

Policy Conditions

Multi-Claim Protection Cover

Multi-Claim Protection Cover



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 notices should be sent to:

Existing Business Department

Royal London Insurance DAC

47-49 St Stephen's Green

Dublin 2

Policy Conditions

This is the **policy conditions** booklet for your Royal London protection policy. Please keep it safe, as you may need it in the future.

Royal London Insurance Designated Activity Company, referred to as "Royal London", 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.

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Multi-Claim Protection Cover Policy Conditions

BEFORE YOU START, PLEASE NOTE

Any use of the words 'we', 'our' or 'us' refers to **Royal London**. 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** Protection 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 Insurance DAC
47–49 St Stephen's Green
Dublin 2

 +353 (0)1 429 3333

 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 the **policy owner** assigned the policy to. 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 Insurance DAC
47–49 St Stephen's Green
Dublin 2

2 Definitions and Explanations

Additional Life Cover Benefit

This is optional supplementary life cover payable when a **life assured** dies, as detailed in Section 8. It is subject to the conditions described in these **policy conditions** and is payable in addition to the **core benefit**.

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 **Royal London**.

Chief Medical Officer

The chief medical officer is a registered medical practitioner instructed by us.

Children's Core Benefit

The percentage of the **core benefit sum assured** stated in Section 6 that **we** would pay on proof that an **eligible child** has suffered a **covered condition**.

Children's Cover

The covers described in Section 6 comprising of **children's core benefit**, children's death cover and premature birth cover.

Claim Description(s)

These are the descriptions of the **covered conditions** as stated in Section 5 that the **life assured** or the **eligible child** needs to satisfy while the **policy** is in place before **we** will pay a claim.

Claim Event

The death of the **life assured** or **eligible child** or evidence that the **claim description** for a **covered condition** under **core benefit** or **children's core benefit** has been satisfied.

Claim Event Date

The date that a **life assured** or **eligible child** dies or the date that the **claim description** for a **covered condition** has been satisfied in respect of **core benefit** or **children's core benefit** by a **life assured** or **eligible child**.

Consultant

A registered medical practitioner who has specialist qualifications in an appropriate branch of medicine and who is practicing at a **hospital** or clinic in Ireland or in the United Kingdom.

Conversion Option

If **your policy schedule** shows that **you** have chosen the Conversion Option, **you** can convert this **policy** into an equal or equivalent policy provided by **Royal London** at the time of the conversion without having to provide evidence of health, as stated in Section 11.

Conversion Option Expiry Date

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 11).

Core Benefit

The benefit described in Section 4 that **we** would pay on proof that a **life assured** has died or suffered a **covered condition**.

Covered Condition(s)

The illnesses and treatments stated in Section 5.

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 has not reached their 18th birthday at the **claim event** and whose mother or father is a **life assured** under the **policy**. If the child is in full time education, the child will continue to qualify as an eligible child if they have not reached their 25th birthday at the **claim event date**.

End Date

The earlier of:

- The **expiry date** shown on the **policy schedule**,
- Any other date on which **your policy** ends in accordance with these **policy conditions**.

Endorsement(s)

These are any documents adding 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 – see Section 15. The latest endorsement will prevail over earlier endorsements.

Expiry Date

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

Extra Premium

An additional charge that may be included in the **premium** that **you** pay following an assessment by **us** of an **application** and medical evidence that **we** may request in respect of a **life assured**. If applicable, it will be stated in the **policy schedule**.

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 3.8.

Guaranteed Insurability Option

As explained in Sections 7 and 9 of these **policy conditions**, an option to increase **your sum assured** without providing further medical evidence if the **life assured** meets the **standard terms**.

High Dependency Unit

An area in a **hospital**, where patients can be cared for more intensively than on a normal ward, but not on the basis of **one-to-one care**.

Hospital/Hospitalisation

A hospital is a legally constituted institution that has the following characteristics:

- Is licensed to carry out medical and surgical procedures;
- Is operated primarily for the care and treatment of sick and injured persons as **in-patients**;
- Continuously provides 24-hour medical care by registered nurses or doctors;
- Is equipped with an operating room in which anaesthesia is administered under proper medical supervision, and surgical operations are regularly performed by licensed physicians or surgeons; and
- Is not primarily a clinic, nursing home, rest home, convalescent home, or similar establishment;
- Is located in Ireland or the United Kingdom.

In-Patient

This is a patient in a **hospital** that occupies a bed overnight in order to receive surgical or medical procedures for the cure or relief of illness or injury.

Indexation

As explained in Section 10 of these **policy conditions**.

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.

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.

Misrepresentation

See definition in Section 3.8.

One-to-One Care

The organisation of nursing services by which one registered nurse assumes responsibility for all nursing care provided to no more than one **in-patient** for the duration of one shift.

Optional Benefits

The benefits stated in Section 3.2.

Optional Benefits Maximum Sum Assured

The maximum **sum assured you** can have for **optional benefits** across all Multi-Claim Protection Cover policies is €5,000,000 in addition to **your sum assured** for **standard benefits**.

Period of Grace

A period of 30 days from the due date to pay the **premium**. See Section 14 for further details.

Permanent

Expected to last throughout life with no prospect of improvement.

Policy

These Multi-Claim Protection Cover **policy conditions** and the accompanying **policy schedule** and any **endorsements**.

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 10).

Policy Conditions

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

Policy Owner

The person(s) named in the **policy schedule** with whom the contract is made and who is/are responsible for payment of the **premiums**.

Policy Schedule

This is part of the **policy**. It sets out the specific details of the **policy** such as:

- The **policy** number;
- The **start date**;
- The **expiry date**;
- The **life assured** or **lives assured**;
- The **policy owner** or **policy owners**;
- The **sum assured**;
- The **premium**;
- If **Indexation** applies;
- If **Conversion Option** applies;
- If **Additional Life Cover Benefit** applies ;
- Any special conditions that apply.

It can be amended by **endorsement(s)** or by a replacement **policy schedule** from time to time.

Policy Term

The period of time between the **start date** and the **expiry date** as stated in the **policy schedule**.

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 14; or
- The amount **we** tell **you** when there has been a claim on a **dual life** contract.

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**.

Reinstatement Period

See definition in Section 14.

Remission

Evidence that there are no signs or symptoms indicating the presence of cancer as confirmed by the **life assured's** **consultant** oncologist.

Single Life

If there is only one **life assured** on this **policy**, **we** call this single life cover.

Standard Benefits

The benefits stated in Section 3.1.

Standard Benefits Maximum Sum Assured

The maximum **sum assured** **you** can have for **standard benefits** (excluding **children's cover**) across all Multi-Claim Protection Cover policies is €500,000.

Standard Terms

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

Start Date

This is the date that the **policy** and the cover starts and the date that the first **premium** is due. It is stated in the **policy schedule**.

Sum Assured

The monetary amount of benefits shown on **your policy schedule** or subsequent **endorsement** that **we** may pay following the occurrence of a **claim event**.

3 How Does the Policy Work?

3.1 Standard Benefits

The following are provided to **you** as standard under this **policy**:

- **Core benefit**, detailed in Section 4;
- **Children's cover**, detailed in Section 6;
- **Guaranteed Insurability Option**, detailed in Section 7.

3.2 Optional Benefits

The following are available for **you** to select as options when **you** apply for cover and will only be included under this **policy** if they are shown on **your policy schedule**:

- **Additional Life Cover Benefit**, detailed in Section 8 and **Additional Life Cover Benefit Guaranteed Insurability Option** detailed in Section 9
- **Indexation**, detailed in Section 10
- **Conversion Option**, detailed in Section 11

3.3 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 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 on **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.

3.4 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.

3.5 If your cover is interrupted

If **your** cover ends because **premiums** have not been paid when due and it is reinstated under Section 14, **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 into on different terms, or limit the amount paid out in the event of a claim.

3.6 When we will pay a claim

We will pay the **sum assured** 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.

3.7 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.

3.8 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 Core Benefit

4.1 **We** will pay the **core benefit sum assured** or a percentage of the **core benefit sum assured** to **you** while **your policy** is in place if a **life assured** dies or meets the relevant **claim description** for one or more of the **covered conditions** listed in Section 4.7.

