

Term Life, Critical Illness and Personal Accident Insurance including Evacuation/Repatriation Expenses and Emergency Medical Expenses Incurred during Evacuation/ Repatriation.

Information for Members

About This Policy

This Policy sets out the details of Term Life, Critical Illness and Personal Accident Insurance arranged with Lloyd's Insurance Company S.A and Bulstrad Life Vienna Insurance Group (referred to as the Insurer(s) in this document).

Details of Lloyd's of London (Firm No. 202761) may be checked on the Financial Services Register at www.fca.org.uk/register. The address and Home State for Lloyd's of London is, 1 Lime Street, London, EC3M 7HA, United Kingdom.

GENERAL CONDITIONS (applicable to all Sections)

Upon request Insurers can provide Braille, audio or large print versions of this document. If **You** require an alternative format **You** should contact Keaney Insurance Brokers through whom this Policy was arranged.

Words in bold type and/or with capitalised first letters are defined in, applicable to and bear the same meaning throughout this document or the section in which they appear, or as the context requires.

Notices

This Policy is made up of different classes of insurance, which are set out in separate **Sections** of this Policy with specific terms applying to each **Section** separately in addition to general terms applying to all the **Sections**.

United Kingdom Data Protection Act

Any information provided to the **Insurer** regarding the **Insured**, any **Member**, any person insured or any Employee will be processed by the **Insurer**, in compliance with the provisions of the United Kingdom Data Protection Act 1998, for the purpose of providing insurance and handling claims or complaints, if any. This may necessitate providing such information to third parties

Currency

The currency of all monetary sums payable to or by the **Insurers** under this Policy shall be the Euro.

The currency of all premiums, sums insured, limits of liabilities and Excesses shown in this Policy or **Schedule** or any subsequent renewal notice or **Endorsement** shall be treated as being Euro.

Sanctions

The **Insurer** shall not be deemed to provide cover and the **Insurer** shall not be liable to pay any claim or provide any benefit under this policy to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **Insurer** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Complaints Procedure

Section A – Term Life

The **Insurer** is committed to providing the **Insured** with the very highest level of service at all times. However, if the **Insured** feels that the **Insurer's** service has fallen short of their expectation, the **Insured** may contact the **Insurer** at any time with their complaint.

The first point of contact should be the **Insured's Representative** who arranged this Policy at their address as follows

Bulstrad Life Vienna Insurance Group
c/o Keaney Insurance Brokers Ltd
30 Lower Leeson Street,
Dublin 2

Your complaint will be acknowledged, in writing, within 5 (five) business days of the complaint being made. You will also be informed of the name of one or more individuals at the Insurers that will be your point of contact regarding your complaint until the complaint is resolved or cannot be progressed any further. You will be provided with an update on the progress of the investigation of your complaint, in writing, within twenty business days of the complaint being made.

Regulatory Information

(a) **Bulstrad Life Vienna Insurance Group**
Bulstrad Life Vienna Insurance Group

(b) **Keaney Insurance Brokers**
Keaney Insurance Brokers Ltd is regulated by the Central Bank of Ireland. Keaney Financial Services Ltd is regulated by the Central Bank of Ireland
Registered Office 30 Lower Leeson Street, Dublin 2

Section B – Critical Illness and Personal Accident Insurance including Evacuation/Repatriation Expenses and Emergency Medical Expenses Incurred during Evacuation/ Repatriation

The **Insurer** is committed to providing the **Insured** with the very highest level of service at all times. However, if the **Insured** feels that the **Insurer's** service has fallen short of their expectation, the **Insured** may contact the **Insurer** at any time with their complaint.

The first point of contact should be either the **Insured's Representative** who arranged this Policy at their address or the **Insurer** at:

Service Manager
Operations Team
Lloyd's Insurance Company S.A.
Bastion Tower
Marsveldplein 5
1050 Brussels
Belgium
Tel: +32 (0)2 227 39 39
E-mail: enquiries.lloydsbrussels@lloyds.com

Your complaint will be acknowledged, in writing, within 5 (five) business days of the complaint being made. You will also be informed of the name of one or more individuals that will be your point of contact regarding your complaint until the complaint is resolved or cannot be progressed any further. You will be provided with an update on the progress of the investigation of your complaint, in writing, within twenty business days of the complaint being made.

A decision on your complaint will be provided to you, in writing, within 40 (forty) business days of the complaint being made.

Should you remain dissatisfied with the final response or if you have not received a final response within 40 (forty) business days of the complaint being made, you may be eligible to refer your complaint to the Financial Services and Pensions Ombudsman (FSPO). The contact details are as follows:

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

Tel: +353 1 567 7000
E-mail: info@fspoi.ie
Website: www.fspoi.ie

Where the **Insured** is domiciled in the **United Kingdom** then the **Insured** may be eligible to refer the complaint to Lloyd's at:

The Complaints Department,
One Lime Street,
London EC3M 7HA
Telephone: +44 (0)207 327 5693
Fax: +44 (0)207 327 5225
E-mail: complaints@lloyds.com
Website: www.lloyds.com/complaints

Details of Lloyd's complaints procedures are set out in a leaflet "**Your** Complaint – How We Can Help" available at www.lloyds.com/complaints and are also available from the above address.

Where the **Insured** is dissatisfied with the **Lloyd's** response to resolve the complaint then the **Insured** may be eligible to refer the complaint to the Financial Ombudsman Service at:

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London
E14 9SR
Telephone: 0300 123 9 123 (call charges may apply in the **United Kingdom**) or 0800 023 4 567 (calls are free from 'fixed lines' and mobile telephones in the **United Kingdom**)
Website: www.financial-ombudsman.org.uk
Email: Complaint.info@financial-ombudsman.org.uk

The **Insured** should contact the Financial Ombudsman Service directly for advice if unsure whether it will consider any complaint.

