Strong cover, built for you

Multi-Claim Protection Cover from Royal London Ireland



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Welcome to Royal London Ireland

We've a strong heritage in Ireland and have been protecting customers here for over 190 years.

Based in Dublin, we're a fully owned subsidiary of The Royal London Mutual Insurance Society Limited – the largest mutual life, pensions and investments company in the UK. Our parent company's mutuality, meaning it is customer and member owned with no shareholders, allows us to adopt a mutual mindset. This means we take a longer-term view and focus on providing best customer outcomes. Whoever you are and whatever your aims, we'll look to provide you with great long-term value, first class service and support at all times.

Key information

Multi-Claim Protection Cover is a life and illness protection policy. It is a severity-based policy, meaning that payouts are linked to the potential impact of certain health events. It's purpose is to provide a lump sum payment to help you through serious illness. We pay claims for covered events, which occur over the lifetime of your policy. It is possible to claim multiple times until the sum assured (amount of cover in place) is fully paid out. Alternatively, it may pay all of your remaining sum assured as a lump sum if you die, or are diagnosed with a terminal illness, during the term of the policy. Multi-Claim Protection Cover is designed solely to provide protection benefits. There is no payment if you survive to the end of the term and no surrender value is payable at any stage.

This brochure should be read in conjunction with the relevant policy conditions booklet which contains full details of the benefits provided and the terms and conditions that apply. The policy conditions booklet is available on request. This brochure is designed as a quick reference to the main features of Multi-Claim Protection Cover.



Your cover explained

Multi-Claim Protection Cover is an innovative impact-based protection policy. It protects you for a broad range of possible health setbacks that may impact you and your lifestyle.

Multi-Claim Protection Cover

It gives you financial support in line with the potential impact caused by a medical condition or illness.

It can potentially pay out multiple times over the lifetime of your policy.

It is designed to be easy to understand, so you know when you are entitled to make a claim.

It includes built-in life cover and comprehensive children's cover.

Medical treatment has evolved and so has the way in which people live their lives. That's why we have created a protection policy that has progressed to better meet your needs. Multi-Claim Protection Cover is a severity-based policy, unique in the Irish market, which aims to align life and illness protection with the progression of modern medicine and health.

Multi-Claim Protection Cover helps to financially protect you from the impact of a serious illness, like a heart attack or receiving cancer treatment. It also covers other major health impacts like a long hospital stay, for example, after a serious road traffic accident, and a range of surgeries.



Continuing peace of mind

Broad cover for a range of conditions with the potential for more than one claim

Multi-Claim Protection Cover pays claims based on the general impact caused by a medical condition or treatment, and how severe that impact is. Instead of claims just being paid based on a long list of prescribed medical definitions, they are paid for a range of medical conditions such as MS, medical treatments such as chemotherapy as well as for the inability to perform certain day-to-day tasks without help.

If you have been diagnosed with a specific serious illness, some insurance policies only pay out once, then cover ends, and you can't get that type of insurance again. Multi-Claim Protection Cover is different.

Even after a claim for a serious illness, as long as you haven't claimed all (100%) of your cover, you will still have cover in place. You can continue to claim on the policy, as needed, until you have claimed the full amount of your cover.

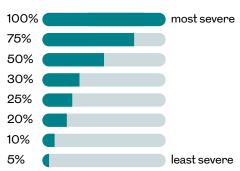
After a claim, your monthly payments (premiums) will not change.

Multi-Claim Protection Cover is designed to give you financial support aligned with the impact an illness or condition can have on your life. That means this policy can pay out 5% to 100% of your cover (or your sum assured) depending on the illness or condition.

For illnesses or treatments that have a more serious impact, it pays out a higher amount, up to 100% of your cover. Whereas for less serious illnesses or treatments, it will pay out potentially less than 100%, keeping the rest of your cover in place for any future, potentially more severe illnesses.

There are eight levels of severity to determine how much money is paid out when you need to make a claim. These levels reflect the general impact that the condition or treatment may have on your lifestyle.

The percentage of your cover we can pay ranges from:



Multi-Claim Protection Cover — in line with the impact caused by a medical condition or illness

Medical and technological advancements mean that many serious illnesses are being diagnosed earlier and treated more effectively. Although it is positive that people are recovering from illnesses and generally living longer, unfortunately it can mean there is a greater chance of later redeveloping the same illness or a wholly different condition.