4.2 Subject always to any restrictions in Section 5, **you** can make more than one claim under this **policy** in respect of the **core benefit**, but the percentage of the **core benefit sum assured** payable to **you** in respect of all **core benefit claim events** can never be more than 100%.

4.3 **Your core benefit** will remain in place until the **end date**. If **we** make a payment to **you** in respect of a **covered condition**, **your core benefit sum assured** will reduce by the amount of the payment. **You** must carry on paying **premiums**, unless **we** have paid the entire **sum assured** to **you**. The maximum payment under this **policy** in respect of the **core benefit** is 100% of the **core benefit sum assured**.

4.4 If the **life assured** under a **single life policy** dies while **your policy** is in place, **we** will pay **you** the **core benefit sum assured** less the amount of any claims that have been paid or have become payable in respect of the deceased **life assured**.

4.5 Once **we** have paid a claim for 100% of the **core benefit sum assured**, unless **you** have chosen **dual life** or **you** still have **Additional Life Cover Benefit** in place, **your policy** will end and **we'll** stop collecting payments from **you**.

4.6 If **you** have a **dual life policy** and **we** have paid 100% of the **core benefit sum assured** in respect of one **life assured**, cover for the remaining **life assured** will remain in place with a corresponding reduction in **premium**. If **we** have paid 100% of the **core benefit sum assured** to **you** for both **lives assured**, then unless **you** still have **Additional Life Cover Benefit** in place, **your policy** will end and **we'll** stop collecting payments from **you**.

4.7 The following is the list of the **covered conditions** for **core benefit**, together with the corresponding percentage of the **core benefit sum assured** that **we** would pay in the event of a claim being made, provided that a **life assured** meets the corresponding **claim description** in Section 5. The **life assured** having one of the illnesses or treatments referred to below doesn't mean **we'll** automatically pay a claim for a **covered condition**. They must satisfy the specific relevant **claims description** stated in Section 5.

Covered conditions for core benefit	Percentage of the core benefit sum assured payable
Death	100%
Terminal Illness – where death is expected within 12 months	100%
Major organ transplant – from another donor	100%
Motor Neurone Disease and specified diseases of the motor neurones – resulting in permanent symptoms	100%
External medical devices – permanent reliance on specific devices	75%
Heart failure – specified severity	50%
Loss of hearing – total and irreversible in both ears	50%
Loss of sight – total and irreversible in both eyes	50%
Loss of speech – total and irreversible	50%
Dementia including Alzheimer's Disease – resulting in permanent symptoms	50%
Parkinson's Disease – resulting in permanent symptoms	50%
Parkinsonian syndromes – resulting in permanent symptoms	50%
Multiple sclerosis (including Devic's Disease) – resulting in specified symptoms	50%
Stroke – resulting in specified symptoms	30%
Psychiatric procedures – as specified	30%
Loss or paralysis of limb	25% (per limb)
Major surgery – specified procedures	20%
Rehabilitation in the National Rehabilitation Hospital – for at least 14 continuous days	20%
Specified treatment for cancer, leukaemia and benign brain tumour: <ul style="list-style-type: none"> • Chemotherapy, • Radiotherapy, • Bone marrow/stem cell transplantation, • Immunotherapy for cancer, • Continuing Cancer treatment benefit. 	20% for each treatment
Heart Attack	20%
Long-stay hospitalisation – of at least 28 continuous days before age 60	10%
Intensive Care unit (ICU) admission – of at least 48 continuous hours	10%
Functional incapacity – inability to carry out specific tasks : <ul style="list-style-type: none"> • Functional incapacity – self care • Functional incapacity – feeding • Functional incapacity – mobility • Functional incapacity – continence 	10% for each specific task
Intermediate surgery – specified procedures	10%
Angioplasty – specified severity	5%
Rehabilitation in a Nursing Home – for at least 14 continuous days	5%

5 Claim Descriptions

These **claim descriptions** are in respect of all **covered conditions**. For a list of which of these **covered conditions** are included in **core benefit**, please see Section 4. For a list of which of these **covered conditions** are included in **children's core benefit**, please see Section 6.

We need to be very specific about what is a **covered condition**, which means that **we** use some medical terms in **our claim descriptions**. **We** have also explained the medical terminology in plain English to help **you** understand what is covered. This explanatory text is contained in the boxes below the **claim descriptions** entitled 'Explanation'. It does not change or replace the **claim descriptions** that have to be met. If **you're** unsure whether a **life assured** meets **our claim descriptions**, they may want to take this booklet to their doctor, or call **Royal London** on 01 429 3333.

5.1 Angioplasty

5.1.1 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%; 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; or
- Left Main stem; or
- Left Anterior Descending Coronary Artery; or
- Circumflex Coronary Artery; or

5.1.2 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; or

5.1.3 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.

Payment for a **claim event** under this **claim description** may be payable on no more than two occasions per **life assured**; on no more than two occasions per **eligible child** and must be confirmed by angiographic evidence.

Explanation

This is a covered condition under core benefit and children's core benefit.

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.

An endarterectomy is an operation to restore normal blood flow through the artery by removing diseased material and other deposits from the inside of the artery, so the blood can flow normally.

5.2 Specified Treatment for Cancer, Leukaemia and Benign Brain Tumour

Payment under each of Sections 5.2.1 to 5.2.4 may be payable on one occasion only per **life assured** and on one occasion only per **eligible child**, whereas payment under Section 5.2.5 may be payable on more than one occasion per **life assured** or per **eligible child**.

5.2.1 Chemotherapy

The undergoing of a course of chemotherapy for histologically confirmed invasive and malignant cancer, leukaemia, or benign brain tumour on the advice of a **consultant** oncologist or haematologist.

- Chemotherapy applied as a cream only and/or electrochemotherapy are excluded.

5.2.2 Radiotherapy

The undergoing of a course of Radiotherapy for:

- Histologically confirmed invasive and malignant cancer or leukaemia: or
- Ductal carcinoma in situ: or
- Benign brain tumour: on the advice of a **consultant** oncologist or haematologist.

5.2.3 Bone marrow or stem cells transplantation

- Undergoing a bone marrow transplant from a human donor, or
- Undergoing a stem cell transplant following total bone marrow ablation on the advice of a **consultant** oncologist or haematologist for treatment of cancer.

5.2.4 Immunotherapy

The undergoing of a course of immunotherapy for histologically confirmed invasive and malignant cancer, leukaemia, or benign brain tumour as prescribed by a **consultant** oncologist or haematologist.

5.2.5 Continuing Cancer Treatment

If a **life assured** has undergone any of the treatments detailed in Sections 5.2.1 to 5.2.4 above which resulted in the payment of a valid claim from **us** to **you**, and on or after the first anniversary of commencement of that treatment, the **life assured** is undergoing or repeating one of the treatments under Section 5.2.1 to 5.2.4, a claim will be considered under this Section 5.2.5.

A claim will be considered whether the treatment is for a second primary cancer, a recurrence of the initial cancer, or if the initial cancer had not gone into **remission**. A payment for continuing treatment is potentially payable on more than one occasion but no more than once in any 12 month period.

Explanation

This is a covered condition under core benefit and children's core benefit. Cancer occurs when abnormal cells divide in an uncontrolled way.

Some cancers may eventually spread into other tissues. Cancer starts when gene changes make one cell or a few cells begin to grow and multiply too much. This may cause a growth called a tumour. There are more than 200 different types of cancer.

Treatments for cancer can include chemotherapy, radiotherapy, bone marrow or stem cell transplants and immunotherapy.

Chemotherapy is the use of anti-cancer drugs to destroy cancer cells.

Radiotherapy uses radiation to kill cancer cells.

Bone marrow or stem cell transplants are treatments for some types of cancer including leukaemia, lymphoma and myeloma. Stem cells are immature cells that can develop into all types of blood cells, including white blood cells, red blood cells, and platelets. Stem cells are found in the peripheral blood and the bone marrow.

Immunotherapy uses the immune system to fight cancer. It works by helping the immune system recognise and attack cancer cells.

5.3 Dementia (including Alzheimer's Disease) – resulting in permanent symptoms

A definite diagnosis of Dementia or Alzheimer's disease by a **consultant** neurologist, psychiatrist or geriatrician. 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:

- Dementia resulting from alcohol abuse and/or illegal drug use.