Using these services does not affect the **Insured's** right to take legal action save that an **Insured** may not continue with its complaint against the **Insurer** if an award of the Financial Ombudsman Service or the Financial Services Ombudsman's Bureau is accepted

Financial Services Compensation Scheme

The **Insurer** is covered by the Financial Services Compensation Scheme (FSCS) in the **United Kingdom** and the Insurance Compensation Fund in the Republic of Ireland.

In the unlikely event that the **Insurer** is unable to meet its liabilities:

- (a) the **Insured** domiciled in the **United Kingdom** may be entitled to compensation from the FSCS scheme, the level of compensation payable depending on the nature of the insurance under this Policy.

Further information can be obtained from the FSCS at:

Financial Services Compensation Scheme,
10th Floor,
Beaufort House,
15 St Botolph Street, London
EC3A 7QU
Telephone: 0800 678 1100 or 020 7741 4100
Website: <http://www.fscs.org.uk/>

- (b) the **Insured** domiciled in the Republic of Ireland may be entitled to compensation from the Insurance Compensation Fund, the level of compensation payable depending on the nature of the insurance under this Policy.

Further information can be obtained from the Central Bank of Ireland at:

C/o Central Bank of Ireland
PO Box 9138
College Green
Dublin 2
Telephone: 01 410 4000
Email: consumerinfo@centralbank.ie

Data Protection Notice

Your personal information notice

Who we are?

We are Lloyd's Insurance Company S.A. identified in the contract of insurance and/or in the certificate of insurance.

The basics

We collect and use relevant information about you to provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we will need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time by sending an e-mail to data.protection@lloyds.com (without however affecting the lawfulness of processing based on consent prior to its withdrawal). However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, insurance agents or insurance brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

[Other people's details you provide to us](#)

Where you provide us or your insurance agent or insurance broker with details about other people, you must provide this notice to them.

[Want more details?](#)

For more information about how we use your personal information please see our full privacy notice, which is available in the Privacy section of our website www.lloyds.com/news-and-risk-insight/lloyds-subsiidiary-in-brussels or in other formats on request.

[Contacting us and your rights](#)

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice(s), please contact us. Alternatively, you may contact the insurance agent or insurance broker that arranged your insurance at:

[Insert name, address and contact details of the insurance agent or insurance broker that arranged the contract.]

You also have the right to lodge a complaint with your competent data protection authority, but we encourage you to contact us before.

Claims

All claims and correspondence relating to claims should be addressed to:

Keaney Insurance Brokers Limited
30, Lower Leeson Street,
Dublin 2
Telephone: 01-661-8080

All claims will be handled by:

Sedgwick
Merrion Hall,
Strand Road,
Sandymount,
Dublin 4
Phone: 01 661 5344

The period of limitation for claims based on this Policy is 3 years, calculated from the expiring of the calendar year the Member receives knowledge of his/her right to claim and could have placed such claim.

How to contact us

In the event of any query regarding this Policy **You** should contact:
Keaney Insurance Brokers Limited, 30, Lower Leeson, Street, Dublin 2
Telephone: 01-661-8080

Section A - Term Life

General Pre-existing Conditions Exclusion

The **Insurer** will not be liable for any claim under this Section, which is directly arising out of any **Pre-existing Condition** or physical disability which occurred in the twenty-four (24) months prior to a **Member** becoming insured under this Section.

Eligibility

Members who are under the ceasing age and have been a **Member** for a continuous period of six (6) months.

Any **Spouses** of **Members** who are under the ceasing age and the **Member** must have been a **Member** for a continuous period of six (6) months.

1. Definitions

The following words will have the meaning stated below when used throughout this Policy in bold type.

- 1.1 **Accumulation Limit** means the maximum Sum Insured payable as a result of any one **Event** as stated in the **Schedule**.
- 1.2 **Endorsement** means any change in the terms and conditions agreed by the **Insurer** that can extend or restrict cover.
- 1.3 **Event** means all deaths which arise directly from the same cause and which occur during a period of seventy-two (72) hours from the time of cause and within a radius of ten (10) kilometres from the cause. Such cause is understood to be the peril which directly occasions the deaths or, where there are several perils which, in an unbroken chain of causation, have occasioned the deaths, the peril which triggered the chain of causation. In the case of more than one **Event**, if it is impossible to allocate any losses, the **Insurer** shall allocate them to the **Event** whose cause is most likely to have occasioned them. In case of uncertainty over scientific issues, the parties agree to seek expert advice from a neutral and recognised organization.
- 1.4 **Insured** means the person or entity stated as the Insured on the **Schedule**.
- 1.5 **Insurer** means Bulstrad Life Vienna Insurance Group
- 1.6 **Keaney** means Keaney Insurance Brokers Limited.
- 1.7 **Member** means all members of Fórsa as stated on the **Schedule**.
- 1.8 **Fórsa** means The public service trade union formed after the amalgamation of IMPACT, the Civil, Public and Services Union (CPSU), and the Public Service Executive Union (PSEU) on 2 January 2018, at Nerney's Court, Dublin 1.
- 1.9 **Period of Insurance** means the period stated on the **Schedule**.

1.10 **Pre-existing Condition** means an illness, disease, or condition for which the **Member** either received medical treatment or advice from a **Qualified Medical Practitioner** or was or should have been, aware existed prior to the **Member** becoming insured under this Policy and in the opinion of the **Insurer** results directly or indirectly in the illness or disease of the Member during the **Period of Insurance**.

1.11 **Qualified Medical Practitioner** means any medical practitioner legally qualified by the relevant authority in that country and practicing medical practitioner other than the **Insured Member** or the **Member's** immediate family.

1.12 **Schedule** means the document entitled Schedule attached to this policy.