Multi-Claim Protection Cover has been developed to keep up with these advancements in medical science, by providing cover that can pay out multiple times for multiple illnesses. It does this through its design. Claims are payable relative to how severe the illness is. This is how Multi-Claim Protection Cover can potentially pay out multiple times – not just once, and you can continue to be protected.

Claims paid when you need it most

This approach to paying claims makes it possible to get the financial help you need, when you need it most. Each claim paid reduces the remaining cover you have available.

For example, we may pay out for less serious illnesses or during the early stages of an illness and then we may pay out again if you were to suffer a more serious illness or in some cases, a relapse in the future. We may also pay out multiple claims at the same time, for conditions or illnesses that require multiple treatments.

Multi-Claim Protection Cover provides a financial safety net for a broad range of health conditions and treatments. It provides benefits that are related to the impact these health events would likely have. It includes cover for various cancer treatments, heart and neurological conditions, surgeries and much more.

By paying claims incrementally, when the financial support is most needed, you can make ongoing choices about your lifestyle and care.

Multi-Claim Protection Cover or Health Insurance?

While we'd recommend speaking with your Financial Broker for advice on what type of insurance policy will suit your needs best, we have outlined how Multi-Claim Protection Cover and Health Insurance complement each other.

You can put Multi-Claim Protection Cover in place in addition to your Health Insurance. Both insurances can complement each other.

For example, your Health Insurance will pay for the treatment cost, if you are covered. You may pay for these medical expenses yourself and claim them back from your insurer. Your Multi-Claim Protection Cover will pay you a guaranteed percentage of your cover, depending on the severity of your illness or condition, if you are covered.

This payout could go towards expenses incurred whilst receiving the treatment - you can choose to use this money as you wish. For example, taking a holiday to recuperate, taking time off work, or making adaptations to your home if needed due to the impact of the illness.



This table outlines the main differences between Multi-Claim Protection Cover and Health Insurance.		
	Multi-Claim Protection Cover	Health Insurance
What does it cover you for?	Depending on the reason for the claim, it will pay out between 5% and 100% of your cover (or sum assured). It's possible to claim multiple times, over the term of the policy, your cover is fully paid out. For the most severe health events such as death and terminal illness, the full amount is paid out.	It helps pay for private medical expenses such as doctors' visits, hospital stays, medications, tests, treatments and procedures. Depending on what your plan includes, it will cover you for outpatient treatments to more serious hospital stays.
What does it pay out for?	It pays a guaranteed tax-free percentage of your full cover amount to help with your expenses and monthly bills.	It pays for the cost of the medical treatment.
Who does it pay out to?	The claims payout is paid directly to you to spend however you wish.	Generally, you pay for outpatient costs and claim them back from your insurer, or the insurer pays the medical facility on your behalf, after excess.
Does it pay out multiple times?	Yes, unlike other life insurance products it's possible to still have cover left should you need to claim again.	Yes
Does it provide a financial payout on death?	Yes	No

When to make a claim

Easy to understand when you may claim

The following table shows the health events that would trigger a claim on your policy. In each case, the listed percentage would be paid if a claim is admitted, and if the amount paid is less than 100% you will still have cover remaining.

Each claim paid will reduce your remaining cover by that percentage. Having the amount of cover payable for a claim event in percentages means it's possible cover can continue after a claim or claims so there is protection for any future health setbacks.

Claims can continue to be made until the full sum assured has been paid out. Multiple claim events can be triggered for one illness, depending on its health impact and the medical treatments required, adding up to a maximum of 100%.

It is important to note that your original sum assured (increased where applicable by Indexation and any increases under the Guaranteed Insurability Option) is the maximum amount that will be paid out in total. For more details on the Guaranteed Insurability Option and Indexation turn to pages 23 and 26 respectively.



100% cover paid	0% cover paid	
Claims trigger	Details	
Death	A key feature of this policy is that it isn't just for illnesses or health conditions. It will also provide cover in the event of death, meaning your family or next of kin may be paid 100% of your cover (or remaining cover) to help financially at that difficult time.	
Terminal Illness	A terminal illness diagnosis may trigger 100% of your cover (or remaining cover) to be paid.	
Major organ transplant	Receiving or being on the waiting list for an organ transplant (heart, kidney, liver, lung or pancreas) has an extreme impact on a person's life. So, it may trigger 100% of your cover (or remaining cover) to be paid.	
Motor Neurone Disease — defined list	The severity of this disease and the extreme impact it has means, if diagnosed, 100% of your cover (or remaining cover) may be paid out.	

