Fórsa
Salary Protection Scheme

for Civil and Public Servants

Cornmarket

FÓRSA

This Scheme is underwritten by New Ireland Assurance Company plc.

Contents

This booklet is split into the following sections:

Disclaimers

This booklet is intended as a guide only. The Scheme is governed by the master Policy Document No. V000095E issued by New Ireland Assurance Company plc. Members of the Scheme may request a copy of the policy document from the Scheme owners or the Dublin office of Cornmarket Group Financial Services Ltd.

This booklet is issued subject to the provisions of the policy and does not create or confer any legal rights. The information contained herein is based upon our current understanding of Revenue law and practice as of September 2022.

While great care has been taken in the preparation of this booklet, if there is any conflict between it and the policy document, the policy document will prevail.

No part of this booklet should be read in isolation.

Please save a copy of this booklet for future reference.

Information in this booklet is correct as of September 2022 but may change. For the latest information, please see cornmarket.ie

Where we say 'Scheme', we mean Fórsa Salary Protection Scheme for Civil and Public Servants.

Where we say 'Insurer', we mean New Ireland Assurance Company plc.

Where we say 'we' or 'us', we mean Cornmarket Group Financial Services Ltd.

1. Introduction

Overview of Key Benefits

1	**Disability Benefit**	A replacement income of up to **75%* of your annual salary** if you cannot work due to illness or injury
2	**Death Benefit**	A benefit of **twice your annual salary** • Accidental Death Benefit - **€15,000** • Children's Death Benefit - **€5,000** • Terminal Illness Benefit - **25% of Death Benefit**
3	**Full Specified Illness Benefit**	A once-off lump sum of **25% of your annual salary** if you diagnosed with one of the Full Specified Illnesses covered**
4	**Partial Payment Specified Illness Benefit**	A benefit of **€15,000 or 12.5% of annual salary** (whichever is less), if you are diagnosed with one of the further 36 less severe Partial Payment Specified Illnesses covered**
5	**Children's Specified Illness Benefit**	An additional benefit of **€15,000** if your child is diagnosed with a Full Specified Illness **or €7,500** if your child is diagnosed with a Partial Payment Specified Illness**

Please ensure you read the entire booklet so that you are aware of all benefits, terms, conditions and exclusions associated with the Scheme.

*Less any other income that you may be entitled to, for example half pay, Ill Health Early Retirement Pension, Temporary Rehabilitation Remuneration (previously known as Pension Rate of Pay), State Illness or Invalidity Benefit.

**Please see the Appendices from pages 40-67 for full details, in particular the policy definition of each Specified Illness and its pre-existing and related conditions.

Eligibility

You may apply to join this Scheme if you are:

1. A member of Fórsa employed in the Civil or Public Service.

   You must remain a member of this union and employment to remain an eligible member of the Scheme.
2. Under age 65
3. Employed under at least one of the following conditions:
   - Permanent basis **or**
   - Contract of indefinite duration **or**
   - Fixed-term contract of at least 12 months' duration **or**
   - Working continuously for the past 12 months **and**
4. Working 8 hours or more per week
5. Actively at work.
   As defined on the application form when applying to join the Scheme.

Those who are job/work sharers (This means working 50% or less than the normal working week) and who satisfy the above criteria may apply to join.

Apply to join now, simply call us on **(01) 470 8054**

Roles

Cornmarket's role includes:

1. Negotiating with the Insurers to obtain the best possible benefits and cost.
2. Assisting members who wish to make a claim from the Scheme.
3. Promoting the Scheme.

The Insurer's role includes:

1. Deciding the policy terms and conditions and creating a policy document to reflect these.
2. Medically assessing applications and claims.
3. Deciding the various aspects of an individual member's cover, for example, if membership of the Scheme can be reactivated, if refunds can be made and if payment of arrears and/or a declaration of health are required.

2. Benefits

Disability Benefit

In the event that your salary is affected because you are unable to work due to illness or injury, this Benefit aims to pay you an income of up to **75% of salary** after a certain period of time known as the deferred period.

See page 10 for definition of salary and details of the deferred period.
See page 12 for limitations on Disability Benefit.