1.13 **Spouse** means either:

- (i) a **Member's** partner in marriage or;
- (ii) a **Member's** partner under a civil registered partnership or;
- (iii) where a **Member** has been co-habiting with a partner for a minimum of two (2) years.

2 Insuring Clause

Subject to the terms and conditions of this Policy or any **Endorsements** the **Insurer** will pay the applicable Sum Insured of EUR5,000 to a **Member** after production of satisfactory proof of:

- (a) the death of a **Member** or **Spouse** during the **Period of Insurance** of the policy and
- (b) the age of the **Member**.

3 Conditions

3.1 Additions and Deletions

- (i) A new **Member** will be automatically included for Term Life Insurance for a Sum Insured of EUR 5,000.00 as soon as they become eligible.
- (ii) **Spouses** will be automatically included for Term Life Insurance Sum Insured of EUR 5,000.00 when the **Member** becomes eligible.
- (iii) A **Member** relinquishing membership will be automatically deleted.

3.2 Sum Insured

Each **Member** shall from the date on which he/she first becomes a **Member** will be insured for the Sum Insured at such date.

3.3 Termination of Cover

Members shall cease to be covered under this Policy upon;

- (a) reaching the age of seventy (70)
 - (b) leaving the membership of the **Insured**
 - (c) payment being made under Section B - Critical Illness or Personal Accident/Illness
 - (d) death
- whichever occurs first.

Section B - Critical Illness and Personal Accident Insurance including Evacuation/Repatriation Expenses and Emergency Medical Expenses Incurred during Evacuation/ Repatriation.

The **Insurer** will pay the sum mentioned to a **Member** after production of satisfactory proof, as determined by the **Insurer**, of:

- i. the happening of the event; and
- ii. the age of the **Member**

Provided always that this Policy is subject to conditions and exclusions set out below and those, if any, endorsed by the **Insurer** herein.

Insuring Clause

The **Insurer** agrees to indemnify or compensate the **Member** or otherwise to pay the benefits and compensation stated to the extent and in the manner specified in this Policy not exceeding the **Accumulation Limit** after production of the relevant documentation or proof of loss and of eligibility of that **Member** under this Policy.

Definitions

Accumulation Limit

The maximum Sum Insured payable as a result of any one **Event**.

Eligibility

All **Members** of **Fórsa** at the date of any claim, and at the commencement of any **Event** giving rise to a claim under this Policy who are then under the age of 70 years and have then been a member of **Fórsa** (or its antecedent entities) for a continuous period of 6 months.

Any declinatures to be made by Insurers in accordance with policy terms and conditions herein but Fórsa to be kept fully advised

Event

The **Event** shall be in respect of any claim under:

- (i) the Critical Illness Insurance the diagnosis of any covered Illness;
- (ii) the Personal Accident and Illness Insurance, Evacuation/Repatriation Expenses and Emergency Medical Expenses Incurred during Evacuation/ Repatriation Insurance, the accident or illness;

Fórsa

The public service trade union formed after the amalgamation of IMPACT, the Civil, Public and Services Union (CPSU), and the Public Service Executive Union (PSEU) on 2 January 2018, at Nerney's Court, Dublin 1.

Insurer, We, Our

Tokio Marine Kiln Syndicates Limited, part of Tokio Marine Kiln Group Limited. Tokio Marine Kiln Syndicates Limited's address is 20 Fenchurch Street, London, EC3M 3BY, United Kingdom. Tokio Marine Kiln Syndicates Limited's telephone number is +44 (0)20 7886 9000 and website is www.tokiomarinekiln.com. Tokio Marine Kiln Syndicates Limited is regulated by the FCA and the PRA and authorised by the PRA, with a Financial Services Register number of 204909.

This information can be checked at:

www.bankofengland.co.uk (for the PRA); and <https://register.fca.org.uk/> (for the FCA).

Member, You, Your

A person who is an **Eligible Member**.

Pre-existing Condition

Pre-existing Condition means an illness, disease, or condition for which the **Member** either received medical treatment or advice from a registered medical practitioner or was or should have been, aware existed prior to the **Member** becoming **Eligible** and in the opinion of The **Insurer** results directly or indirectly towards the illness or disease of the **Member** under this insurance.

Your Representative

Keaney Insurance Brokers Limited,
30, Lower Leeson Street,
Dublin 2,
Telephone: 01-661-8080
Regulated by the Central Bank of Ireland.

General Conditions

The **Insured** shall provide the **Insurer** with such data information and evidence in relation to **Members** as the **Insurer** may require and the **Insurer** shall not be liable for any errors in or omissions on its part arising solely from any errors in or omissions from any data, information or evidence so provided. In particular the **Insured** shall at the request of The **Insurer** furnish the **Insurer** from time to time with full details of the persons claimed by the **Insured** to be the **Members** and such information verified by the **Insurer** shall be deemed to form part of this insurance.

Additions and Deletions

A new **Member** of Fórsa will be automatically included for Critical Illness and Personal Accident and Illness Insurance for a sum assured of EUR 5,000.00 as soon as they become **Eligible**. A **Member** relinquishing membership will be automatically deleted and have no rights under this Policy.

Sum Insured

Each **Eligible Member** shall from the date on which he/she first becomes an **Eligible Member** under the terms and conditions of this insurance be insured for the Sum Insured at such date.

When does cover cease?

Members shall cease to be covered under this insurance for **Critical Illness or Personal Accident** once;

- they reach age 70
- they leave the membership of the **Insured**
- they are paid a Critical Illness or Personal Accident benefit under this Policy or
- they die

whichever is the earliest.

Members shall cease to be covered under this Insurance for **Evacuation/Repatriation Expenses and Emergency Medical Expenses Incurred during Evacuation/ Repatriation** once;

- they reach age 70
- they leave the membership of the **Insured**
- they die

whichever is the earliest.