75% cover paid	
Claims trigger	Details
Permanent reliance on specific external medical devices	If you permanently rely on medical devices like oxygen, dialysis or feeding tubes it can have a severe impact, 75% of your cover may be paid out.

50% cover paid		
Claims trigger	Details	
Multiple Sclerosis and Devic's Disease Dementia including Alzheimer's Disease Parkinson's Disease Parkinsonian Syndromes	If diagnosed with one of these Neurological Disorders, resulting in specified symptoms, 50% of your cover may be paid out.	
Loss of speechLoss of hearingLoss of sight	The permanent loss of one of these senses may each trigger 50% of your cover to be paid out.	
Heart Failure	If you suffer from permanent heart failure, of specified severity, 50% of your cover may be paid out.	

When to make a claim continued

30% cover paid	
Claims trigger	Details
Stroke	If you have a stroke, resulting in specified symptoms, 30% of your cover may be paid out.
Psychiatric admission — involuntary	An involuntary stay in a psychiatric facility in Ireland or the UK, or the undergoing of electro-convulsive therapy, may result in a payment of 30% of your cover.

25% cover paid	
Claims trigger	Details
Loss or paralysis of limb Loss of, or permanently losing the use of, an arm, leg, by foot may result in a payment of 25% of your cover.	

20% cover paid		
Claims trigger	Details	
Major Surgery - specified procedures	Open heart or bypass surgeries, brain tumour or brain aneurysm surgeries, and surgeries to remove a lung or colon or an invasive tumour may all result in a payment of 20% of your cover (for each).	
Heart Attack	If you have a heart attack, 20% of your cover may be paid out.	
Chemotherapy Radiotherapy Bone marrow and/or stem cell transplantation Immunotherapy for Cancer treatment	If you are referred for one of these cancer treatments, 20% of your cover may be paid out. These treatments can only be claimed once. If you are referred for the same treatment again, you may claim the Continuing Cancer Treatment Benefit.	
Continuing Cancer Treatment Benefit	If we pay you a claim for any of the cancer treatments listed above and on or after the first anniversary of you starting that treatment, you are undergoing or repeating one of these treatments, 20% of your cover may be paid out.	
Rehabilitation at the National Rehabilitation Hospital	If, after being in hospital, you need to be admitted to the National Rehabilitation Hospital in Ireland for at least 14 continuous days, 20% of your cover may be paid out.	

10% cover paid		
Claims trigger	Details	
Intermediate Surgery – specified procedures	If you need surgery that is not categorised as a major surgery as listed previously, but is categorised as an intermediate surgery, you may claim 10% of your cover. These intermediate surgeries are listed on page 17.	
Long Stay Hospitalisation (before age 60)	If, after an accident or serious illness you require a long-term stay in hospital for at least 28 continuous days (in Ireland or the UK), 10% of your cover may be paid out.	
Intensive Care Unit (ICU) admission	If you are in an ICU for 48 continuous hours or more, 10% of your cover may be paid out.	
Functional incapacity for self-care	If you are not able to wash or dress yourself without help for six months or longer, 10% of your cover may be paid out.	
Functional incapacity for feeding oneself	If you are not able to feed yourself without help for six months or longer, 10% of your cover may be paid out.	
Functional incapacity for mobility	If you are not able to walk from room to room on one level of your home without help for six months or longer, 10% of your cover may be paid out.	
Functional incapacity for continence	If you cannot manage your bowel or bladder functions for six months or longer, 10% of your cover may be paid out.	

5% cover paid			
	Claims trigger	Details	
	In-patient rehabilitation – of at least 14 continuous days	If, after being in hospital, you need to be admitted for physical rehabilitation at a hospital or nursing home facility for at least 14 continuous days, 5% of your cover may be paid out.	
	Angioplasty	If you need to have an angioplasty, for example if you need a stent inserted, (the various types of angioplasty are listed on page 17), 5% of your cover may be paid out. This can be paid on two occasions.	

Terms and conditions do apply and are fully explained in the policy conditions booklet. If you would like a copy please let us know, or contact your Financial Broker.

Claims paid more than once

With cover that continues

Thankfully, we have seen great strides in medical diagnostics and treatments. These advancements mean that serious illnesses are being diagnosed earlier and treated more effectively.