Payment for a **claim event** under this **claim description** may be made on no more than one occasion per **life assured** and on no more than one occasion per **eligible child**.

Explanation

This is a covered condition under core benefit and children's core benefit.

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 through accepted standard medical tests and questionnaires.

Alzheimer's disease 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.

5.4 External medical devices – permanent reliance on specific devices

The reliance on specific life maintaining external devices, upon which the **life assured** is dependent for survival. To qualify under this **claim description**, there must have been reliance on one of the listed devices for survival for at least 4 weeks as verified by a **consultant** and there must be no prospect of discontinuance of use for the foreseeable future. The specific devices covered are:

5.4.1 The use of oxygen therapy devices for End stage Respiratory Disease,

5.4.2 Renal or liver dialysis and

5.4.3 Percutaneous Endoscopic Gastrostomy (PEG) feeding.

PEG feeding for the treatment of Anorexia nervosa is excluded for **children's core benefit**.

Payment for each **claim event** under each of 5.4.1, 5.4.2 and 5.4.3 under this **claim description** may be made on no more than one occasion per **life assured** and on no more than one occasion per **eligible child**.

Explanation

This is a covered condition under core benefit and children's core benefit.

If a person requires specific medical devices for survival, has been reliant on them for four weeks and will be reliant on them for the foreseeable future, a claim may be made.

End-stage respiratory disease can be caused by a variety of diseases and conditions. When a specific lung disease progresses to the point that lung function is seriously compromised, the disease is considered "end-stage."

Kidney dialysis is a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly. Liver dialysis is a detoxification treatment for liver failure.

PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition to be put directly into the stomach, bypassing the mouth and oesophagus. PEG feeding is specifically excluded for children's core benefit for the treatment of Anorexia Nervosa.

5.5 Functional Incapacity – inability to carry out specific tasks

Even with the use of appropriate assistive or corrective devices, the **life assured** still needs the help of at least one person to perform at least one or more of the listed normal daily tasks for at least 6 months. The inability to perform the tasks will be assessed by a **consultant** and must be agreed by **our chief medical officer**. The number of tasks that the **life assured** is unable to perform will determine the percentage of **core benefit sum assured** payable as detailed in Section 4. Only one payment per task below will be made per **life assured** during the **policy term**.

Task

Self-care

The ability to independently:

- Wash in the bath or shower, or
- Physically dress and undress

Feeding

The ability to independently feed yourself once food is prepared and made available.

Mobility

The ability to independently walk from room to room on a level floor within the property that **you** occupy as **your** residence.

Continence

The ability to independently manage **your** bowel or bladder function.

For the above **claim description**, the following are not covered:

- Incapacity as a result of cognitive impairment or mental illness
- Incapacity as a result of loss or paralysis of limb as described in Section 5.14.

Explanation

This is a covered condition under core benefit only. It is **not** a covered condition for children's core benefit.

Functional incapacity is a loss of a life assured's level of functioning that results from an accident or medical condition and is measured by functional capacity tests.

Functional capacity tests are designed to measure a person's physical ability to carry out a number of specific tasks, after an accident or an illness. The existence of a medical condition or the occurrence of an accident does not in itself necessarily restrict functional capacity.

Having a cognitive impairment means that the person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life.

5.6 Heart Attack – of specified severity

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

- Typical clinical symptoms (for example, characteristic chest pain).
- New characteristic electrocardiographic changes.
- The characteristic rise of cardiac enzymes or Troponins.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes.
- Angina without myocardial infarction.

Payment for a **claim event** under this **claim description** may be made on more than one occasion per **life assured** and on more than one occasion per **eligible child**.

Explanation

This is a covered condition under core benefit and children's core benefit.

A heart attack is more 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, causing damage to the heart muscle.

5.7 Heart failure

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 III on 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); and
- **Permanent** and irreversible ejection fraction of 39% or less. Payment for a **claim event** under this **claim description** may be made on no more than one occasion per **life assured** and on no more than one occasion per **eligible child**.

Explanation

This is a covered condition under core benefit and children's core benefit.

Heart Failure is the inability of the heart to keep up with the demands on it and, specifically, failure of the heart to pump blood with normal efficiency. When this occurs, the heart is unable to provide adequate blood flow to other organs such as the brain, liver and kidneys.

The New York Heart Association (NYHA) classification of functional capacity provides a simple way of classifying the extent of heart failure. It places patients in one of four categories based on how much they are limited during physical activity; the limitations/symptoms are in regard to normal breathing and varying degrees in shortness of breath and/or angina.

An ejection fraction is the fraction of blood ejected from the heart with each heartbeat.

5.8 Intensive Care Unit (ICU) admission – of at least 48 hrs

Admission to an Intensive Care Unit for at least 48 continuous hours. The ICU care must be on a basis of **one-to-one care**. Only one claim will be payable in any continuous 12 month period. This **claim description** does not cover a **high dependency unit**.

It is possible to claim under ICU admission and long-stay **hospitalisation** for the same event. Payment for a **claim event** under this **claim description** may be made on more than one occasion per **life assured**.

Explanation

This is a covered condition under core benefit only. It is **not** a covered condition for children's core benefit.

A claim can be made if the life assured is an in-patient in an ICU for at least 48 hours.

One-to-one care is the organisation of nursing services by which one registered nurse assumes responsibility for all nursing care provided to no more than one in-patient for the duration of one shift.

A high dependency unit is an area in a hospital, where patients can be cared for more extensively than on a normal ward, but not on the basis of one-to-one care.

5.9 Intermediate Surgery – specified procedures

Payment will be made following the **life assured** undergoing any of the following listed surgeries in a **hospital** provided that the surgery is considered medically necessary by a **consultant** surgeon in Ireland or the United Kingdom. All surgeries must require a surgical incision and with the exception of Section 5.9.1 below, all surgeries must also be carried out under general anaesthetic or spinal anaesthetic. Payment will not be made for a specified surgery under this section if payment has been paid or becomes payable for the same surgery under the Major surgery **claim description** in Section 5.16.

5.9.1 Surgery to remove histologically confirmed in situ cancer or histologically confirmed invasive skin cancer with the exception of the following which are not covered:

- Tumours that have not been surgically treated,
- Any skin cancer that is non-invasive, even if surgically treated,
- Intra-epithelial neoplasia or pre-malignant conditions, even if surgically treated.

5.9.2 Surgery to the heart that is not covered under the Major surgery **claim description** in Section 5.16. Angioplasty and diagnostic procedures are also specifically excluded.

5.9.3 Surgery to drain a brain abscess. Surgery for cysts within the brain are specifically excluded.

5.9.4 Surgery involving resection of the small or large intestine excluding biopsy or removal of a polyp.

5.9.5 Surgery involving partial removal of a lung.

5.9.6 Surgery to resect the liver excluding biopsy.

5.9.7 Surgery to remove a whole kidney.

5.9.8 Surgery to resect the stomach. This excludes surgery for reasons of weight management.

5.9.9 Surgery to the spinal cord excluding surgery to the spinal discs.

5.9.10 Total hip replacement.

5.9.11 Skin grafting for third degree burns that cover at least 10% of the body's surface area or at least 25% of the surface area of the face including the forehead and the ears.

5.9.12 Surgery to brain tissue in order to control epilepsy that cannot be controlled by oral medication. Deep brain stimulation is not covered.

Payment for each **claim event** under this **claim description** may be made on more than one occasion per **life assured** or per **eligible child**.

Explanation

This is a covered condition under core benefit and children's core benefit.

Surgery is a medical treatment where an incision is made to the body so that a doctor can repair, remove or replace a diseased or damaged part.

A claim can be made if the life assured undergoes any of the surgical procedures listed in this Section 5.9.

5.10 Long-stay hospitalisation – of at least 28 continuous days before age 60

before reaching the age of 60, the **life assured** is admitted to a **hospital** for at least 28 continuous days in a Republic of Ireland or United Kingdom **hospital**. Only one claim will be payable in any continuous 12 month period.

It will be possible to claim under ICU admission and long-stay **hospitalisation** for the same event.

The following are not covered under this definition:

- Any psychiatric admission
- Treatment for alcohol abuse and/or illegal drug use
- In-patient rehabilitation
- A **hospital** admission due to pregnancy within 9 months of the **start date**.