General Pre-existing Conditions Exclusion

The **Insurer** will not be liable for any claim, whether for Critical Illness or Personal Accident Insurance, directly arising out of any **Pre-existing Condition** or physical disability which occurred in the 24 months prior to a **Member** becoming **Eligible**.

Critical Illness Insurance

Specific Conditions and Provisions

The **Insurer** will pay the Critical Illness Benefit to an **Eligible Member** if an **Eligible Member** is diagnosed as suffering from or undergoes any one of the Medical Events as defined below, subject to the terms, conditions and exclusions herein. All diagnoses and medical opinions must be given by a medical specialist who:

- is a resident and a practising qualified doctor in any member country of the European Union, Australia, Canada, Channel Islands, Cyprus, Gibraltar, Iceland, Isle of Man, Malta, New Zealand, Norway, Switzerland, or the United States of America.
- is acceptable to our Chief Medical Officer; and
- is a specialist in an area of medicine appropriate to the cause of the claim.

PROVIDED ALWAYS THAT the Benefit provided by this insurance shall be limited to the Benefit stated, and payment of such Benefit for any cause shall constitute a full discharge of the **Insurer's** liability under this insurance to the extent of the amount of Benefit paid.

Summary of Illnesses Covered

1. Cancer
2. Coronary artery bypass grafts
3. Heart attack
4. Kidney failure
5. Major organ transplant
6. Stroke
7. Loss of Limb
8. Blindness

PLEASE READ FULL DEFINITIONS OF THESE ILLNESSES BELOW.

Does medical information have to be provided?

There is no medical information required from **Eligible Members** before being covered. Normally all applicants for Critical Illness cover must complete an application form describing their past medical and family history. This is a screening process that invariably results in approximately 5% of all applicants being refused cover and a further 5% getting limited cover or cover subject to a substantial additional charge. As this process will not apply to this, the **Insurer** has had to put three sets of provisions in place relating to what are known as 'pre-existing conditions' which should be noted.

Pre-existing Conditions

1. Where a **Member** has previously suffered, at any time prior to the commencement date of cover, from one of the Critical Illnesses covered they will never be covered for that Illness and cannot therefore claim for that Illness. For example, if they contracted cancer in 1990 they can never claim under cancer. In the example of cancer, however, they are covered for the remaining Critical Illnesses.

In addition, because of the links between heart attack, stroke, coronary artery surgery, angioplasty and heart transplant, if they have ever suffered from or undergone one of the above prior to the commencement date of cover, they can never claim for heart attack, coronary artery bypass grafts, major organ transplant or stroke. For example, if they underwent coronary artery surgery in 1992, they will never be covered for and cannot claim in respect of heart attack, stroke, or coronary artery bypass grafts or heart transplant. They are, however, covered for the remaining Illnesses.

2. In the event of one of the Critical Illnesses covered occurring within two years of the commencement date of their cover, they will not be paid a claim for a particular Illness, and cover for that Illness will cease, if prior to the commencement date of their cover they suffered from one of a number of **related conditions** which are set out below for each Illness under "pre-existing conditions".

For example, a claim would not be paid, and cover for kidney failure will cease, in the event of kidney failure occurring in the first two years of cover, if prior to the commencement date of cover they had suffered from polycystic kidney disease. Similarly, a claim would not be paid, and cover for heart attack will cease, in the event of a heart attack occurring in the first two years of cover, if prior to the commencement date of cover they had suffered from diabetes.

It should be noted that the second set of provisions only arise if the event occurs within the first two years of cover. Thus a diabetic who first suffers a heart attack three years after the commencement date of cover will be eligible to claim.

3. No cancer claims will be paid where the condition presents within the first six months of joining the Insured; that is, during the six month waiting period before the **Member** becomes **Eligible** for cover after joining the Insured. In such circumstances Critical Illness cover in respect of cancer ceases.

Explanation of each Critical Illness and its pre-existing conditions

This section outlines the Policy definition of the Critical Illnesses that are covered under the insurance, a brief simple explanation of each Illness, and information on the related conditions that preclude cover in the event of Insured Illnesses occurring within the first two years of cover. These should be read in conjunction with paragraph 1 and 2 of Pre-existing Conditions.

Cancer – excluding less advanced cases

Plan definition:

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

The term malignant tumour includes leukaemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - cancer in situ;
 - having either borderline malignancy; or having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 (i.e. Gleason score 7 or above only) or having progressed to at least clinical TNM classification T2N0M0.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer, other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin) i.e. \geq Clarks level 2.
- Basal Cell Carcinomas of the skin, as they are non-malignant.
- Squamous Cell Carcinomas of the skin unless they have spread to the lymph nodes or metastasised (spread to another part of the body).

- Any bladder cancer unless histologically classified as having progressed to at least TNM classification T2N0M0

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

No cancer claims will be paid where the condition presents within the first six months of a **Member** joining the plan. In such circumstances cover in respect of cancer ceases.

In simpler terms:

The term 'cancer' is used to refer to all types of malignant tumours (tumours which can spread to distant sites) as opposed to benign tumours (which do not spread elsewhere in the body). A tumour is caused when the process of creating and repairing body tissue goes out of control, leading to an abnormal mass of tissue being formed.

A malignant tumour:

- *may grow quickly;*
- *often invades nearby tissue as it expands;*
- *often spreads through the blood or the lymph vessels to other parts of the body; and*
- *usually continues to grow and is life-threatening unless it is destroyed or removed.*

***You** can claim if **You** are diagnosed as suffering from a malignant tumour which has invaded surrounding tissue, unless **We** specifically do not cover the type of cancer or tumour. The claim must be supported by a microscopic examination of a sample of the tumour cells – this is known as 'histology'. The histology examination is carried out on tissue removed during surgery or by biopsy (a procedure to remove a sample of the tumour for examination).*

***We** do not cover cancers 'in situ' (cancers in a very early stage that have not spread in any way to neighbouring tissue) or premalignant and non-invasive tumours. These are well-recognised conditions, and cancers detected at this stage are not likely to be life-threatening and are usually easily treated. An example of this would be carcinoma (cancer) in situ of the cervix (neck of the womb) which is easy to treat and cure.*

With increased and improved screening, prostate cancer is being detected at an earlier stage. At early stages these tumours are treatable and the long-term outlook is good. It is not possible to provide full Critical Illness cover against these early prostate cancers.

