or loan offer that the policy was taken out.

12.2 Specified Serious Illness Cover (including Partial Payment Specified Serious Illness Cover)

There are a number of circumstances in which a claim for payment of Specified Serious Illness Cover will not be admitted.

These exclusions are as follows:

(i) No benefit will be payable if a Specified Serious Illness Cover claim results directly or indirectly as a result of:

- War, civil war, riot, civil commotion, or a similar event;
- **Intentional self-inflicted injury**;
- Improper use of drugs or alcohol;
- Failure to follow medical advice;
- The **life assured** taking part in a criminal act; or
- Any Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome (outside of those outlined in Section 6 of this booklet).

(ii) No benefit will be payable if a Specified Serious Illness Cover claim results directly or indirectly as a result of the **life assured** engaging in hazardous activities, examples of which are:

- Abseiling;
- Aviation other than a fare paying passenger on a regular public airline;
- Bobsleighing;
- Boxing;
- Equestrian events;
- Hang-gliding;
- Motor or motorcycle sports;
- Mountaineering;
- Parachuting;
- Paragliding;
- Pot holing or caving;
- Power boat racing;
- Rock climbing; or
- Scuba diving.

This is not an exhaustive list. If **you** are unsure whether a **life assured** is covered for a particular activity, **you** should contact **us** in writing.

12.3 Territorial Limits

Any claim in respect of life cover, for a **life assured** who has been diagnosed as having a **terminal illness** or Specified Serious Illness, will be invalid if the **life assured** is resident outside the following countries for more than 13 weeks in any 52-week period. A Children's Specified Serious Illness Cover claim will also be invalid if the child is resident outside the following countries for more than 13 weeks in any 52-week period.

The countries are:

- **European Union**
- Australia
- Canada
- New Zealand
- Norway
- South Africa
- Switzerland
- United Kingdom
- United States of America

You must write and tell **us** immediately if a **life assured** starts living in a country which is not one of the accepted countries listed above. **We** will then decide whether **cover** will continue and on what basis. This may include an increase in **premium** and/or exclusions to the **cover**.

12.4 Pre-existing Medical Conditions

No benefit will be payable in respect of life cover or Specified Serious Illness Cover if in the opinion of **our Chief Medical Officer** a claim is made for a condition which was known or ought to reasonably have been known to exist prior to the **start date**, unless **we** have received all relevant information as outlined in Section 3.

12.5 Children's Specified Serious Illness Cover (including Partial Payment Specified Serious Illness Cover)

No benefit for Children's Specified Serious Illness Cover is payable if the claim is as a result of a pre-existing condition, as defined below:

A pre-existing condition is a medical condition (including congenital defects) where symptoms first arose, the underlying condition was first diagnosed or either parent

received counselling or medical advice in relation to the condition before:

- The **start date** of the policy;
- The legal adoption of the child.

The child must survive for at least 10 days (known as the **survival period**) following the diagnosis of the **insured specified serious illness** for the benefit to be payable. Children's Specified Serious Illness Cover applies only to the **diagnosis of an insured specified serious illness** and not on the death of a child. **We** will not pay under this benefit if a child dies within the **survival period**.

No benefit for Children's Specified Serious Illness Cover (including Partial Payment Specified Serious Illness Cover) is payable for:

- Loss of Independent Existence – permanent and irreversible (condition 6.33);
- Diabetes Mellitus Type 1 – with insulin dependency (condition 7.30); or
- Severe Mental Illness – of specified severity (condition 7.46).

No benefit for Children's Specified Serious Illness Cover is payable before the age of 90 days for:

- Brain injury due to anoxia or hypoxia (condition 6.9); or
- Intensive Care – requiring mechanical ventilation for 10 consecutive days (condition 6.29).

No benefit for Children's Specified Serious Illness Cover will be admitted if the claim arises from any of the exclusions outlined in Section 12.2.

13 Making a Claim

13.1 How to make a claim

If **you** or **your** personal representatives want to make a claim, please call **us** on 01 429 3333 or email service@royallondon.ie. It will help **us** if **you** or **your** personal representatives have **your** policy number to hand when contacting **us**.

13.2 Our claim requirements

We reasonably require information and documentation to assess the claim. **We** will consider a claim when **we** have received all of the following:

13.2.1 Proof of Age

Your benefits have been calculated on the basis that the date of birth of each **life assured** is as shown on the **policy schedule**. In the event of a claim for a **life assured**, **we** will ask for proof of the date of birth. If the date of birth on the **application** is not correct, **we** may recalculate the benefits in line with the correct date of birth. In some circumstances, **we** may refuse to pay any benefit if **we** would not have provided **cover** initially had **we** known the correct date of birth.

13.2.2 Life Cover

We will consider a claim when **we** have received the following:

(a) Proof of death in the form of a death certificate, or any other proof **we** reasonably need.