Payment for each **claim event** under this **claim description** may be made on more than one occasion per **life assured**.

Explanation

This is a covered condition under core benefit only. It is **not** a covered condition for children's core benefit.

A claim can be made if the life assured is an in-patient in hospital for at least 28 continuous days in order to receive medical treatment.

5.11 Loss of hearing – total and irreversible in both ears

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.

Explanation

This is a covered condition under core benefit and children's core benefit.

You can claim if a life assured has a severe form of deafness (to the degree described in our definition) as measured by a pure tone audiogram. A pure tone audiogram is a key hearing test used to identify hearing threshold levels in an individual. The test establishes the quietest sounds you are able to hear at different frequencies or pitches. A decibel is a measure of the volume of a sound. You cannot claim if you have reduced hearing in one or both ears which does not meet this definition. You cannot claim if the deafness can be improved by the use of medical aids. Please note that being registered deaf may not always be a valid claim.

5.12 Loss of sight – total and irreversible in both eyes

permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a snellen eye chart or visual field is reduced to 20 degrees or less of an arc, certified by a **consultant** ophthalmologist.

Explanation

This is a covered condition under core benefit and children's core benefit.

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 6/60 indicates that the life assured can only see at 6 metres what someone with normal sight can see at 60 metres away.

The visual field is the portion of the surroundings that can be seen at any one time. A visual field defect is a loss of part of the usual field of vision. If this has reduced to 20 degrees or less, a claim may be made.

5.13 Loss of speech – total and irreversible

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

Explanation

This is a covered condition under core benefit and children's core benefit.

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.

5.14 Loss or paralysis of limb

The **permanent** physical severance, due to accident or surgery of, or the total, **permanent** and irreversible loss of muscle function confirmed by a **consultant** neurologist to:

- One or more hands from above the wrist or
- One or more feet from above the ankle joint.

For the above the following are not covered:

- Loss of any individual fingers or toes, or combination of fingers and toes,
- Loss of limb as a result of a **life assured**'s own deliberate act.

Payment for a **claim event** under this **claim description** may be made on no more than one occasion per limb per **life assured** and on no more than one occasion per limb per **eligible child**.

Explanation

This is a covered condition under core benefit and children's core benefit.

Loss of limb means that 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.

Paralysis of one or more limbs is evidenced by permanent and irreversible loss of movement and sensation. It could be caused by accident or by an illness.

5.15 Major organ transplant – from another donor

The undergoing as a recipient of a transplant from a live or cadaverous donor of a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official Irish or United Kingdom programme waiting list for such a procedure. For the above **claim description**, the following is not covered:

- Transplant of any other organs, parts of organs, tissues or cells.
- The undergoing as a recipient of transplantation by a **life assured** of their own stem cells.

Explanation

This is a covered condition under core benefit and children's core benefit.

Major organ transplant surgery is required when it is necessary to replace a severely diseased or damaged organ with a healthy organ. A claim can be made if a transplant of one or more organs, as listed in the claim description above, is carried out or the life assured is placed on a recognised waiting list in Ireland or the United Kingdom for such a transplant. This definition does not cover organ donation.

5.16 Major surgery – specified procedures

The **life assured** undergoing any of the following listed surgeries carried out under general anaesthetic or spinal anaesthetic provided always that the surgery must be considered medically necessary by a **consultant** surgeon in Ireland or the United Kingdom. All surgeries must require a surgical incision.

5.16.1 Bone marrow transplant on the advice of a **consultant** haematologist, as treatment for confirmed aplastic anaemia.

5.16.2 Structural heart surgery requiring median sternotomy or lateral thoracotomy on the advice of a **consultant** cardiologist, to correct any structural abnormality of the heart.

5.16.3 Surgery to the brain to remove a tumour or repair an aneurysm. Surgery for cysts within the brain are excluded.

5.16.4 Surgery involving complete removal of a whole lung. Lung transplantation surgery is specifically excluded.

5.16.5 Surgery involving complete removal of the small or large intestine.

5.16.6 Removal of an invasive malignant tumour excluding skin cancer.

Payment for each **claim event** under this **claim description** may be made on more than one occasion per **life assured** or per **eligible child**.

Explanation

This is a covered condition under core benefit and children's core benefit.

Surgery is a medical treatment where an incision is made to the body so that a doctor can repair, remove or replace a diseased or damaged part.

Structural heart surgery means the undergoing of median sternotomy or lateral thoracotomy on the advice of a consultant cardiologist, to correct any structural abnormality of the heart.

Payment can be made if the life assured undergoes any of the surgical procedures listed in this section.

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

A definite diagnosis of one of the following listed motor neurone diseases by a consultant neurologist. There must be **permanent** clinical impairment of motor function.

- Amyotrophic Lateral Sclerosis (ALS)
- Progressive Bulbar Palsy
- Progressive Muscular Atrophy

- Primary Lateral Sclerosis
- Spinal Muscular Atrophy
- Kennedy's Disease

Explanation

This is a covered condition under core benefit and children's core benefit.

Motor neurone disease is a term used to describe a number of degenerative conditions that result in weakness and the wasting of muscles. We will only consider a claim for the listed conditions.

5.18 Multiple sclerosis (including Devic's Disease) – resulting in specified symptoms

A definite diagnosis of Multiple sclerosis or Devic's Disease by a **consultant** neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 3 months.

Payment for a **claim event** under this **claim description** may be made on no more than one occasion per **life assured** and on no more than one occasion per **eligible child**.

Explanation

This is a covered condition under core benefit and children's core benefit.

Multiple sclerosis (MS) is an incurable disease of the central nervous system. 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.

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). Devic's disease is also known as Neuromyelitis Optica.

5.19 Parkinson's Disease – resulting in permanent symptoms

A definite diagnosis of Parkinson's Disease by a **consultant** neurologist with **permanent** clinical impairment of motor function with associated tremor, rigidity of movement and postural instability.

The following is not covered:

- Other Parkinsonian syndromes/Parkinsonism
- Parkinson's disease secondary to alcohol abuse and/or illegal drug use.

Payment for a **claim event** under this **claim description** may be made on no more than one occasion per **life assured** and on no more than one occasion per **eligible child**.

Explanation

This is a covered condition under core benefit and children's core benefit.

Parkinson's disease causes a disturbance of voluntary movement. It causes tremors in the limbs and head and rigidity of the muscles.

5.20 Parkinsonian syndromes – resulting in permanent symptoms

There must be a definite diagnosis by a **consultant** neurologist of one of the following Parkinsonian 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;
- Eye movement disorder;
- Postural instability;
- Dementia;
- Bladder control and postural hypotension.

The following is not covered:

- Parkinsonian syndromes secondary to alcohol abuse and/or illegal drug use. Payment for a **claim event** under this **claim description** may be made on no more than one occasion per **life assured** and on no more than one occasion per **eligible child**.

Explanation

This is a covered condition under core benefit and children's core benefit.

Parkinsonian 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 Parkinsonian syndromes named above and has permanent symptoms as defined.

5.21 Psychiatric Procedures – as specified

- An involuntary stay in a psychiatric facility in the Republic of Ireland or the United Kingdom supported by a **consultant** psychiatrist; or
- Administration of medically supported electro-convulsive therapy by a suitably qualified medical professional.

Any stay in a psychiatric facility for the treatment of alcohol abuse and/or illegal drug use is excluded. Payment for a **claim event** under this **claim description** may be made on no more than one occasion per **life assured**.

Explanation

This is a covered condition under core benefit only. It is **not** a covered condition for children's core benefit. A claim will be considered if a life assured is suffering from a mental disorder, and is committed to a psychiatric hospital or unit as an involuntary patient.

A claim will also be considered if a life assured undergoes ECT treatment. Electro-convulsive therapy, or ECT, is used to treat certain mood disorders but is most commonly used for severe depression.

5.22 Rehabilitation in the National Rehabilitation Hospital – for at least 14 continuous days

Medical requirement for the admission of at least 14 continuous days **in-patient** rehabilitation in the National Rehabilitation Hospital in the Republic of Ireland immediately following a **hospital** admission. Rehabilitation in any other facility in Ireland or abroad is excluded.

Payment for a **claim event** under this **claim description** may be made on more than one occasion per **life assured** or per **eligible child**.