***We** will not pay a claim for prostate cancer under this definition of cancer unless the tumour has a Gleason score (a method of measuring differentiation in cells) of greater than 6 (in other words, a Gleason score of 7 or above) or it has progressed to at least clinical classification of T2N0M0. The 'Gleason score' and the 'TNM classification' are ways of measuring and describing how serious the cancer is, and whether it has spread beyond the prostate gland based on what it looks like under a microscope.*

***We** will cover leukaemia (cancer of the white blood cells) and Hodgkin's disease (a type of lymphoma). However, for us to cover a claim for chronic lymphocytic leukaemia, it must have progressed to Binet Stage A. (Binet Stage A is where there is no anaemia, no thrombocytopaenia and fewer than three areas of enlarged nodes.)*

*Most forms of skin cancer are relatively easy to treat and are rarely life-threatening. This is because they do not spread out of control and do not produce growths in other parts of the body. The only forms of skin cancer that **We** cover are malignant melanoma which has been classified as being a 'Clark level 2' or greater, and squamous cell carcinoma which has spread to the lymph nodes or metastasised (spread to another part of the body). Clark's system is an internationally recognised method of classifying skin melanomas and uses a scale of 1 to 5. A Clark level 1 reflects a very early melanoma which carries a favourable long-term outlook.*

*Many forms of bladder cancer have a slow course over many years and are managed by surgery or diathermy (using heat to treat body tissues with high-frequency electromagnetic currents). The outlook for patients with these superficial bladder cancers is very good. The TNM classification system is internationally recognised and used as a way of measuring a tumour. The 'T' part relates to the primary tumour and is graded on a scale of 1 to 4. T1 represents a small tumour restricted to the organ. **We** will not pay a claim for a T1 bladder cancer unless lymph nodes or metastases (the cancer spreading) are involved as measured by the 'N' and 'M' parts of TNM.*

Pre-existing conditions:

*If **You** have been diagnosed with cancer or ductal carcinoma in situ of the breast prior to the commencement date of **Your** cover, **You** can never claim for Critical Illness benefit for cancer.*

*If **You** have a history of carcinoma in situ, Bowens disease, familial polyposis of the colon, Hodgkin's disease, leukoplakia, Barrett's oesophagus, ulcerative colitis or Crohn's disease prior to the commencement date of **Your** cover and **You** are found to have cancer within the first two years of **Your** cover, no Critical Illness benefit will be payable and **You** will cease to be covered for cancer.*

Coronary artery bypass grafts

Plan definition:

The undergoing of surgery on the advice of a Consultant Cardiologist to correct at least 70% narrowing or blockage of one or more coronary arteries with by-pass grafts via a thoracotomy, a thoracoscope or mini thoracotomy.

For the above definition, the following are not covered:

- balloon angioplasty, atherectomy, insertion of stents and laser treatment or any other procedures.

In simpler terms:

You may need coronary artery surgery if one or more coronary arteries (the arteries which supply blood to the heart) are narrowed or blocked. The surgery is done to relieve the pain of angina or if the blocked artery is life-threatening.

Coronary artery bypass surgery is carried out by taking a vein, normally from the thigh, and using it to direct blood past the diseased or blocked artery.

You will be able to claim if **You** have coronary artery bypass surgery for ischaemic heart disease of at least 70% in one artery. **You** are not covered under this definition for any other techniques used, such as angioplasty or laser relief.

Ischaemic heart disease happens if there is inadequate blood flow through the coronary arteries to the heart due to a build-up of fatty materials (such as cholesterol) in the artery walls.

Pre-existing conditions

If **You** have ever suffered from a heart attack or stroke or undergone coronary artery surgery, angioplasty or heart transplant prior to the commencement date of **Your** cover **You** can never claim for Critical Illness benefit under heart attack, coronary artery bypass grafts, major organ transplant or stroke.

If **You** have a history of coronary artery disease, aneurysm, atrial fibrillation, cardiomyopathy diabetes mellitus, peripheral vascular disease, hypertension, hypercholesterolaemia, tachycardia or valvular heart disease, prior to the commencement date of cover and **You** require coronary artery bypass grafts within the first two years of **Your** cover, no Critical Illness benefit will be payable and **You** will cease to be covered for coronary artery bypass grafts.

Heart attack – of Critical severity

Plan definition:

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

- New characteristic electrocardiographic (ECG) changes.
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:

Troponin T > 1.0 ng/ml

AccuTnI > 0.5 ng/ml or equivalent threshold with other Troponin 1 methods.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes including but not limited to angina.

In simpler terms:

A heart attack (myocardial infarction) happens when an area of heart muscle dies because it does not get enough blood containing oxygen. It is usually caused by a blocked artery and causes permanent damage to the part of the heart muscle affected. The blockage is usually caused by a clot (thrombosis) where the artery has already grown narrow.