It also means that more people are likely to be diagnosed with, and be successfully treated for, a serious illness. For example, 1 in 2 people¹ in Ireland will develop cancer during their lifetime. But there is good news. Because more illnesses are detected earlier, in many cases serious illnesses are having a lesser impact on peoples' lives. Following treatment, many return to life as normal in a short space of time.

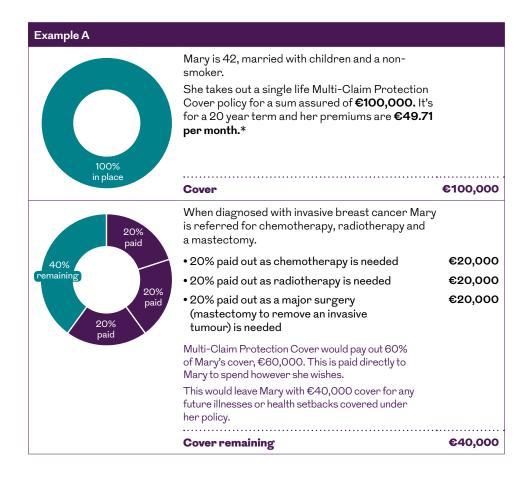
Take a look at the following example which shows how Multi-Claim Protection Cover could work for a person being treated for cancer.

Pricing Examples: What can you expect to pay for Multi-Claim Protection Cover?

- A single, non-smoker aged 39 who wants a sum assured of €100,000 for a 25-year term would pay €45.77 per month.
- A single, non-smoker aged 34 who wants to spend €50 per month for a 25-year term could get a level sum assured of €172,196.

Premiums quoted as at June 2022 include 1% Government Levy.

Cases are non-indexing, without Conversion and do not include Additional Life Cover.



National Cancer Registry Ireland, 2021: https://www.ncri.ie/sites/ncri/files/pubs/NCRI_Annual%20Report_2021.pdf

^{*} Premium quoted as at June 2022, including 1% Government Levy. It is for a non-indexing benefit without Conversion or Additional Life Cover.

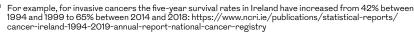
Claims paid more than once continued

Survival rates for cancer are higher than ever,¹ meaning people are living longer. This can mean that people are now more likely to suffer more than one serious illness during their lifetime. It's an unfortunate fact that people who have had cancer are at a higher risk of getting a second cancer.² Similarly, people who have had cancer have a higher risk of heart disease and stroke.³

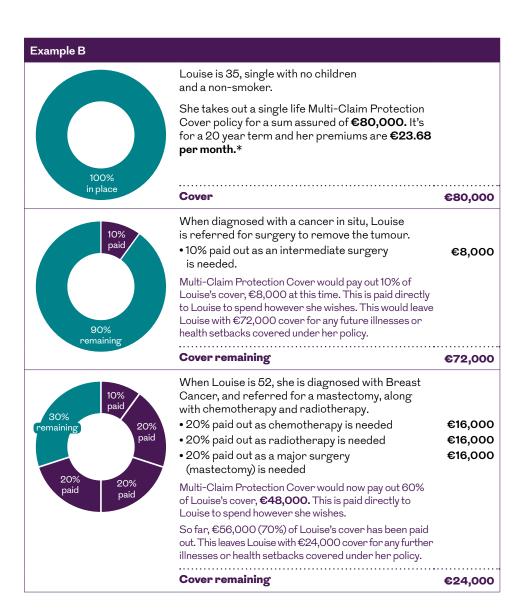
Multi-Claim Protection Cover has been designed with this in mind, which is why cover continues after a claim.

There are no price increases for claiming; your premiums stay the same throughout your policy. The only time your premiums will increase is if you add Indexation to your policy or increase your cover. More information about Indexation is available on page 26.

Similarly, there is no claim waiting-period applied. So, if you were to receive treatment for cancer and then suffer from a stroke a few months later, you can claim straight away for both health events. The only exceptions to this are for Continuing Cancer Treatment Benefit, Long Stay Hospitalisation and Rehabilitation in a Nursing Home. These claims will only be paid out once, in any 12-month period.



² https://www.cancer.net/survivorship/what-second-cancer



^{*} Premium quoted as at June 2022, including 1% Government Levy.

It is for a non-indexing benefit without Conversion or Additional Life Cover.