Explanation

This is a covered condition under core benefit and children's core benefit.

The National Rehabilitation Hospital (NRH) in the Republic of Ireland provides complex specialist rehabilitation services to patients who, as a result of an accident, illness or injury, have acquired a physical or cognitive disability and who require specialist medical rehabilitation.

5.23 Rehabilitation in a Nursing Home – for at least 14 continuous days

Physical rehabilitation lasting for a continuous period of 14 days on a 24 hour basis at a **hospital** or nursing home facility in the Republic of Ireland registered with the health Information and Quality Authority. The requirement for admission must be as a result of, and immediately following, a related **hospital** admission, and must be determined as necessary by the treating **consultant**.

Only one claim under this **claim description** will be considered per medical condition suffered in any continuous 12 month period. Any rehabilitation for the treatment of a psychiatric condition, alcohol abuse and/or illegal drug use is excluded.

Payment for a **claim event** under this **claim description** may be made on more than one occasion per **life assured**.

Explanation

This is a covered condition under core benefit and children's core benefit.

Rehabilitation is a service provided in a specialised nursing home facility to medically stable patients who need support to enable them to get stronger, to try to regain abilities they may have lost, or to help maintain function immediately following a hospital stay.

5.24 Stroke – resulting in specified symptoms

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in **permanent** neurological deficit with clinical symptoms persisting four weeks after the initial **hospitalisation**. For the above definition, the following are not covered:

- Transient ischaemic attack
- Central Retinal Artery Occlusion or Central Retinal Vein Occlusion (Eye Stroke)
- Hypoxic brain injury

Payment for a **claim event** under this **claim description** may be made on more than one occasion per **life assured** or per **eligible child**.

Explanation

This is a covered condition under core benefit and children's core benefit.

The cause of a stroke is inadequate blood supply 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 and results in evidence of brain damage with clinical symptoms persisting four weeks after the initial hospitalisation. Transient ischaemic attacks are often known as mini-strokes but do not result in permanent damage. They are therefore excluded.

5.25 Terminal Illness – where death is expected within 12 months

A definite diagnosis of a terminal illness by the attending **consultant** of an illness that satisfies both of the following:

- The illness has either no known cure, or has progressed to the point where it cannot be cured and
- In the opinion of the attending **consultant** is expected to lead to death within 12 months.

The **consultant** must specialise in a field relating to the illness being claimed for. And they must either be employed at a **hospital** in Ireland or the United Kingdom, or have comparable qualifications outside of Ireland or the United Kingdom.

Our **chief medical officer** must accept the medical opinion of the **consultant** before **we** will pay a claim.

Explanation

This is a covered condition under core benefit only. It is **not** a covered condition for children's core benefit. For the purposes of this policy you must satisfy the claim description as stated. This may differ from the clinical definition of a terminal illness.

5.26 Cerebral Palsy – payable only in respect of an eligible child subject to Section 6, a definite diagnosis of Cerebral Palsy made by an attending consultant.

Payment for a **claim event** under this **claim description** may be made on no more than one occasion per **eligible child**.

Explanation

This is a covered condition under children's core benefit only. It is **not** a covered condition for core benefit. Cerebral Palsy is the name for a group of lifelong conditions that affect movement and co-ordination, caused by a problem with the brain that occurs before, during or soon after birth.

6 Children's Cover

6.1 Children's core benefit

6.1.1 **We** will pay a percentage of the **core benefit sum assured** to **you** if an **eligible child** meets the relevant **claim description** of one of the **covered conditions** listed in Section 6.1.7 while the **policy** is in place.

6.1.2 The percentage of **core benefit sum assured** payable for a **children's core benefit claim event** is based on the amount of the **core benefit sum assured** stated on the **policy schedule** increased, by the amount of **Indexation**

chosen, if applicable. The **sum assured** for the calculation of a claim for **children's core benefit** will not be reduced by the payment of a **core benefit** under this **policy**.

6.1.3 If the **policy** is a **dual life policy**, **we** will only pay once in respect of any **claim event** for an **eligible child**. The amount payable will be a percentage of one **core benefit sum assured** only and where they are different, it will be based on the higher **core benefit sum assured**.

6.1.4 **Children's core benefit** will remain in place until the **end date**. The maximum cumulative payment under this **policy** per **eligible child** in respect of **children's core benefit** is €25,000. If **we** make a payment to **you** in respect of a **covered condition** for an **eligible child**, **your children's core benefit sum assured** will reduce by the amount of the claim (including to nil).

6.1.5 What's not covered under children's core benefit?

Claims will not be paid for an **eligible child** where the claim is for:

- A condition where the symptoms were present or the condition was diagnosed, before the **start date**, or,
- A condition where the symptoms were present or the condition was diagnosed, before the child was legally adopted by a **life assured**.

6.1.6 If a claim for **children's core benefit** becomes payable in respect of an **eligible child** who is covered for an illness benefit under any other policy with **us**, then the payment will be reduced (including to nil) by any amount paid or payable under such other policy or policies.

6.1.7 The following is the list of the **covered conditions** for **children's core benefit**, together with the corresponding percentage of the **core benefit sum assured** that **we** would pay in the event of a successful claim being made, provided that an **eligible child** meets the corresponding **claim description** in Section 5. The **eligible child** having one of the illnesses or treatments referred to below doesn't mean **we'll** automatically pay a claim. The **eligible child** must satisfy the specific relevant **claim description** stated in Section 5.

Covered conditions for children's core benefit	Percentage of the core benefit sum assured payable subject to a cumulative maximum of €25,000
Major organ transplant – from another donor	50%
Motor neurone disease and specified diseases of the motor neurones – resulting in permanent symptoms	50%
External medical devices – permanent reliance on specific devices. PEG feeding is specifically excluded.	37.5%
Cerebral Palsy	25%
Heart failure – of specified severity	25%
Loss of hearing – total and irreversible in both ears	25%
Loss of sight – total and irreversible in both eyes	25%
Loss of speech – total and irreversible	25%
Dementia including Alzheimer's disease – resulting in permanent symptoms	25%
Parkinson's disease – resulting in permanent symptoms	25%
Parkinsonian syndromes – resulting in permanent symptoms	25%
Multiple sclerosis (including Devic's Disease) – resulting in specified symptoms	25%
Stroke – resulting in specified symptoms	15%
Loss or paralysis of limb	12.5% (per limb)
Major surgery – specified procedures	10%
Rehabilitation in the National Rehabilitation Hospital – for at least 14 continuous days	10%
Specified treatment for cancer, leukaemia and benign brain tumour: <ul style="list-style-type: none"> • Chemotherapy, • Radiotherapy, • Bone marrow/stem cell transplantation, • Immunotherapy for cancer, • Continuing Cancer treatment. 	10% for each treatment
Heart Attack	10%
Intermediate surgery – specified procedures	5%
Angioplasty – of specified severity	2.5%

6.2 Premature birth cover

6.2.1 An amount of €5,000 is payable on the birth of an **eligible child** before or during the 32nd week of pregnancy, as confirmed by an obstetrician or paediatrician as long as that **eligible child** survives for a period of at least 7 days thereafter.

6.2.2 Payment is payable per pregnancy and does not increase in the event of the birth of twins or other multiple child births.

6.2.3 We won't increase this amount if **Indexation** applies to **your policy**.

6.2.4 We will reduce this amount (including to nil) by any amount paid or payable under any other policy or policies with **us** as a consequence of the premature birth of the **eligible child**.

6.3 Children's death cover

6.3.1 If an **eligible child** dies before the **end date** but after the age of 3 months, **we** will pay **you** an amount of €7,000.

6.3.2 We won't increase this amount if **Indexation** applies to **your policy**.

6.3.3 We will reduce this amount (including to nil) by any amount paid or payable under any other policy or policies with **us** as a consequence of the death of the **eligible child**.

7 Guaranteed Insurability Option – Core Benefit

Please note that the **standard benefits maximum sum assured** applies to **core benefit**.