*To confirm the diagnosis, **Your** doctor will usually test **Your** heart using a machine called an electrocardiograph (ECG). This tells the doctor if there have been any changes in the heart's function and if it is likely that **You** have had a heart attack.*

***Your** doctor will also take a blood sample. This can show that markers are present in the blood (in the form of enzymes or troponins) at a much higher level than is normally expected.*

***You** can claim if **You** are diagnosed as having suffered death of heart muscle. **Your** claim must be supported by an increase in cardiac enzymes or troponins that are typical of a heart attack (released into the bloodstream from the damaged heart muscle) and new ECG changes typical of a heart attack.*

Pre-existing conditions

*If **You** have ever suffered from a heart attack or stroke or undergone coronary artery surgery, angioplasty or heart transplant prior to the commencement date of **Your** cover, **You** can never claim for Critical Illness Benefit under heart attack, coronary artery bypass grafts, major organ transplant or stroke.*

*If **You** have a history of aneurysm, atrial fibrillation, cardiomyopathy, coronary artery disease, diabetes mellitus, peripheral vascular disease, hypertension, hypercholesterolaemia, tachycardia or valvular heart disease prior to the commencement date of cover and **You** suffer a heart attack within the first two years of **Your** cover, no Critical Illness benefit will be payable and **You** will cease to be covered for heart attack.*

Kidney failure –requiring ongoing dialysis

Plan definition:

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

In simpler terms:

The kidneys act as filters which remove waste materials from the blood. When the kidneys do not work properly, waste materials build up in the blood. This may lead to life-threatening problems. The body can function with only one kidney, but if both kidneys fail completely, dialysis (kidney machine treatment) or a kidney transplant will be necessary. In some circumstances it is possible for the kidneys to fail temporarily and recover following a period of dialysis.

You will be able to claim if both **Your** kidneys fail completely and permanently and **You** need regular long-term dialysis or a kidney transplant.

Pre-existing conditions:

*If **You** have ever been diagnosed with kidney failure prior to the commencement date of **Your** cover, **You** can never claim for Critical Illness benefit for kidney failure.*

*If **You** have a history of diabetes mellitus, glomerulonephritis, nephrotic syndrome, polycystic kidney disease, hypertension, paraplegia or pre-existing renal impairment with raised serum creatinine prior to the commencement date of cover and **You** suffer kidney failure within the first two years of cover, no Critical Illness benefit will be payable and **You** will cease to be covered for kidney failure.*

Major organ transplant – Critical organs

Plan definition

The undergoing as a recipient of a transplant of bone marrow or of a complete heart, liver, lung, or pancreas, or inclusion onto the official programme waiting list of a major Irish or UK hospital for a procedure as listed.

For the above definition, the following are not covered:

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

In simpler terms:

*Serious disease or injury can severely damage the heart, lungs, liver or pancreas. The only form of treatment available may be to replace the damaged organ with a healthy organ from a donor. This is a major operation and the tissues of the donor and patient must be matched accurately. For this reason **You** could be on a waiting list for a long period waiting for a suitable organ. **We** also cover bone-marrow transplants.*

***You** can claim if **You** have had a transplant from a donor of any of the organs listed or are on an official Irish or UK programme waiting list for a transplant.*

Pre-existing conditions

*If **You** have ever suffered from a heart attack or stroke or undergone coronary artery surgery, angioplasty, heart transplant or any other major organ transplant prior to the commencement date of cover **You** can never claim for Critical Illness benefit under heart attack, coronary artery bypass grafts, major organ transplant or stroke.*

*If **You** have a history of the following:*

- *Heart conditions - congestive cardiac failure, cardiomyopathy, coronary artery disease, left ventricular failure, hypertensive heart disease, any congenital or acquired structural cardiac abnormalities, ischaemic heart disease*
- *Lung conditions - cystic fibrosis, fibrosing alveolitis (cryptogenic and allergic), pulmonary fibrosis, emphysema, chronic bronchitis, chronic asthma*
- *Liver conditions – liver failure, any type cirrhosis, hepatitis B or C, liver tumours, alcohol abuse, sclerosing cholangitis, Budd-Chiara syndrome*
- *Blood disorders - leukaemia, aplastic anaemia, thalassaemia major, immune deficiency disease, sickle cell anaemia, myeloproliferative disease (polycythaemia vera, thrombocythaemia), neutropenia*
- *Inflammatory disorders - systemic lupus erythematosus, sarcoidosis, pancreatitis*
- *Metabolic disorders - diabetes mellitus, haemochromatosis, Wilson’s disease*

*prior to the commencement date of **Your** cover and **You** are placed on an official waiting list for or require major organ transplant within the first two years of **Your** cover, no Critical Illness benefit will be payable and **You** will cease to be covered for major organ transplant.*

Stroke – resulting in permanent symptoms

Plan definition

The death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms*. A diagnosis of subarachnoid haemorrhage resulting in permanent neurological deficit with persisting clinical symptoms*, supported by CT or MRI evidence, is covered under this definition.

For the above definition, the following are not covered:

- Transient ischaemic attack.
- Traumatic injury to brain tissue or blood vessels.

*"permanent neurological deficit with persisting clinical symptoms" is clearly defined as:-

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

The following are not covered:-

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

In simpler terms

The brain controls all the functions of the body. Damage to the brain can have serious effects. A stroke happens when there is severe damage to the brain caused by internal bleeding (haemorrhage) or when the flow of blood in an artery has been blocked by a piece of tissue or a blood clot (a thrombus or embolus) resulting in the brain being starved of oxygen.

This benefit does not cover 'transient ischaemic attacks' (also known as mini strokes or TIAs), where there is a short-term interruption of the blood supply to part of the brain. The main symptoms of TIAs tend to be dizziness and temporary weakness or loss of sensation in part of the body or face.