The Disability Benefit paid is less any other income, reward, award, pension, or benefit that you are entitled to (regardless of whether you are receiving this amount or not). For example:

- Temporary Rehabilitation Remuneration (TRR) – May be paid by your employer to you where there is a reasonable prospect of you returning to work.
- State Illness Benefit/State Invalidity Pension – Those paying PRSI at the 'A' rate may be entitled to this benefit from the Department of Social Protection.
- Ill Health Early Retirement Pension (IHERP) – Those who retire on the grounds of ill health may be entitled to this from their employer. This applies regardless of whether you are a 'D' or 'A' PRSI contributor and whether you contribute to the Superannuation Scheme or not.

There is no limit to the number of Disability Benefit claims you can make while a member of the Scheme.

If you are in receipt of a Disability Benefit and return to work on a part time basis, you may, in some circumstances, still be paid a Disability Benefit under the Scheme. This is referred to as a Proportionate Disability Benefit.

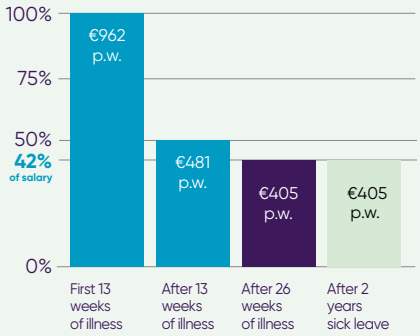
Example of how the Disability Benefit works

This example is based on a Public Sector employee, who is a member of the Superannuation Scheme with 27 years' service earning €50,000 per annum, who is now unable to work due to disability arising from illness or injury. It is assumed that standard Public Sector sick leave arrangements apply, extended paid sick leave under the Critical Illness Protocol does not apply and Ill Health Early Retirement Pension is granted after 2 years.

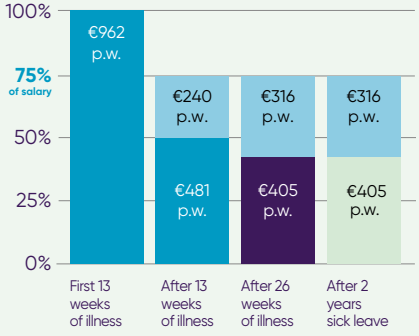
For those who are a class A PRSI contributor, their Superannuation Scheme Pension is integrated to take account of the value of the Contributory State Pension in calculating the pension payable. In the event of illness, they may typically claim State Illness Benefit.

D Rate PRSI Example

WITHOUT Salary Protection

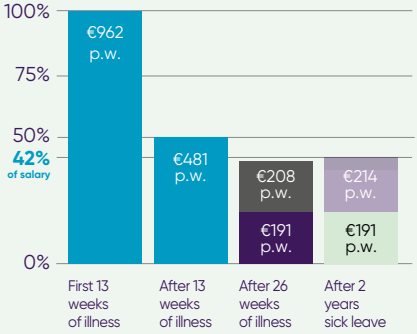


WITH Salary Protection



A Rate PRSI Example

WITHOUT Salary Protection



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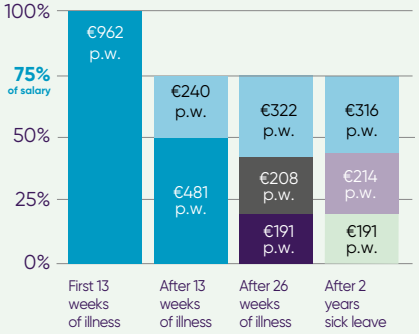

Scheme Benefit | Sick Pay | Temporary Rehabilitation Remuneration | Ill Health Early Retirement Pension | State Illness Benefit | State Invalidity Pension

Disability Benefit

Deferred Period

After you are accepted as a member of the Scheme, if you need to make a claim, the deferred period is the waiting period, before the Disability Benefit becomes payable. For the purposes of this Scheme the waiting period is:

- 13 weeks (92 days) disability in a rolling 12 month period or 26 weeks (183 days) in a rolling 4 year period.
- 26 weeks (183 days) disability in a rolling 12 month period or 52 weeks (365 days) in a rolling 4 year period, where extended paid sick leave has been granted - referred to as Critical Illness Protocol.