7.1 The **Guaranteed Insurability Option** allows **you** to increase the **core benefit sum assured** under **your policy** without providing further medical evidence if the **life assured** was accepted on **standard terms** at the **start date**, upon any of these events occurring:

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

7.2 The **core benefit sum assured** can be increased on more than one occasion, but each of the following incremental limits apply:

The maximum increase in **core benefit sum assured** for any one event is limited to the lower of:

- 50% of the **core benefit sum assured** at the **start date**; or,
- €100,000; or,

- The size of mortgage increase if the **Guaranteed Insurability Option** is exercised due to mortgage increase; or,
- The difference between the **core benefit sum assured** stated on **your policy schedule** and the **standard benefits maximum sum assured**.

7.3 The maximum total increase in **core benefit sum assured** for all events over the duration of the **policy** is limited to the lower of:

- The **core benefit sum assured** at the **start date**;
- €200,000; or
- The difference between the **core benefit sum assured** stated on **your policy schedule** and the **standard benefits maximum sum assured**.

7.4 Any increase in **your core benefit sum assured** under this option will:

- Be subject to these **policy conditions**,
- Include any special conditions as outlined in the original **policy schedule** or any subsequent **endorsement(s)**.

7.5 The **life assured** must be under 55 years old and must be resident in the Republic of Ireland at the time the option is exercised.

7.6 If **you** would like to apply for the **Guaranteed Insurability Option**, **you** must notify **us** in writing no later than 60 days following the happening of one of the events listed in Section 7.1. If **you** don't apply within this timescale, **you** will not be able to exercise the **Guaranteed Insurability Option** and it will not apply to **your policy**.

7.7 We will require evidence to show that the event has occurred. If the form of cover is **dual life**, for both **lives assured** to exercise **Guaranteed Insurability Option**, they must provide evidence of the occurrence of an event specified in Section 7.1 in respect of them individually.

7.8 If **Indexation** applies to **your policy**, this will be applied to the increased **sum assured** at the next **anniversary date**.

7.9 If **you** increase **your core benefit sum assured** under the **Guaranteed Insurability Option**, **your premium** will increase immediately. The increase in **premium** will be based on factors such as:

- The age of the **life assured**, or both **lives assured** if the form of cover is **dual life**, at the date the increase in cover commences, and
- The smoking habits of all **lives assured**, at the date the increase in cover commences, and

- Any special conditions as outlined in the original **policy schedule** or any subsequent **endorsement**, and
- **Our premium** rates applicable at the time of the increase.

7.10 A **Guaranteed Insurability Option** will not be available if:

- Any **premium** is in arrears, or
- **We** have paid a claim or a claim has become payable for **core benefit** under this **policy**, excluding **children's cover**, or
- **We** are currently considering a claim for **core benefit**, excluding **children's cover**, under this **policy**, or
- **You** have reached the maximum permitted increase in cover, or
- **You** have reached the **standard benefits maximum sum assured limit**.

7.11 For **dual life**, this option may be exercised separately in respect of each **life assured** and the **standard benefits maximum sum assured** will apply separately to each **life assured's core benefit sum assured**.

7.12 Where the **Guaranteed Insurability Option** does not apply to a **life assured** or may be restricted by the **standard benefits maximum sum assured**, this will be stated in **your policy schedule**.

8 Additional Life Cover Benefit

You can only choose **Additional Life Cover Benefit** when **you** apply for **your policy**. If **your policy schedule** states that **you** are covered for **Additional Life Cover Benefit**, **we** will pay **you** the **Additional Life Cover Benefit sum assured** if a **life assured** dies, while **your policy** is in place.

We will also pay the **Additional Life Cover Benefit** if a **life assured** meets the **claim description** for terminal illness as a **covered condition** specified in Section 5.25. Please note that payment in respect of a terminal illness may also pay out under the **core benefit**, subject to there being a remaining balance of the **core benefit sum assured**. The amount of **Additional Life Cover Benefit sum assured** payable for a **claim event** is stated on **your policy schedule** and any **endorsements**. This amount will include any increases that **you've** made under the **Guaranteed Insurability Option** or **Indexation**.

If 100% of the **core benefit** has been paid out in respect of a **life assured** but **Additional Life Cover Benefit** in respect of that **life assured** remains in place, **we** will reduce **your premium** by the cost of the **core benefit** in respect of the **life assured** that was the subject of the **core benefit** claim. If **you** have a **dual life policy** and **we** have paid an **Additional**

Life Cover Benefit in respect of one **life assured**, cover for the remaining **life assured** will remain in place with a corresponding reduction in **premium**. If **we** have paid an **Additional Life Cover Benefit** to **you** for both **lives assured**, then **your** policy will end.

9 Guaranteed Insurability Option – Additional Life Cover Benefit

Please note that the **optional benefits maximum sum assured** applies to **Additional Life Cover Benefit**.

9.1 The **Guaranteed Insurability Option** allows **you** to increase the **Additional Life Cover Benefit sum assured** (if applicable) under **your policy** without providing further medical evidence if the **life assured** was accepted on **standard terms** at the **start date**, upon any of these events occurring:

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

9.2 The **Additional Life Cover Benefit sum assured** can be increased on more than one occasion, but each of the following incremental limits apply:

The maximum increase in **Additional Life Cover Benefit sum assured** for any one event is limited to the lower of:

- 50% of the **Additional Life Cover Benefit sum assured** at the **start date**; or,
- €100,000; or
- The size of mortgage increase if **Guaranteed Insurability Option** is exercised due to mortgage increase; or,
- The difference between the **Additional Life Cover Benefit sum assured** stated on **your policy schedule** and the **optional benefits maximum sum assured**.

9.3 The maximum total increase in **Additional Life Cover Benefit sum assured** for all events over the duration of the **policy** is limited to the lower of:

- The **Additional Life Cover Benefit sum assured** at the **start date**; or
- €200,000; or
- The difference between the **Additional Life Cover Benefit sum assured** stated on **your policy schedule** and the **optional benefits maximum sum assured**.

9.4 Any increase in **your Additional Life Cover Benefit sum assured** under this option will:

- Be subject to these **policy conditions**; and
- Include any special conditions as outlined in the original **policy schedule** or any subsequent **endorsement(s)**.

9.5 The **life assured** must be under 55 years old and must be a resident in the Republic of Ireland at the time the option is exercised.

9.6 If **you** would like to apply for the **Guaranteed Insurability Option**, **you** must notify **us** in writing no later than 60 days following the happening of one of the events listed in Section 9.1. If **you** don't apply within this timescale, **you** will not be able to exercise the **Guaranteed Insurability Option** and it will not apply to **your policy**.

9.7 **We** will require evidence to show that the event has occurred. If the form of cover is **dual life**, each **life assured** will need to provide evidence to show that the event has occurred in order for both **lives assured** to exercise this option.

9.8 If **Indexation** applies to **your policy**, this will be applied to the increased **sum assured** at the next **anniversary date**.

9.9 If **you** increase **your Additional Life Cover Benefit sum assured** under the **Guaranteed Insurability Option**, **your premium** will increase immediately. The increase in **premium** will be based on factors such as:

- The age of the **life assured**, or both **lives assured** if the form of cover is **dual life**, at the date the increase in cover commences, and
- The smoking habits of all **lives assured**, at the date the increase in cover commences, and
- Any special conditions as outlined in the original **policy schedule** or any subsequent **endorsement(s)**, and
- **Our premium** rates applicable at the time of the increase.

9.10 A **Guaranteed Insurability Option** will not be available if:

- Any **premium** is in arrears, or
- **We** have paid a claim for **core benefit** under this **policy**, excluding **children's cover**, or
- **We** are currently considering a claim for **core benefit**, excluding **children's cover**, under this **policy**, or
- **You** have reached the maximum permitted increase in cover, or
- **You** have reached the **optional benefits maximum sum assured**.

9.11 For **dual life**, this option may be exercised separately in respect of each **life assured** and the **optional benefits maximum sum assured** will apply separately to each **life assured's Additional Life Cover Benefit sum assured**.

9.12 Where the **Guaranteed Insurability Option** does not apply to a **life assured** or may be restricted by the **optional benefits maximum sum assured**, this will be stated in **your policy schedule**.

10 Indexation

10.1 This section only applies if the **policy schedule** shows that **Indexation** applies to **your policy** and **your policy** has not reached its **end date**.

10.2 On every **anniversary date**, **we** will automatically increase the **sum assured** under **your policy** by 3%. **You** will not have to provide **us** with any medical evidence to obtain these increases in the **sum assured**.