³ https://healthcare-in-europe.com/en/news/cancer-patients-at-higher-risk-of-dying-from-heart-disease-stroke.html

Some extra details

Surgery cover

As not all surgeries are the same, or have the same impact or recovery period, we have two levels of surgery cover.

For major surgeries: 20% of your cover may be payable.

Tor intermediate surgeries: 10% of your cover may be payable.

Angioplasty is treated separately and 5% of your cover may be payable.



For major surgeries, 20% of your cover may be payable.

A major surgery is:

Any structural heart surgeries, including a heart by-pass surgery.

Any brain surgery to remove a tumour or repair an aneurysm.

Any surgery to fully remove a lung or your small and/or large intestines.

A bone marrow transplant to correct a permanent failure which has resulted in a non-cancerous blood disease called Aplastic Anaemia.

Any surgery to remove an invasive malignant tumour (cancer). This does not include skin cancer, which is categorised as less severe and is covered under intermediary surgery.

For intermediate surgeries, 10% of your cover may be payable.

An intermediate surgery is:

Surgery to remove cancers in situ or invasive skin cancers:

- Cancer in situ: In situ is Latin for in place. This is an early stage cancer
 where the cancer or tumour is in one place and has not spread.
- Invasive skin cancer: An invasive skin cancer is when the cancer is growing into surrounding, healthy tissue.

Both of these types of cancers need to be histologically confirmed, meaning studied and confirmed under a microscope.

Heart surgeries that aren't structural surgeries (covered under 'major' surgery), except for Angioplasty which is covered separately and any diagnostic procedures.

Surgery to drain a brain abscess and/or surgery to brain tissue to control epilepsy.

Surgery to:

- Remove a part of a lung
- Repair the small or large intestine
- Remove part of the liver
- Remove a kidney
- Remove part of the stomach, except for weight management reasons

Surgery to the spinal cord, excluding spinal disc surgery.

Surgery for a total hip replacement.

Surgery for skin grafting for third degree burns.

For Angioplasty, 5% of your cover may be payable.

This benefit is payable twice during your policy and may be payable when you need:

The required operation (a coronary artery angioplasty, atherectomy, laser treatment or stent insertion) to any of the main coronary arteries.

The required operation (an endarterectomy or therapeutic angioplasty) to the carotid artery.

The required operation (a balloon angioplasty, atherectomy, laser treatment or stent insertion) to an artery of the legs.

There are specified arteries and specified thresholds for this benefit, for example the operation should be to correct a narrowing or blockage of at least 70%. These are fully explained in your policy conditions booklet. If you would like a copy please let us know, or contact your Financial Broker.

Some extra details continued

Functional incapacity

Some health conditions are not always easily diagnosed or treated. But that does not lessen the impact they can have on a person's life. That's why we have four separate categories included on this policy where we assess physical ability to carry out a number of specific tasks to catch these health setbacks.

If you are not able to do one of the tasks explained in the table below, without the help of at least one other person, you may be able to claim 10% of your cover.

Tasks	Explained as being able to:	
Self-care	Wash in the bath or shower, or physically dress and undress yourself on your own.	
Feeding	Feed yourself, once food is prepared and made available for you.	
Mobility	Walk from room to room on a level floor within the property that you occupy as your residence.	
Continence	Manage your bowel or bladder function.	

You can claim once, per task, over the lifetime of your policy. The following conditions apply:

- Your incapacity is because of a physical injury or condition.
- Your incapacity is for six months or longer.

External medical devices

Some treatments are ongoing and rely on medical equipment or devices to help a person live. Using and managing these devices is usually something that once required, is needed for the rest of a person's life. These devices are:

- An oxygen tank, needed for End Stage Respiratory Disease.
- A dialysis machine for renal or liver dialysis.
- A PEG feeding tube.



Cover for family impacts included

In addition to the cover listed in the earlier table, we understand that if something were to happen your child, naturally, that would have an impact on your life too.

Children's cover

If your child was to become seriously ill, we will pay you a percentage of your cover (the amount you put in place when you first took out the policy) to help you financially at that tough time.

This is a separate payment and your own cover under the policy would not be affected.

The amount paid for a children's cover claim is a percentage of the sum assured you put in place when you first started your policy. Claims for children's cover are capped at a maximum of €25,000.

For example, if your child was to undergo a major organ transplant we would pay 50% of your initial sum assured to a maximum of €25,000.

Illness cover for a child can be paid multiple times per child until a total of €25,000 is paid out. All of your children from their birth or adoption until their 18th birthday (25th birthday if in full time education) are covered during the term of the policy.