If you have been accepted with an excluded condition, any sick leave relating to that condition, will not be used in the calculation of the deferred period.

Definition of Salary

For those who pay their premiums by **deduction from salary**, salary is defined as:

(i) **For members of a Superannuation Scheme:** Gross basic annual salary plus the average of any allowances received in the preceding 3 years, which are taken into account for sick pay and/or for the purposes of that Superannuation Scheme, as confirmed by your employer, or

(ii) **For those who are not members of a Superannuation Scheme:** Gross basic annual salary plus the average of any allowances received in the preceding 3 years which would be taken into account for sick pay and for the purposes of a Superannuation Scheme had you been a member of a Superannuation Scheme, as confirmed by your employer.

If you pay your premiums through salary:

- The premium will be split under two headings on your payslip; one heading reflects the Disability Benefit portion of your premium and automatically receives income tax relief, the other heading reflects the premium for the remaining benefits and does not receive income tax relief. Your premiums will increase and decrease in line with your salary changes.
- You must ensure that the premiums deducted from your salary are correct and reflect your salary.

For those who pay their premiums by **direct debit**, salary is defined as:

The lower of either the annual salary covered by your premiums or the actual annual salary you are earning as confirmed by your employer.

IMPORTANT: You must advise us of any salary changes so that we can adjust your premium accordingly. This is to ensure that your cover is provided in line with your current gross salary and that you are paying the correct premium amounts.

If you pay your premiums by direct debit:

- You will need to send a Premium Statement to Revenue in order to claim income tax relief. If, throughout the course of your membership of the Scheme, you change your cover and hence premium amount, you should

request an up-to-date Premium Statement from Cornmarket to send to Revenue so that Revenue can amend your income tax relief accordingly.

- Your premiums will reflect the last gross salary you notified us of, or the last gross salary that we estimated for you at the last Scheme review.
- You may incur charges from your bank.

Depending on the type of claim being made, the salary will be established at different points in time, for example:

- Disability Benefit - the end of the relevant deferred period
- Death Benefit - on the date of death
- Specified Illness - on the date of diagnosis

Remember...

As this is an insurance policy, you must keep up your premium payments in order to stay on cover. Failure to pay premiums could result in your membership of the Scheme lapsing. This means you will no longer be a member of the Scheme and you will not be covered for any benefits. In the event that you wish to become a member of the Scheme again, you would have to re-apply and your application would be medically underwritten. Your application may be accepted, postponed, declined or accepted with a medical condition(s) excluded.

Exclusions

There are no general exclusions on Disability Benefit.

When you apply to join the Scheme, the Insurer may offer you cover with a medical condition(s) excluded that applies specifically to you. For example, if you inform the Insurer that you have a back problem on your application form, they may offer you membership of the Scheme with a back exclusion. This means that you would never be able to claim for an illness or injury relating to your back. If this happens, a form will be sent to you as part of the application process with the details of the exclusion(s) and you will have the opportunity to decide if you wish to accept the cover with the exclusion(s) or not. If an exclusion(s) applies specifically to you, then sick leave used for the excluded medical condition(s) cannot be used for the calculation of the deferred period.

Disability Benefit

Limitations and Restrictions

Definition of Disability
In order for a claim to be paid, the Insurer must be satisfied that you are disabled. This means that you are totally unable to carry out the duties of your normal occupation because of illness or injury, and that you are not engaged in any other occupation (whether or not for profit, reward, remuneration or benefit-in-kind).

Definition of Partial Disability
Following the payment of a disability claim, if you:

- Return to work with the consent of the Insurer either to your normal job or to a new job **and**
- are partially disabled due to illness or injury, the Insurer may continue to pay a proportionate disability claim if:
  - your monthly earnings are reduced due to the partial disability **and**
  - you are earning less than the average monthly earnings that you had in the 12 months immediately before your period of disability.

Proportionate Disability Benefit is payable for a maximum of 12 months.

Disability Benefit will not be paid if you cannot work due to strike or unemployment.

Any sick leave used before you are accepted as a Scheme member will not be used in the calculation of the deferred period.

The amount of Disability Benefit payable is up to 75% of salary at the end of the deferred period less any of the following:

(a) Any continuing earned income.