10.3 At the time of an increase in **sum assured**, **we** will inform **you** of this in writing at least three weeks in advance of the increase. **You** are not obliged to accept the increase. If **you** do not wish to accept the increase, **you** must write to **us** and **we** must receive this instruction at least one week prior to the next **anniversary date**. 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.

10.4 At the time of an increase in **sum assured** **we** will increase **your premium** due by 4%.

10.5 If **you** do not proceed with an **Indexation** increase three times during the existence of **your policy**, or if **you** reduce the **sum assured** or **premium** more than once, **Indexation** will be removed and **you** will not be able to make any further increases.

11 Conversion Option

11.1 Conversion of Core Benefit

11.1.1 If **your policy schedule** shows that **you** have chosen the **Conversion Option**, **you** can convert **your core benefit** into another **policy** provided by **us** without having to provide evidence of health.

11.1.2 The new **policy** must commence on or before the **Conversion Option expiry date**, and the new **policy** will be subject to equal or equivalent **policy conditions** that applied to this **policy** at the **start date**.

11.1.3 The following conditions apply:

- This **policy** must not have already reached its **end date**.
- The premium payable for the new policy will be calculated based on the age of the **life assured** and **our** premium rates in place at the time of conversion.
- Any special conditions which attach to this **policy** will apply to the new policy. If **we** have charged an **extra premium** on this **policy**, **we** will also charge an **extra premium** on the new policy using the premium rates in place at the time of conversion.
- **Indexation** will not be available under the new policy.
- If **you** convert to a new policy, this **policy** will immediately end and no further **premiums** will be payable under it.
- If a claim for **core benefit** has been paid or becomes payable to **you** before conversion under this **policy**, the **covered condition** that was the subject of the claim will be excluded under the new policy.
- The **core benefit sum assured** under the new policy must be no greater than the **core benefit sum assured** less the amount of all claims paid or payable for **core benefit** in respect of the **life assured** exercising the **Conversion Option** under this **policy** on the date it is converted.
- If a claim is being considered under this **policy** then **you** cannot exercise **your Conversion Option** until consideration of the claim has concluded.

11.2 Conversion of Additional Life Cover Benefit

11.2.1 If **your policy schedule** shows that **you** have chosen both **Additional Life Cover Benefit** and the **Conversion Option**, **you** can convert **your Additional Life Cover Benefit** under this **policy** into another policy provided by **us** without having to provide evidence of health.

11.2.2 The new **policy** must commence on or before the **Conversion Option expiry date**, and the new **policy** will be subject to equal or equivalent **policy conditions** that applied to this **policy** at the **start date**.

11.2.3 The following conditions apply:

- This **policy** must not have already reached its **end date**.
- The **Additional Life Cover Benefit sum assured** under the new policy cannot be greater than the **Additional Life Cover Benefit sum assured** under this **policy** on the date it is converted.
- The **premium** payable for the new policy will be calculated based on the age of the **life assured** and **our** premium rates in place at the time of conversion.
- Any special conditions which attach to this **policy** will apply to the new policy. If **we** have charged an **extra premium** on this **policy**, **we** will also charge an extra premium on the new policy using the premium rates in place at the time of conversion.
- **Indexation** will not be available under the new policy.
- If **you** convert to a new policy, this **policy** will immediately end and no further **premiums** will be payable under it.
- If a claim for **terminal illness** is being considered under this **policy** then **you** cannot exercise **your Conversion Option** until consideration of the claim has concluded.

12 Exclusions

In addition to any special conditions stated on **your policy schedule**, the following exclusions apply to **your policy**. These exclusions are in addition to any specific exclusion in Section 5 relating to **claims descriptions**.

12.1 No benefit has to be paid if a **life assured** dies or has a **terminal illness** under Section 5.25 within a year of the **start date** or the date of a reinstatement under Section 14 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 No claim will be payable for **core benefit** or **children's core benefit** other than for death of a **life assured** or **eligible child** while **your policy** is in place if a **covered condition** results directly or indirectly from:

- War, civil war, riot, civil commotion or a similar event;
- **Intentional self-inflicted injury**;
- Alcohol abuse and/or illegal drug use; or
- Failure to follow medical advice; or
- The **life assured's** or **eligible child's** participation in a criminal act

12.3 Any claim in respect of **core benefit** other than for death of a **life assured** will be invalid if the **life assured** resides outside of the following countries for more than 13 weeks in any 52 week period. A **children's core benefit** claim will also be invalid if the **eligible child** resides outside the following countries for more than 13 weeks in any 52 week period.

- The countries that are members of the European Union
- Australia
- Canada
- Hong Kong
- Isle of Man
- Japan
- New Zealand
- Norway
- Singapore
- South Africa
- Switzerland
- United Kingdom
- United states of America

13 How To Make a Claim

If **you** wish to make a claim under this **policy** please call **us** on 01 429 3333.

What happens next?

Claims for core benefit (other than on death) and children's core benefit

Once **we've** been notified of a claim, **we** will send **you** a claim form, which will need to be completed and returned to **us** with any requested documents. Once **we've** received the claim form **we** may ask for more information.

We may need to see or request any of the following, as well as reasonable proof that **your** medical condition meets **our claim description**:

- A completed claim form, including authorisation relevant to **your** claim;
- A medical examination;
- A form of discharge in which **you** agree that payment of the claim amount represents the full and final discharge of **our** liability in respect of the claim.

All items of proof, certificates, information and other evidence that **we** may require in support of a claim must be provided at **your** own expense. Any evidence that **we** request, such as medical reports and examinations are at **our** expense. As part of **our** claims procedure, **we** may obtain a report from a **consultant** that the **life assured** attended. It may also be necessary to obtain a report from the **life assured's** or **eligible child's** general practitioner. The **life assured** (or for a **children's cover** claim, the **eligible child's** legal guardian) must agree to any medical examinations and tests which are necessary to prove the claim. If the **life assured** or **eligible child** fails to meet these requirements within a reasonable time, **we** will not pay a claim. If **we** receive any **premiums** after **we** have paid 100% of the **core benefit sum assured** to **you**, **we** will refund these **premiums** into the bank account from which they were paid.

Interest will be payable if **we** have not paid the **core benefit** two months after the later of the following dates:

- The **claim event date**
- Date of notification

Interest will accrue monthly from that time (i.e. two months after the **claim event date** or date of notification) until the **core benefit** has been paid.

Death claims

Once **we**'ve been notified of a claim, **we** will send **you** a claim form, which will need to be completed and returned to **us** with any requested documents. Once **we**'ve received the claim form **we** may ask for more information.

We may need to see or request any of the following:

- The original death certificate,
- Certified copy of proof of date of birth for the **life assured**,
- Evidence of a change of name – for example, a marriage or civil partnership certificate,
- Medical evidence relevant to **your** claim,
- A form of discharge in which **you** agree that payment of the claim amount represents the full and final discharge of **our** liability in respect of the claim.

Depending on the claim, **we** may need to see other documents. but **we**'ll only ask for things that **we** reasonably need to approve the claim, including, but not limited to the **life assured**'s will or other legal documents.

How we pay the claim

Once **we**'ve approved a claim and received all the necessary documentation, **we** will pay the claim amount to **you**. **We** normally pay the money into an Irish bank account. **You** can also ask **us** to send a cheque.

If **we**'ve received any **premiums** since the death of the **life assured**, **we**'ll also refund these when **we** pay the claim into the bank account from which they were paid.

And if the payment of the claim, or the return of any additional payments, is delayed by more than two months after the date of notification to **us** of the claim, **we**'ll add interest to the amount **we** pay.

If this policy has been placed in trust

If **you** choose to place **your policy** in trust, **you** must send a copy of the trust deed to:

Existing Business Department
Royal London Insurance DAC
47–49 St. Stephen's Green
Dublin 2

If **your policy** is placed in a trust, **we**'ll take instructions from, and pay claims for death to, the trustees.

We'll need to see the original trust deed – which is a document that lays out the rules of the trust – before paying the claim. **We**'ll also need to see any documents which change the trust deed.

If this policy has been placed under assignment

If this **policy** has been assigned, **we**'ll pay the claim to the assignee. This can only be done with a deed of assignment. To assign a **policy**, **you** must send a notification of the assignment to:

Existing Business Department
Royal London Insurance DAC
47–49 St. Stephen's Green
Dublin 2

We'll need to see the original deed of assignment before paying the claim.