(b) Proof of entitlement to claim the benefits. This could include proof that the **policy conditions** and any special conditions contained in the **policy schedule** have been followed. **We** may ask the person making the claim for a grant of probate or letters of administration.

(c) Proof in the form of a birth certificate of the age of the **life assured**.

(d) Original marriage certificate if the **life assured** is a married woman and her surname differs from the surname on her birth certificate.

(e) The original policy documents. If they are not available, whoever makes the claim must accept legal responsibility and sign a document indemnifying **us** if it turns out that someone else is entitled to the benefit.

13.2.3 Specified Serious Illness Cover (including Partial Payment Specified Serious Illness Cover and Children's Specified Serious Illness Cover) and Terminal Illness Benefit

All claims should be notified to **us** as soon as possible after the event. Any claim must be received within 3 months of the event or the diagnosis giving rise to the claim (except for the special procedures that apply to claims in relation to **HIV/AIDS** infection from blood transfusion, exposure to blood or physical assault which are outlined in Section 6.28 of this booklet). If **you** do not, **we** may refuse to pay the benefit.

We will consider a claim when **we** have received the following:

(a) A completed claim form.

(b) Proof of entitlement to claim the benefits. This could include proof that the **policy conditions** and any special conditions contained in the **policy schedule** have been followed.

(c) Proof in the form of a birth certificate of the age of the **life assured**.

(d) Original marriage certificate if the **life assured** is a married woman and her surname differs from the surname on her birth certificate.

(e) The original policy documents. If they are not available, whoever makes the claim must accept legal responsibility and sign a document indemnifying **us** if it turns out that someone else is entitled to the benefit.

All items of proof, certificates, information, medical and other evidence that **Royal London Ireland** may require in support of a claim must be provided at **your** own expense.

As part of **our** claims procedure, **we** will obtain a report from the **medical specialist** who diagnosed the **insured specified serious illness**.

It may also be necessary to obtain a report from the **life assured's** or child's **Registered Medical Practitioner** and/or any relevant **medical specialist** in order to assess the claim.

The **life assured** (or for a Children's Specified Serious Illness Cover claim, the child's legal guardian) must agree to any medical examinations and tests which are necessary to prove the claim. If the **life assured** or child fails to meet these requirements within a reasonable time, or if the **life assured** or child fails to follow the advice of a **Registered Medical Practitioner**, **we** will not pay the benefits claimed.

13.2.4 **Remaining Cover after a Claim**
Section 5 sets out what **cover** (if any) remains in place after a life cover or Specified Serious Illness Cover claim. Where all life cover and Specified Serious Illness Cover under a policy has been reduced to nil as a result of a claim, the policy will cease immediately.

If **cover** is on a **dual life** basis and the life cover and Specified Serious Illness Cover has reduced to nil for one **life assured** as a result of a claim, **cover** can continue on a **single life** basis for the second **life assured** provided that the **premium** is still paid. **We** will reduce the **premium** to reflect the fact that only one life is now covered.

13.2.5 **Payment of the Claim**
If any information **we** have been given is not correct, true or complete, **we** may not pay the claim.

For life cover, if **we** have not paid the benefit on a valid claim two months after the date of notification of the death of the **life assured**, interest shall accrue monthly from that time (i.e. two months after the date of notification) until the benefit has been paid. For Specified Serious Illness Cover, interest shall be payable if **we** have not paid the benefit on a valid claim two months after the later of the following dates:

- Date of diagnosis
- Date of notification

Interest shall accrue monthly from that time (i.e. two months after the date of diagnosis or notification) until the benefit has been paid.

14 Taxation

Under current law, **we** do not deduct any tax from the benefit. However, tax is payable on any interest **we** pay – see Section 13.2.5. If tax laws change after the **start date**, **we** may change the **policy conditions** of the policy if **we** need to keep the policy in line with those changes. **We** will write and tell **you** about any changes in the **policy conditions**.

15 Data Privacy

Our Privacy Notice explains how **we** use **your** personal data, how long **we** keep **your** personal data for, **our** 'lawful basis' for processing **your** personal data and **your** rights under data protection laws applicable in Ireland. A data privacy notice is included in the policy pack.

You will find the full Privacy Notice at **www.royallondon.ie/privacy-policy**. If **you** would like it in another format, **you** can contact:

Data Protection Officer
Royal London Ireland
47–49 St Stephen's Green
Dublin 2

+353 (0)1 429 3333

GDPR@royallondon.ie

This notice may change from time to time.