(b) Any pension or retirement income payable whether you are receiving this amount or not. For example; any Temporary Rehabilitation Remuneration, Ill Health Early Retirement Pension, State Invalidity Pension or any other pension.

(c) Any sick pay and /or any other insurance against sickness or accident.

(d) The annual equivalent of any award made by a Court or Arbitration Tribunal or settlement or ex-gratia payment in respect of loss of earnings from any action relating to disability.

(e) Any sickness or illness benefit payable at the single person's rate under the Social Welfare Acts whether paid or not.

The maximum benefit is €150,000 per year.

If your claim is admitted...

- the benefit you receive from the Insurer will be treated as income and as such is liable to income tax, PRSI, Universal Social Charge, etc. The Insurer will deduct any tax due from the Benefit made to the member, in the same way as an employer deducts tax from an employee.
- provided you have not retired on grounds of ill health, a pension amount (Ill Health Early Retirement Pension) may not be deducted from your Disability Benefit for a maximum of 2 years. Any other income that you may be entitled to will still be deducted during this time (for example, half pay, Temporary Rehabilitation Remuneration, State Illness or Invalidity benefit). After 2 years, a pension amount will be deducted from the benefit regardless of whether or not you are in receipt of same. This is referred to as Notional Early Retirement Pension (NERP). See Page 30 for further details.

Disability Benefit will continue until:

- You recover,
- You resign,
- You go back to work (proportionate benefit may continue to be paid if the return is at a reduced level due to partial disability),
- The Insurer decides that you are fit to return to work based on medical evidence*,
- You reside outside of Ireland and the United Kingdom for more than 12 calendar months (unless agreed otherwise with the Insurer in advance),
- You retire (except if you are claiming from the Scheme and retire on an Ill Health Early Retirement Pension),
- You reach the ceasing age** **or**
- You die,

whichever is earliest.

Late Notification of Disability Benefit Claims

It is not often possible to retrospectively assess the validity of a claim in cases where a significant period of time (approximately 3 months) has passed since your sick leave commenced. For this reason, it is vital that you register your claim within one month of going on sick leave or 8-9 weeks before your salary is reduced or ceased, whichever occurs earlier, as a delay in notification may prejudice the Insurer's ability to properly assess the claim. In the event you notify your claim late, the Insurer may decline to assess your claim where they have been prejudiced by the delay. This will be decided on a case-by-case basis.

*If you have been in continuous receipt of Benefit for more than 12 months, 3 months' notice will be given before your Disability Benefit is ended.
**See ceasing ages on page 36.

Death Benefit

In the event of your death, a once-off lump sum will be paid by the Insurer to your estate. For most members the amount paid will be **twice their gross annual salary**.

See page 10 for definition of salary.

However, for some members who availed of the previously available option to increase their Death Benefit, this will be three times their gross annual salary (this option is no longer available).

Members of the previous Clerical Officer & Executive Grade Schemes who opted out of both Death Benefits and Specified Illness Benefits before 1st December 2022 are not covered for Death Benefit, Terminal Illness Benefit or Children's Death Benefit. These members will continue to be covered for Accidental Death Benefit.

Members of the previous Clerical Officer & Executive Grade Schemes who have **not** opted out of both Death Benefits and Specified Illness Benefits before 1st December 2022 can only claim for Death Benefit, Terminal Illness Benefit or Children's Death Benefit from 1st June 2022.

If a Death Benefit claim is admitted, the benefit will be paid by the Insurer tax-free. However, thereafter, beneficiaries of the estate will be subject to whatever taxes apply at the time of the inheritance and it will be their responsibility to ensure they are meeting their full tax liability.

Limitations and Restrictions

Death Benefit ceases depending on the date you entered the Public Sector. Please see ceasing ages on page 36.

As this is a group scheme you cannot assign the Death Benefit against a loan.

Accidental Death Benefit

In the event of accidental death, a benefit of **€15,000** is payable tax-free in addition to the normal Death Benefit. 'Accidental Death' is defined as death resulting from an injury caused by accidental, violent, external, and visible means and is in no way linked to sickness, disease or physical disorder.