Will my claim payments be taxed?

Your payout will be free from Irish income tax and capital gains tax. However, a death claim payment may form part of **your** estate when **you** die – so inheritance tax may have to be paid.

Please bear in mind that tax rules may change in the future, which could affect the taxes **you** pay.

If **you**'re unsure of **your** tax position **you** should seek professional advice.

14 How Do I Pay For My Policy?

You must pay for **your policy** by monthly direct debit, by yearly direct debit or by yearly cheque. It is **your** responsibility to ensure that all payments are made. **Your** regular **premiums** won't change, unless **you** have chosen to include **Indexation**, or **you** choose to increase **your** cover under the **Guaranteed Insurability Option** or to reduce **your** cover.

We'll collect payments monthly or yearly in advance. **We**'ll collect these until the earlier of:

- The **expiry date** shown on **your policy schedule**,
- **We** pay a claim for death,
- **We** pay a **covered condition** claim for 100% of the **core benefit sum assured**
- **We** pay cumulative **covered condition** claims which total 100% of the **core benefit sum assured**
- The **end date**.

If, **we** have paid 100% of the **core benefit sum assured** in respect of a **life assured** that is still alive, **your policy** will remain in place if it has not reached the **end date** and **you** have selected **Additional Life Cover Benefit** in respect of a **life assured**. As no further **sum assured** will be payable for **core benefit**, no further **premiums** will be payable in respect of **core benefit**. **We** will continue to collect **premiums** in respect of the **Additional Life Cover Benefit** until the **end date**.

If **your policy** is a **dual life policy** and a claim becomes payable in respect of one **life assured** resulting in **premiums** no longer being payable in respect of that **life assured**, then **premiums** will continue to be payable in respect of the other **life assured** until the **end date**.

What happens if I miss a payment or stop paying?

Your first premium is due on the **start date**. Unless this **premium** is received within 30 days of the **start date**, **your policy** will be deemed never to have started, and **we** will have no liability under the **policy**. Subsequent **premiums** are due at the frequency shown in the **policy schedule**. **You** are allowed 30 days starting from the date of the first missed payment to pay all **premiums** that are then outstanding (the time allowed is known as a '**period of grace**'). If **you** pay the full amount within this period **your policy** won't be affected.

If **your premium** is not received within the **period of grace** **your policy** will be cancelled, and **our** liability under **your policy** will stop.

If a claim is made during the **period of grace**, **we** will deduct any unpaid **premiums** from the amount payable on settlement of that claim.

If **you**, **your** legal representatives, or an assignee pay the unpaid **premiums** due on **your policy** within 30 days of the date **your** first unpaid **premium** was due, **your policy** will be reinstated (the time allowed is known as a '**reinstatement period**'). **Your policy** can be reinstated even if a **claim event** has occurred during this **reinstatement period**. **Your policy** cannot be reinstated if **we** receive a request from **you** to cancel **your policy**.

If **you're** struggling to make payments, please get in touch. **You** can ask **us** to reduce **your** monthly payments, but this means **we'll** reduce **your** cover or shorten the duration of **your policy** in line with this change. Please see Section 15 for more information.

15 Changes To Your Policy

If **you** want to reduce the length of **your policy** or reduce **your premium** payments, please call **us** on 01 429 3333. If **you** make changes, **we'll** send **you** an **endorsement** to confirm these.

Changes we need to know about

You need to let **us** know if **you** change **your** name, address or bank account.

How you can change your policy

We cannot give financial advice and **you** should discuss making changes to **your policy** with **your Financial Broker**.

Reducing the duration of your cover

You can choose to reduce the **policy term**. For example, if **you** take out a **policy** which lasts for 25 years, **you** might later decide to reduce this to 20 years. **You** can't reduce its length to less than 5 years remaining. If **you** reduce the **policy term**, **your policy** will end on the new **expiry date** shown on **your endorsement**.

You can reduce **your policy term**, but **your premium** can't fall below €10 per month/€100 per year. **You** can't increase **your policy term**.

Reducing your cover

You can choose to reduce the **core benefit sum assured** or the **additional life cover sum assured** but neither can fall below €10,000. This will also reduce **your** monthly or yearly **premiums** but they can't fall below €10 per month/€100 per year.

You cannot remove any of the benefits listed in Section 3 from **your policy** once it is in force, with the exception of **Indexation**.

Can I increase my cover?

Once the **policy** is in force, apart from the **Guaranteed Insurability Option** detailed in Sections 7 and 9 and **Indexation** detailed in Section 10, **you** can't increase **your sum assured** under this **policy**.

You may be able to take out further policies with **us** (which will be subject to underwriting).

Any additional policy taken out will be subject to the terms and conditions applicable to that policy at the time it was taken out.

A copy of the relevant terms and conditions will be provided to **you**.

What is my maximum sum assured?

The most cover **you** can have across all **Royal London** Multi-Claim Protection Cover policies is subject to the **standard benefits maximum sum assured** and the **optional benefits maximum sum assured**.

We'll reduce the **sum assured** and **premium** payments, or if necessary, cancel **policies** if **your sums assured** would exceed these limits. **We'd** start by reducing or cancelling the most recent **policy** **you** had taken out. If **we** do this, **we'll** write to **you** to let **you** know.

Separation Option

If **you** separate, **your policy** is a **dual life policy** and **we** accepted both of the **lives assured** on **your policy** on **standard terms**, and subject always to the conditions specified below, it may be possible to split **your dual life policy** and each take out a new **single life** Multi-Claim Protection Cover 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 55; 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 age 70, and
- Has to have a sum assured which is less than, or equal to, **your sum assured** under this policy on the date the separation option is exercised, and
- May include Additional Life Cover Benefit if it is included in this **policy**.

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, 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 **sum assured** 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 **sum assured** requested.

How we can make changes

Our aim is never to make changes to **your policy**. However, **we** may have to do so for the following reasons:

- In circumstances beyond **our** control – such as changes in law or the interpretation of the law, taxation or regulation or where **we** need to comply with legal or regulatory decisions or recommendations, the addition of or an amendment to a Government levy, decisions or recommendations of an ombudsman, regulator or similar body, or any code of practice with which **we** intend to comply.
- To correct an error where it is fair and reasonable to do so. For example, if something is missing from **your policy** which means that there is an inconsistency with **your policy schedule**.
- To allow for changes in the way **we** administer policies, technology or general practice in the life and pensions industry where **we** consider it necessary to do so. For example, where it becomes impractical or impossible for **us** to provide **your policy** as is; or if it could result in **our** customers being treated unfairly.
- Where **we** want to make a new service or feature available to **you** or make a reasonable change that won't be unfavourable to **you**.

If **we** think any change to **your policy** is to **your** advantage, **we** may make it immediately and tell **you** within a reasonable period afterwards. **We** will also do this if the change is due to regulatory requirements. Wherever possible, **we'll** do **our** best to give **you** advance notice before **we** make a change. If any change is to **your** disadvantage, **we** will provide **you** with prior notice in writing at least 30 days before **we** make it. If any change is to **your** disadvantage, **we** will outline any options then available at the time of writing to **you**. If **we** make a change to **your policy** that **you** are not happy with, **you** may cancel **your policy**.


16 How Do I Make a Complaint?

Royal London 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** 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 Cancelling Your Policy

If **you** want to cancel **your policy**, **you** must write to **us** at:

Existing Business Department
Royal London Insurance DAC
47–49 St. Stephen's Green
Dublin 2

If **you** cancel **your policy**, all cover will end.

Cancelling within 30 days

If **you** cancel within 30 days of the date **you** receive **your policy**, **we**'ll refund any payments **you**'ve made.

Cancelling after 30 days


If **you** cancel after 30 days from the date **you** receive **your policy**, **you** won't get any refund.

18 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 royallondon.ie/privacy-policy. If **you** would like it in another format, **you** can contact:

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

 +353 (0)1 429 3333

 GDPR@royallondon.ie

This notice may change from time to time.



Royal London

47-49 St Stephen's Green, Dublin 2

T: 01 429 3333 F: 01 662 5095 E: service@royallondon.ie
royallondon.ie

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