Pre-existing conditions

*If **You** have ever suffered from a heart attack or stroke or undergone coronary artery surgery, angioplasty or heart transplant prior to the commencement date of **Your** cover **You** can never claim for Critical Illness under heart attack, coronary artery bypass grafts, major organ transplant or stroke.*

*If **You** have a history of intracranial aneurysm, atrial fibrillation, coronary artery disease, diabetes mellitus, peripheral vascular disease, hypercholesterolaemia, transient cerebral ischaemia, hypertension, arteriovenous malformation, thrombotic disorders e.g., primary phospholipid syndrome, hyperviscosity states (polycythaemia), heart valve disease and carotid atherosclerosis prior to the commencement date of cover and **You** suffer a stroke within the first two years of cover, no Critical Illness benefit will be payable and **You** will cease to be covered for stroke.*

Loss of limb – permanent physical severance

Plan definition

Permanent physical severance of any combination of one or more hands or feet at or above the wrist or ankle joints.

To qualify for payment, the loss of limb must happen after the start date of the plan and before cover ends.

In simpler terms:

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

Pre-existing conditions:

*If **You** have previously suffered the loss of one or more limbs prior to the commencement date of **Your** cover, **You** can never claim for Critical Illness benefit for Loss of limb.*

*If **You** have a history of peripheral vascular disease or diabetes mellitus prior to the commencement date of cover and **You** suffer the loss of a limb within the first two years of **Your** cover, no Critical Illness benefit will be payable and **You** will cease to be covered for Loss of limb.*

Blindness – permanent and irreversible

Plan definition

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

To qualify for payment, blindness must happen on a date after the start date of the plan and before cover ends.

In simpler terms:

You can claim only if **You** have permanent loss of sight with no possibility of improvement in both eyes and even if, using glasses or other visual aids, **Your** sight in **Your** better eye is confirmed by an ophthalmologist or consultant physician as 3/60 or worse using the recognised sight test known as the Snellen eye chart. An optician uses a Snellen chart (made up of rows of letters) to test **Your** eyesight. 3/60 is the measure when **You** can only see at three feet away what someone with perfect sight could see at 60 feet away.

It is possible to be 'registered blind' (as confirmed by an eye specialist) even though the loss of sight may only be partial. Even if **You** are 'registered blind', **We** will only pay **Your** claim if the loss of sight meets the definition above and cannot be corrected.

Pre-existing conditions:

If **You** are diagnosed with loss of sight as described above prior to the commencement date of **Your** cover, **You** can never claim for Critical Illness benefit for blindness.

If **You** have a history of diabetes mellitus, glaucoma, severe myopia, congenital nystagmus, retrobulbar or optic neuritis, retinitis pigmentosa, multiple sclerosis or hysteria prior to the commencement date of cover and **You** become blind within the first two years of **Your** cover, no Critical Illness benefit will be payable and **You** will cease to be covered for blindness.

Personal Accident and Illness Insurance

Specific Provisions and Conditions

Schedule Of Benefits

This insurance covers only such of the following benefits as have an amount inserted against them. Where benefits are not insured the words "**NOT COVERED**" are shown

Benefits Payable In Respect Of Accident

1. **Death. (Not Covered)**
2. Loss of one limb. **(Covered under Critical Illness)**
3. Loss of two or more limbs. **(Covered under Critical Illness)**
4. Loss of sight in one eye.
5. Loss of sight in both eyes. **(Covered Critical Illness)**
6. Loss of sight in one eye and loss of one limb.
7. Permanent total disablement (other than total and irrecoverable loss of sight of one or both eyes or loss of limb(s)).
8. **Temporary total disablement. (NOT COVERED)**

Benefits Payable In Respect Of Illness

1. Loss of sight of both eyes **(Covered under Critical Illness)**
2. Permanent total disablement
3. **Temporary total disablement (NOT COVERED)**

Benefit will not be payable under more than one of the items above in respect of the consequences of one accident or of one illness.

Definitions

Wherever the following words appear in bold they will have the meanings shown below.

Accident

Means a sudden, unexpected, unusual, specific, external event which occurs at an identifiable time and place during the period of insurance.

Bodily Injury

Means an identifiable physical injury which

- is caused by an **accident**, and
- solely and independently of any other cause (except sickness or disease directly resulting from, or medical or surgical treatment rendered necessary by such injury) results in **Your** disablement within twelve months from the date of the accident.

Illness

Means **Your** sickness or disease the symptoms of which first appear during the period of insurance and which solely and independently of any other cause results in **Your** total disablement within twelve consecutive months after the symptoms first appear.

Loss of Sight

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

Paralysis

Means permanent total and irrecoverable loss of function of one or more limbs.

Permanent Total Disablement

Means disablement which prevents **You** from attending to all aspects of any business or occupation for which **You** are practically suited by training, education, industry knowledge or experience and which lasts twelve consecutive months and at the end of that period is beyond hope of improvement.

Retired Members only

Means disablement which prevents **You** from attending to all aspects of any business or occupation and which lasts twelve consecutive months and at the end of that period is beyond hope of improvement

What is covered

Accident

This section only covers claims which fall within the definition of bodily injury and does not cover any claim caused or contributed to by illness.

What is covered?

We will pay the benefit shown in the schedule of benefits if **You** suffer bodily injury during the period of insurance which results in:

1. **Death. (Not Covered)**
2. Loss of one limb. **(Covered under Critical Illness)**
3. Loss of two or more limbs. **(Covered under Critical Illness)**
4. Loss of sight in one eye.
5. Loss of sight in both eyes. **(Covered under Critical Illness)**
6. Loss of sight in one eye and loss of one limb.
7. Permanent total disablement (other than total and irrecoverable loss of sight of one or both eyes or loss of limb(s)).
8. **Temporary total disablement. (NOT COVERED)**

Conditions

Any benefit for permanent total disablement will not become payable before the expiry of twelve (12) months following the date of onset of disability arising from a bodily injury.

Illness

This section only covers claims which fall within the definition of illness and does not cover any claim caused or contributed to by bodily injury.

What is covered?