Exclusions apply where accidental death is caused directly or indirectly by:

1. Suicide, attempted suicide or intentional self-inflicted injury;
2. Death linked to being under the influence of or being affected (temporarily or otherwise) by alcohol or drugs;
3. Engaging in any hazardous activity or sports including but not limited to the following: scuba diving, motor sports, aviation, hang gliding, water sports, horse racing, parachuting, mountaineering, rock climbing, caving or winter/ice sports
4. Flying other than as a fare paying passenger;
5. Taking part in any riot, civil commotion, uprising or war (whether declared or not) or any related act or incident;
6. Directly or indirectly by taking part in a criminal act; or
7. Failure to follow reasonable medical advice or failure to follow medically recommended therapies, treatment or surgery.

This benefit ceases depending on your entry to the Public Sector. Please see ceasing ages on page 36.

Terminal Illness Benefit

In the event you are certified by a qualifying medical specialist as having a Terminal Illness, a benefit of **25% of the Death Benefit** is payable to you tax-free.

Terminal illness means an advanced or rapidly progressing incurable illness where a member's life expectancy is no greater than 12 months (in the opinion of an attending medical consultant of a major hospital in Ireland or the United Kingdom, and New Ireland's Chief Medical Officer) from the date of diagnosis.

Any Death Benefit subsequently paid to or in respect of the member will be reduced by the amount of any Terminal Illness Benefit that is paid.

This benefit ceases at age 62.

Children's Death Benefit

In the event that a member's child between the ages of 0 and 20 dies, a Death Benefit of **€5,000** will be paid by the Insurer to the member tax-free. Children's Death Benefit applies to all natural or adopted children.

This benefit can only be claimed by the Scheme member. This means that the Scheme member's estate cannot claim it in the event that the Scheme member has died.

This benefit ceases on your child's 21st birthday.

This benefit is payable once per member.

In the event of a child's death where both parents are members of the Scheme, this benefit will only be paid once.

Specified Illness Benefit

Full Specified Illness Benefit

For member:
If you are diagnosed with one of the illnesses listed on page 17, this benefit will pay a once-off, tax-free lump sum of **25% of your annual salary** at the date of diagnosis.

See page 10 for definition of salary.

For child:
If your child aged between 0-20 is diagnosed with one of the illnesses listed on page 17, this benefit will pay a once-off, tax-free lump sum of **€15,000**.

Members of the previous Clerical Officer & Executive Grade Schemes who have **not** opted out of both Death Benefits and Specified Illness Benefits before 1st December 2022 can only claim for diagnoses that occur after 1st June 2022.

You/your child must meet the policy definition/criteria of the illness to be eligible to claim (see Appendices from pages 40-67).

For members who joined from 1st June 2022 and members of the previous Clerical Officer & Executive Grade Schemes:
All Full Specified Illnesses were introduced 1st June 2022. You can only claim for diagnoses that occur after this date.

For members of the previous Civil Service in Professional, Technical and Service Grades and Health & Welfare, Local Government & Local Services, and Education Divisions Schemes:
The Full Specified Illnesses marked * were introduced on 1st January 2014. The Full Specified Illnesses marked ** were introduced on 1st June 2022. The other Full Specified Illness Benefit were introduced 1st July 2005. You can only claim for diagnoses that occur after these dates.

The Full Specified Illness marked + was a Partial Payment Illness from 1st January 2014 until 31st May 2022. The Specified Illness was then enhanced to Full Specified Illness on 1st June 2022. You can only claim for the relevant benefit that was available on the date the diagnosis occurred.