The following table shows the health events that would trigger a claim for a child. In each case, the listed percentage would be paid if a claim is admitted. Claims can continue to be made until the €25,000 limit is reached. Each claim paid will have no effect on your own cover.

Premature birth cover

If your child was born very premature, another separate payment would be made. €5,000 will be paid to you if you have a baby born before or during the 32nd week of pregnancy that survives for 7 days afterwards. The payment is per pregnancy and not per child, so in the event of a multiple birth, a single payment of €5,000 will be made.

Separate children's life cover

We also provide a separate children's life cover payment of €7,000 for children from the age of 3 months until their 18th birthday (25th birthday if in full time education). This is a separate payment and your own cover under the policy would not be affected.

Children's Cover - Health Events	
Covered conditions for policyholders' children	Percentage of your cover paid
Major organ transplant	50%
Motor neurone disease/specified diseases of the Motor Neurones	50%
Permanent reliance on specific external medical devices	37.5%
Cerebral palsy	25%
Heart failure	25%
Loss of hearing	25%
Loss of sight	25%
Loss of speech	25%
Dementia including Alzheimer's Disease	25%
Parkinson's Disease	25%
Parkinsonian syndromes	25%
Multiple Sclerosis (including Devic's Disease)	25%
Stroke	15%
Loss or paralysis of limb	12.5% (per limb)
Major Surgery - specified procedures	10%
Rehabilitation in the National Rehabilitation Hospital	10%
Specified treatment for cancer, leukaemia and benign brain tumour: • Chemotherapy • Radiotherapy • Bone marrow/stem cell transplantation • Continuing Cancer Treatment Benefit	10% (for each treatment)
Heart Attack	10%
Intermediate Surgery — specified procedures	5%
Angioplasty	2.5%

Please note claims for children's cover are capped at a maximum of €25,000.

Terms and conditions do apply and are fully explained in the policy conditions booklet. If you would like a copy please let us know, or contact your Financial Broker.



Added benefit Guaranteed Insurability Option

As part of our commitment to provide customers with maximum value, you'll also receive a number of additional benefits with your Multi-Claim Protection Cover policy.

Guaranteed Insurability Option

This is also known as a 'Special Events Increase Benefit.'

This benefit gives you the option to increase your level of cover, without having to give any further medical evidence, following any of these events:

- Increase in mortgage, either to purchase a new main residence or for home improvement of main residence
- Marriage
- Birth or adoption of a child

If one of these events occurs, you can increase your cover by 50% of the original amount up to a maximum increase of €100,000.

If you want to increase your cover again, following another event, you can (provided you have not already exceeded the maximum total cover). In total, you can increase your cover by 100% of the original amount up to a maximum increase of €200,000 (provided you have not already exceeded the maximum total cover). If you do increase your cover, your premium will be subject to change too. However, the increases will be restricted by the maximum benefit limit of €500,000.

It is also possible to increase the Additional Life Cover (explained on page 25) only.

You can choose to take up this option at any time before age 55. It will not be available if you have already received a claim payment or you are waiting to receive a claim payment.

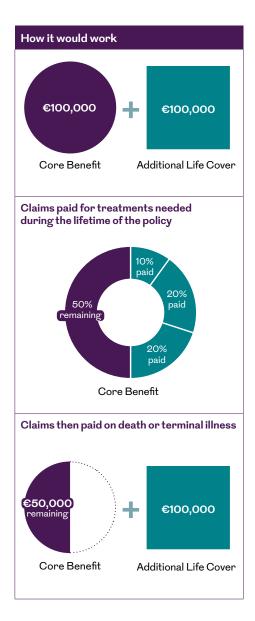


A few optional extras

Additional Life Cover

Extra protection for your life – more financial security for your family in the event of your death.

You can choose to include extra life cover with your Multi-Claim Protection Cover policy. This Additional Life Cover would be separate from your policy's Core Benefit which you can claim for health events during the lifetime of the policy. This extra life cover would be a fixed amount (unless you add Indexation) and would be paid out to your family or next of kin if you died while the policy was in place.



A few optional extras continued

Indexation

Inflation, or the rise in the general cost of living over the years, can eat away at the real buying power of your money. It may have the same effect on your Multi-Claim Protection Cover. That means what was the right amount of cover when you first took out the policy, may at some stage in the future no longer be enough for your own or your family's needs.