We will pay the benefit shown in the schedule of benefits if **You** suffer illness during the period of insurance which results in **Your**:

1. Loss of sight of both eyes **(Covered under Critical Illness)**
2. Permanent total disablement
3. **Temporary total disablement (NOT COVERED)**

What is not covered? (applicable to Accident and Illness)

This insurance does not cover claims in any way caused or contributed to by:

1. war, whether war be declared or not, hostilities or any act of war or civil war;
 2. the actual or threatened use of pathogenic or poisonous biological or chemical materials by any person(s), committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public or any section of the public in fear;
 3. nuclear reaction, nuclear radiation or radioactive contamination;
 4. **You** engaging in or taking part in armed forces service or operations unless as a reservist engaged in training exercises only in Ireland;
 5. **You** engaging in flying of any kind unless;
 - a. **You** are employed in a professional capacity as a pilot or aircrew or
 - b. **You** are travelling as a passenger in private or commercial aircraft;
 6. **You** suicide or attempted suicide or intentional self-injury;
 7. venereal disease or Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immuno-deficiency Virus (HIV) howsoever these have been acquired or may be named;
 8. **You** deliberate exposure to exceptional danger (except in an attempt to save human life);
 9. a criminal act by **You**;
 10. **You** being intoxicated by alcohol or drugs;
 11. neuroses, psychoneuroses, psychopathies or psychoses, anxiety, stress, fatigue or any other mental or emotional diseases or disorders of any type;
 12. a chronic pain syndrome including but not limited to Chronic or Complex Regional Pain Syndrome, or fibromyalgia (a syndrome characterised by chronic pain in the muscles and soft tissues surrounding the joints, fatigue and tenderness at specific sites in the body);
 13. any condition whether diagnosed or not, for which **You** have sought advice, diagnosis, treatment or counselling or of which **You** were aware or should have been aware at inception of this insurance or for which **You** have been treated at any time during the three (3) years prior to the inception of this insurance.
 14. This insurance will not pay a benefit or any portion of a benefit for disablement arising from the interaction between bodily injury and another medical condition.
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Evacuation/Repatriation Expenses And Emergency Medical Expenses Incurred During The Evacuation/ Repatriation.

This Section shall pay in respect of **Evacuation/Repatriation Expenses** (including repatriation of mortal remains) and **Emergency Medical Expenses** incurred only during the evacuation/repatriation necessarily incurred as a result of a **Member** sustaining accidental bodily injury or suffering illness during the **Operative Time**.

Sums Insured

Evacuation/Repatriation Expenses and Emergency Medical Expenses up to EUR 250,000 excess of EUR 100 each and every loss.

Definitions

In this Section:

1. **"Evacuation/Repatriation Expenses"** means the reasonable cost of evacuating a **Member** to the most suitable medical facility, away from the **Member's** location or repatriation to their permanent country of residence including the cost of medical attendants, where recommended by the Medical Emergency Assistance Service Company in conjunction with a registered qualified medical practitioner.
2. **"Emergency Medical Expenses"** means the reasonable cost of emergency medical costs given or prescribed by a registered qualified medical practitioner, including the cost of medical supplies and ambulance hire.

Exclusions

Underwriters shall not be liable for claims:

1. Resulting from a pre-existing condition for which a **Member** has received inpatient treatment in the 12 months prior to the inception of the Policy or their enrolment under this insurance.
2. for a journey which is booked or commenced by the **Member**:
 - (a) contrary to medical advice, or
 - (b) to obtain medical treatment, convalescent care, or
 - (c) after they have been told that they may not have long to live.
3. in respect of expenses incurred in a **Member's** permanent country of residence;
4. arising from childbirth, pregnancy or any medical complications resulting there from incurred within 2 months of the estimated date of delivery;
5. in respect of expenses incurred more than 24 months after the date the first expense was incurred;
6. in respect of expenses which are recoverable under any other private hospital medical expenses insurance to which the **Member** is entitled to indemnity;
7. in respect of a contribution to any other Policy of insurance taken out by the **Member** and is secondary to any other valid or collectable policies.
8. directly or indirectly resulting from or consequent upon **Terrorist Activity** as more fully stated in Section 1 Personal Accident and Illness Insurance Exclusions 2 and 3.

9. directly or indirectly resulting from or contributed to by any sexually transmitted disease. However, claims directly or indirectly resulting from or contributed to by Chlamidya, Gonorrhoea, Syphilis and/or Herpes Genitalis contracted by the **Members** as a result of a rape will be covered under this insurance, subject to the terms, conditions and limits hereof.
10. arising directly or indirectly from any condition caused by, prolonged by, or aggravated by any psychiatric, mental or nervous disorder, anxiety and/or depression.
11. for the Excess amount stated.

Emergency Medical Assistance Service

In the event of a serious medical emergency and/or evacuation or repatriation the Assured and/or **Member** should contact the following Assistance Company:

INTANA Global. – Worldwide contact details are as follows:-

Telephone: +44 (0) 208 865 3140

Email: TMKassistance@intana-global.com

This services provided by INTANA Global can include

- a) guarantees for payment of hospital or doctors' fees, when appropriate;
- b) multilingual assistance;
- c) repatriation to a **Member's Country of Permanent Residence** by air ambulance or scheduled air service and necessary escort by a medical attendant;
- d) travel arrangements for relatives, friends or business associates of the **Member**.
- e) on arrival in the **Member's Country of Permanent Residence**, an ambulance service to hospital or place of residence.

INTANA Global will be solely responsible for all decisions on the most suitable, practical and reasonable solution to any problem. ***The Member should not attempt to find their own solution and then expect the Underwriters to reimburse them, without obtaining prior authorisation from INTANA Global.***

INTANA Global must be informed that this Certificate of Insurance covers the **Member** concerned along with the name of the Insured and the period of insurance.

The prior approval and consent of INTANA Global and/or any of their appointed agents must be obtained before repatriation/evacuation expenses are incurred.