1. Alzheimer's Disease (before age 65)
2. Aorta Graft Surgery
3. Aplastic Anaemia*
4. Bacterial Meningitis*
5. Balloon Valvuloplasty*
6. Benign Brain Tumour
7. Benign spinal cord tumour*
8. Blindness
9. Brain Abscess+
10. Brain Injury due to Anoxia or Hypoxia**
11. Cancer
12. Cardiac Arrest - with insertion of a defibrillator**
13. Cardiomyopathy*
14. Cauda Equina**
15. Chronic Lung Disease
16. Chronic Pancreatitis**
17. Coma
18. Coronary Artery By-pass Grafts
19. Creutzfeld-Jacob Disease
20. Crohn's Disease of specified severity **
21. Deafness
22. Dementia (before age 65)*
23. Devic's Disease**
24. Encephalitis*
25. Heart Attack
26. Heart Structural Repair
27. Heart Valve Replacement or Repair
28. HIV infection
29. Intensive Care – requiring mechanical ventilation for 10 consecutive days**
30. Kidney Failure
31. Liver Failure*
32. Loss of one Limb
33. Loss of Speech
34. Major Organ Transplant
35. Motor Neurone Disease (before age 65)
36. Multiple Sclerosis
37. Muscular Dystrophy**
38. Myasthenia Gravis**
39. Necrotising Fasciitis**
40. Paralysis of One limb
41. Parkinson's Disease (idiopathic, before age 65)
42. Parkinson Plus Syndromes (before age 65)**
43. Peripheral Vascular Disease with bypass surgery**
44. Pneumonectomy**
45. Primary Pulmonary Hypertension*
46. Primary Sclerosing Cholangitis**
47. Pulmonary Artery Graft Surgery*
48. Short Bowel Syndrome**
49. Spinal Stroke**
50. Stroke
51. Syringomyelia or syringobulbia**
52. Systemic Lupus Erythematosus
53. Third Degree Burns of specified surface area
54. Total and Permanent Disability (before age 65)**
55. Traumatic Brain Injury*

Partial Payment Specified Illness Benefit

For member:
If you are diagnosed with one of the illnesses listed on page 19, this benefit will pay a once-off, tax-free lump sum of the lesser of **€15,000 or 12.50% of your salary** at the date of diagnosis.

See page 10 for definition of salary.

For child:
If your child aged between 0-20 is diagnosed with one of the illnesses listed on page 19, this benefit will pay a once-off, tax-free lump sum of **€7,500**.

Members of the previous Clerical Officer & Executive Grade Schemes who have **not** opted out of both Death Benefits and Specified Illness Benefits before 1st December 2022 can only claim for diagnoses that occur after 1st June 2022.

You/your child must meet the policy definition/criteria of the illness to be eligible to claim (see Appendices from pages 40-67).

For members who joined from 1st June 2022 and members of the previous Clerical Officer & Executive Grade Schemes:
All Partial Payment Specified Illnesses were introduced 1st June 2022. You can only claim for diagnoses that occur after this date.

For members of the previous Civil Service in Professional, Technical and Service Grades and Health & Welfare, Local Government & Local Services, and Education Divisions Schemes:
The Partial Payment Specified Illnesses marked** were introduced on 1st June 2022. The other Partial Payment Specified Illness Benefit were introduced on 1st January 2014. You can only claim for diagnoses that occur after this date.

1. Angioplasty for Coronary Artery Disease
2. Aortic Aneurysm**
3. Carcinoma in Situ of the Appendix, Colon or Rectum**
4. Carcinoma in Situ of the Breast
5. Carcinoma in Situ of the Cervix**
6. Carcinoma in situ of the oesophagus
7. Carcinoma in Situ of the Oral Cavity or Oropharynx**
8. Carcinoma in Situ of the Testicle**
9. Carcinoma in Situ of the Vagina**
10. Carcinoma in Situ of the Vulva**
11. Carcinoma in Situ (Other)**
12. Carotid artery stenosis
13. Central Retinal Artery or Vein Occlusion**
14. Cerebral or Spinal aneurysm**
15. Cerebral or Spinal arteriovenous malformation
16. Crohn's disease – treated with surgical intestinal resection**
17. Cystectomy**
18. Diabetes Mellitus - type 1**
19. Early Stage Prostate Cancer with Gleason score between 2 and 6
20. Early Stage Thyroid Cancer**
21. Early stage urinary bladder cancer**
22. Gastrointestinal Stromal Tumour (GIST) of Low Malignant Potential**
23. Implantable cardioverter defibrillator (ICD) for primary prevention of sudden cardiac death**
24. Liver Resection**
25. Neuroendocrine Tumour of Low Malignant Potential**
26. Ovarian Tumour of Borderline Malignancy / Low Malignant Potential**
27. Peripheral vascular disease - treated by angioplasty**
28. Permanent Pacemaker Insertion**
29. Pituitary tumour**
30. Serious accident cover - resulting in at least 28 consecutive days in hospital
31. Severe Sepsis**
32. Significant visual impairment**
33. Single lobectomy**
34. Surgical removal of one eye
35. Third degree burns - covering at least 5% of the body's surface area
36. Ulcerative colitis**

Specified Illness Benefit

Exclusions

Members of the previous Clerical Officer & Executive Grade Schemes who have opted out of both Death Benefits and Specified Illness Benefits before 1st December 2022 are not covered for Full or Partial Payment Specified Illnesses Benefits.