Indexation explained:

Selecting Indexation on your policy helps protect against the negative effects of inflation. Quite simply, Indexation ensures that your cover increases by 3% each year (in return for a 4% increase in your premiums each year). This helps to protect the real value of your cover as time passes, assuming an annual inflation rate of less than or equal to 3%.

The table below shows the negative effects inflation can have on the purchasing power of a lump sum of €100,000.	
Timeframe	Buying power of the money paid out
3% inflation rate	
0 years	€100,000
10 years	€74,409
20 years	€55,368

In this example, after twenty years with inflation at 3% per year a lump sum of €100,000 is the same as €55,368 in today's terms. The money paid out would still be €100,000 but its value is much lower because inflation means it buys less in the future than it would today.

Conversion Option

Conversion Option explained:

By selecting to include a Conversion Option on your policy you are adding a benefit which gives you the option to convert your remaining cover available on your policy into another Multi-Claim Protection Cover policy in the future, without having to provide evidence of health.

You can choose to add this option if you have a policy lasting for ten years or longer. You pay a higher premium if you want to include the Conversion Option in your policy, and the option can be used at any time during the policy term up to your 65th birthday (or before the 65th birthday of the older life for Dual Life policies).

The premium payable at the time of conversion will be based on your age at that time.

Any special conditions, exclusions or ratings which applied to the original policy will also apply to the new policy. When you take out your Multi-Claim Protection Cover policy with Royal London Ireland you'll need to decide from the outset if you wish to include this Conversion Option in your policy.

Full details of Indexation and the Terms and Conditions which apply are in the policy conditions booklet, which is available on request or from your Financial Broker.

Full details of the Conversion Option and the Terms and Conditions which apply are in the policy conditions booklet, which is available on request or from your Financial Broker.

Our Helping Hand service

Protecting more than just your finances - with a Helping Hand

We believe good protection is about more than just money. That's why Multi-Claim Protection Cover comes with Helping Hand, a comprehensive and personal support service, at no extra cost.

If you ever suffer a serious illness, injury or bereavement, Helping Hand provides you with the additional support you might need beyond a financial payout.

We work with a company call RedArc who'll give you access to the support of a dedicated nurse. They'll provide tailored and personal support whenever it's needed, for as long as it's needed.

With over 20 years' experience, RedArc has earned a reputation for service excellence, supporting individuals and their families through serious illness, chronic health conditions, bereavement and disabilities.

Whilst your medical team focus on your treatment, RedArc helps by providing 'softer' skills – a friendly listening ear, practical information, and much needed emotional support both for you and your family. (When we say 'family' we mean the spouse or partner of the Royal London Ireland Life Assured and their children.)

To help speed up recovery, specialist therapy may also be provided through Helping Hand, such as:

- Bereavement counsellors or
- Speech and language therapists or
- Face-to-face second medical opinion or
- Complementary therapies or
- Physiotherapy for specific, serious health conditions <u>or</u>
- Many others according to nurse assessment.

These extra specialist therapies are only provided if recommended by your personal RedArc nurse and are limited to one type.

Helping Hand is available to use from the day your policy starts — not just when making a claim. It doesn't cost anything extra to use and your partner and children can use it too. And once your support from your RedArc nurse starts, there's no limit to how often you can speak to them.

Helping Hand is an additional service offered with all new Royal London Ireland protection policies. The service can be amended or withdrawn at any time.

How much do you pay?

Setting up your policy

You pay a fixed premium every month or year by direct debit. When you start your policy, this payment amount depends on factors such as:

- The amount of cover you choose
- The number of lives covered under the policy (explained more below)
- The term of the policy (how long you want your cover to last)
- Your age
- Whether or not you smoke
- Your health, occupation and pastimes
- Whether you choose to add additional features like Indexation, Additional Life Cover or Conversion Option to the policy.

Premiums start from as little as €10 per month, inclusive of the 1% Government Levy (June 2022).

Remember, your Financial Broker will be able to advise you of your premium which, unless you choose Indexation, is guaranteed not to change for the term of your policy (although any relevant Government levies will be reflected in your payments).

Who is covered under this type of policy?

You may cover your own life only, this is called 'Single Life Cover', or you may take out cover on two lives, on a 'Dual Life Cover' basis, for example, you and your spouse or partner. Where cover is on a Dual Life basis, cover is provided separately for the two lives. As the two lives are covered independently, a claim for one of the lives has no impact on the level of cover for the other person on the policy.