16 Making Changes to the Policy

Our ability to make changes to these policy conditions
If after the **start date** there are changes in legislation or regulation or any relevant change in circumstances beyond **our** control and:

- It becomes impracticable or impossible to give effect to the **policy conditions** applying to **your policy**; or
- Failing to make the change could, in **our** reasonable opinion, result in **Royal London Ireland's** customers not being treated fairly; or
- The way that **we** are taxed or the way that **your policy** is taxed is changed, which directly affects the **policy conditions** applying to **your** policy, then

we may with immediate effect make changes to the **policy conditions** (including the **premium**) that **we** reasonably consider are proportionate in the circumstances.

We will inform **you** in writing in advance of any changes being made where **we** are able to do so but if that is not possible, **we** will let **you** know as soon as **we** reasonably can.

We may also make changes to the **policy conditions** applying to the **policy** that **we** reasonably consider won't adversely affect **you**. These may include, for example, changes needed to reflect new services or features that **we** wish to make available to **you**.

We may make changes to these **policy conditions** if **we** become aware of any error or omission in these **policy conditions**. **We**'ll only make such changes to bring these **policy conditions** into line with **your policy schedule** or the policy key features document.

If any provision is found to be illegal, unenforceable or void, **we** may make changes to these **policy conditions** to the least extent possible to remove the offending provision and the remaining provisions shall be deemed to be binding on **you** and **us**. Again, **we** will let **you** know as soon as **we** reasonably can.

We may be entitled to make changes to the terms and conditions applying to **your cover** (including **your premiums**) or cancel **your cover** if:

- **You** don't tell **us** about changes to any of the answers **you** or a **life assured** gave in response to the specific questions in the **application**, or to information provided in relation to those questions, between the date it was completed and the **start date**;
- A **life assured** withdraws their consent for **us** to ask for medical information following the **start date** from any doctor they have consulted about their physical or mental health to check the accuracy of any statement made in, or in connection with, **your application**;
- Any question answered or any statement made in, or in connection with, **your application** were answered honestly and with reasonable care but an answer involves a negligent **misrepresentation** (that is, not innocent or fraudulent) and this affects **our** decision on the **cover**;
- **You** make a claim and **we** find that an answer by **you** or the **life assured** involves a **fraudulent misrepresentation** or where any conduct by **you** or the **life assured** (relative to the **policy** or the steps leading to its formation) involves fraud of any other kind;
- **You** make a claim and **we** find that the claim contains information that is false or misleading in any material respect and which **you** or the **life assured** either knows to be false or misleading or consciously disregards whether it is false or misleading.

17 Other Information

17.1 Cooling–off period
If, after taking out this policy, **you** feel it is not suitable, **you** may cancel it by writing to **us** at:

Royal London Ireland
47–49 St Stephen's Green
Dublin 2

If **you** do this within 30 days from the date **we** send **you your** policy documents (or a copy), **we** will return any **premiums you** have paid. If **you** cancel the policy after the first 30 days, **we** won't refund any of the **premiums**.

We strongly recommend that **you** consult with **your Financial Broker** before **you** cancel **your** policy.

17.2 Cancellation
If this policy is to be cancelled, **we** must receive written notification, signed by **you**, to the address shown above.

If this policy has been issued in connection with a mortgage, or other loan, which is subsequently paid-off or transferred to another lender, **you** must inform **us** in writing should **you** wish to cancel this policy.

Until **you** have informed **us** that **you** no longer need this **cover**, **we** will continue to collect **premiums** and **you** will remain covered by the policy. **You** will not be entitled to any refund of **premiums**.

17.3 Complaints
Royal London Ireland is committed to the provision of the highest standard of customer service.

However, if **you** are dissatisfied with any aspect of **our** service, please let **us** know. **We** take all complaints very seriously. If **you** wish to complain about any aspect of the service **you** have received, please contact **Royal London Ireland** directly.

If **your** complaint is not dealt with to **your** satisfaction, **you** may refer **your** complaint to:

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

+353 (0)1 567 7000

info@fspo.ie

www.fspo.ie

17.4 This policy is governed by the laws of Ireland and the Irish courts are the only courts which are entitled to hear any dispute.

17.5 You can transfer the benefit under this policy in respect of life cover, Accelerated Specified Serious Illness Cover or Stand-alone Specified Serious Illness Cover to someone else. **You** cannot transfer the benefit under this policy in respect of Children's Specified Serious Illness Cover, Children's Life Cover or Donor Recipient **Cover** to someone else.

17.6 Where **you** are able to transfer the benefit under this policy to someone else, as explained in Section 17.5 above, **you** or the person **you** assign it to must write and tell **us** at:

Existing Business Department
Royal London Ireland
47–49 St Stephen's Green
Dublin 2

17.7 This policy doesn't entitle **you** to membership of **Royal London Ireland**.

Royal London Ireland
47-49 St Stephen's Green, Dublin 2
T: 01 429 3333 F: 01 662 5095 E: service@royallondon.ie
www.royallondon.ie

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