Full Specified Illness Benefit and Partial Payment Specified Illness Benefit Claims will not be paid, if:

a) You are residing outside of the Republic of Ireland or the United Kingdom for more than 13 weeks in any consecutive 12 month period prior to the date of claim unless you have been on career break, prior agreement was received from the Insurer and the relevant premium was paid.

b) Prior to your Specified Illness Benefit cover commencing you suffered from a condition related to one of the Specified Illnesses and you contract that particular illness within 2 years of joining the Scheme. For example, a claim will not be paid for a heart attack within the first 2 years of joining, if prior to joining you were diagnosed from Diabetes. This is due to the recognised link between Diabetes and a heart attack. However, a diabetic who first suffers a heart attack 3 years after joining the Scheme will be eligible to claim.

c) You suffered from one of the Specified Illnesses before your cover commenced, you will never be covered for that illness and cannot claim for that illness or a related Specified Illness. For example, because of the links between heart attack, coronary artery by-pass surgery, heart transplant, angioplasty and stroke, if you have suffered from or undergone surgery for one of these conditions before joining the Scheme you cannot claim under the policy in respect of any of the 4 illnesses. For example, if you underwent coronary artery by-pass surgery before joining you will never be covered for coronary artery bypass surgery, heart attack, heart transplant, angioplasty or stroke.

d) No cancer claims will be paid by the Insurer where the condition is diagnosed within the first 3 months of a member joining the Scheme. In such circumstances cover in respect of cancer ceases.

The related Specified Illnesses and pre-existing conditions set out in Appendix 1 and 2 are examples which can result in a Specified Illness diagnosis. This is not an exhaustive list and New Ireland's Chief Medical Officer can decide if a specified illness diagnosis has resulted from another related specified illness or pre-existing conditions.

Specified Illness Benefit

Limitations and Restrictions

For members who joined from 1st June 2022 and members of the previous Clerical Officer & Executive Grade Schemes:

All Full and Partial Payment Specified Illnesses were introduced 1st June 2022. You can only claim for diagnoses that occur after this date.

For members of the previous Civil Service in Professional, Technical and Service Grades and Health & Welfare, Local Government & Local Services, and Education Divisions Schemes:

- Full Specified Illness Benefit became a benefit of the Scheme on 1st July 2005. The Full Specified Illnesses marked *, were introduced on 1st January 2014. The Full Specified Illnesses marked **, were introduced on 1st June 2022. You can only claim for diagnoses that occur after these dates. The Full Specified Illness marked + was a Partial Payment Illness from 1st January 2014 until 31st May 2022. The Specified Illness was then enhanced to Full Specified Illness on 1st June 2022. You can only claim for the relevant benefit that was available on the date the diagnosis occurred.
- Partial Payment Specified Illness Benefit became a benefit of the Scheme on 1st January 2014.

  The Partial Payment Specified Illnesses marked ** were introduced on 1st June 2022. You can only claim for diagnoses that occur after this date.
- If you make a Full Specified Illness claim, you will not be able to make a further Full or Partial Specified Illness claim. If you make a Partial Payment Specified Illness claim, you will still be able to make a Full Specified Illness claim.
- If you are diagnosed with one of the Full Specified Illnesses within 30 days of diagnosis of a Partial Payment Specified Illness, a claim will only be assessed by the Insurer on the Full Specified Illness and the Proportionate Payment Specified Illness Benefit will not be paid.
- A Specified Illness claim will only be paid if the diagnosis/severity meets the specific definition/criteria outlined for that illness in the Appendices on pages 40-67.
- You will not be able to make a Specified Illness claim for an illness that:
  - you were diagnosed with prior to joining the Scheme.
  - relates to a condition which you were already suffering from at the time of your application and/or where you were under medical investigation for this, regardless of whether you were aware of the condition at that time.
  - relates to a condition which you were already diagnosed with before the date that Specified Illness was introduced to the Scheme.