How long can cover last?

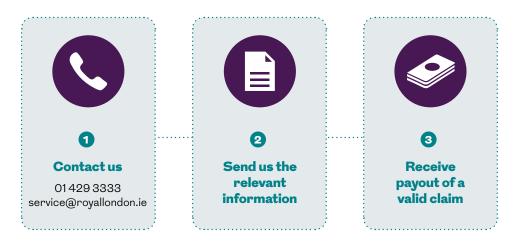
You choose the term that suits you and your circumstances. However, the minimum term you can select is five years and the maximum term you can select is either 40 years or the number of years that would bring you up to age 70 from your next birthday.

Are there minimum and maximum amounts of cover allowed?

Yes, you can take out a policy with cover starting at €10,000, going up to €500,000. If you include Additional Life Cover with your policy, the maximum cover amount for this benefit is €5 million.

Our approach to claims

We understand that when someone makes a claim, it is at a difficult time in their lives. So, we believe it's important to make things as easy as we can and to treat every claim with care and compassion.



Making a claim

Here are the steps you should follow in order to make a claim:

- 1 Contact your Financial Broker or the Royal London Ireland Claims Department in Dublin by:
 - Phone: 01 429 3333
 - Email: service@royallondon.ie
 - Post: Royal London Ireland, 47-49, St Stephen's Green, Dublin 2

2 We will send you a claim form (if needed) for you to fill out and return to us. We will also outline any other documents which we need from you which may include the following.

Information needed	For example
Proof of age of the person covered by the policy.	A certified copy of photo identification like your passport, driver's license or birth certificate.
Proof of address of the person covered by the policy.	A utility bill that's no older than 6 months, a car or home insurance policy or government issued document which shows your address.
Proof of any change of name of the person covered by the policy.	A certified copy of your marriage certificate if you changed your name when you got married or if you changed your name by deed poll.
Confirmation of the treatment you are being referred for or the condition being diagnosed.	A letter from your consultant.
For death claims, we need a certified copy of the death certificate and evidence of who is entitled to receive the payout. If the claim is less than €100,000 and a will has been left, we can issue a Waiver of Probate form. For claims over €100,000 we will require a certified copy of the Grant of Probate.	A will and grant of probate or letters of administration.

3 When we receive all the documentation and information that we need to pay a valid claim, we will pay the benefit amount either to you directly, or to the person(s) legally entitled to receive it.

Making a claim following a terminal illness diagnosis

If you have been diagnosed with a terminal illness and want to make a claim, please contact us directly. We'll explain what you need to give us so that we can pay your claim as quickly as possible.

Please note: Royal London Ireland reserves the right to make changes to its claims procedures at any time.

Our approach to claims continued

Things you need to know

Although the vast majority of claims are paid, some claims may be declined and the benefit not paid or paid only in part. Reasons for this can include:

- 1 You stopped paying your premiums for the policy
- 2 Your death or terminal illness occurs within a year of you taking out the policy, as a result of self-inflicted injury
- 3 Your claim event does not meet our definition

Your application for cover - duty of disclosure

The answers you provide to the questions we ask in your application will be used in the underwriting process to establish material facts about you which will influence the assessment and acceptance of cover (including the terms, the amount of cover and the calculation of the premium).

We will issue the policy to you on the understanding that the information you give in response to the questions we ask 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 ask are answered honestly and with reasonable care by or on behalf of you or a life assured. If this is not the case, we may be entitled to void the policy without return of premium, deny 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.

You must also 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.

Certified copies

To certify a document as a true copy of the original, you need to get the original version copied, signed and dated by a professional person. This can be a practicing solicitor, chartered accountant, bank or building society official, consulate official or a member of An Garda Síochána. They need to officially confirm that it is a true copy of the original document and include their position and contact details.

Full details of the standard exclusions that apply are contained in our policy conditions booklet. Any extra exclusions or special terms added during the application process will be outlined in your policy schedule.

Want to know more?

If you have any questions about Multi-Claim Protection Cover you should contact your Financial Broker. They will be happy to provide you with any additional information you need. See details below.

Financial Broker Stamp:

For information about Royal London Ireland visit our website:



For information about our Privacy Policy, please read our Privacy Notice available at **www.royallondon.ie/privacy-policy**



Royal London Ireland

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Feedback on the content and clarity of this booklet is very welcome.

Please email feedback@royallondon.ie

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