Specified Illness Benefit

Notification of Specified Illness Claims

You should make a Specified Illness Claim within 90 days of having surgery or being diagnosed, as a delay in notification may prejudice the Insurer's ability to properly assess the claim. In the event you notify your claim late, the Insurer may decline to assess your claim where they have been prejudiced by the delay.

- There is a waiting (deferred) period for some Specified Illnesses.
- There is a survival period for some Specified Illnesses. You must survive for a minimum period after the date of diagnosis or surgery took place, before a payment can be made. In the event of death within this period no Specified Illness benefit is payable. The relevant periods are:
  - (a) 6 months for Parkinson's Disease, Alzheimer's disease, Multiple System Atrophy and Blindness.
  - (c) 12 months for Deafness and Loss of Speech.
  - (d) 14 days for all other Specified Illnesses covered.

Please see Appendices pages 40-67 for more details.

This benefit ceases depending on your entry to the Public Sector. Please see ceasing ages on page 36.

Limitations and Restrictions for Children's Specified Illness Benefit

Additional to the exclusions on page 20 and the limitations and restrictions on page 21, the below also applies to Children's Specified Illness.

Definition of child means: a child whose birth certificate you appear as a parent or a child who has been legally adopted by you.

In the event that both parents are members of this Scheme, the benefit will only be paid once.

This benefit ceases:

- When the child reaches age 21 **or**
- The member reaches the ceasing age* **or**
- A full Children's Specified Illness claim is paid **or**
- The child dies,

whichever is earliest.

*See ceasing ages page 36.

Cornmarket Retired Members' Life Cover Plan

0.05% of your overall premium entitles you to join the Cornmarket Retired Members' Life Cover Plan when you retire, without any medical underwriting, once you apply to join within a certain time period of retiring or of your membership of this Plan ceasing. Terms & Conditions apply.

For more details on joining this Plan, please contact **(01) 470 8054** or email **clientservices@cornmarket.ie.**

The Cornmarket Retired Members' Life Cover Plan is underwritten by Irish Life Assurance plc. Irish Life Assurance plc is regulated by the Central Bank of Ireland.

3. Cost

The total Scheme premium is **1.99% of gross salary**. This includes the 1% insurance levy.

The breakdown of this premium is:

Disability Benefit	1.44%
Death Benefit	0.32%
Specified Illness Benefit	0.18%
Medical Immunity Benefit*	0.05%
Total	**1.99%**

*Entitles members to join the Cornmarket Retired Members' Life Cover Plan at retirement without medical underwriting (underwritten by Irish Life Assurance plc.).

Warning: The current premium may increase after the next Scheme review which should take place on/after 1st June 2025.

This premium rate is fixed for an initial 3 year period until 1st June 2025, and may be extended by a further 3 years or increase subject to a review by the Insurer.

Income tax relief

The portion of your premium that is paid towards Disability Benefit is eligible for Income Tax Relief.

If you are paying income tax at 20% your net premium rate will be 1.70%.

If you are paying income tax at 40% your net premium rate will be 1.41%.

The rate at which income tax relief is applied may depend on your individual tax circumstances.

Here are some examples of the cost per week for various salary amounts taking income tax relief into account:

Income	Gross cost	Net cost at 20% income tax	Net cost at 40% income tax
€35,000	€13.35	€11.42	n/a
€45,000	€17.16	€14.68	€12.19
€55,000	€20.98	n/a	€14.90
€65,000	€24.79	n/a	€17.61

4. Claims

Roles

Cornmarket's role

Our role is to help guide you and/or your representatives through the claims process. We have considerable experience in this area and, work closely with the claimant, Insurer, and third parties to help get claims processed as efficiently as possible. We have our own dedicated, in-house Claims Administration Team. The team members will do all they can to help at what may be a very difficult time. All claims are dealt with in a professional and sensitive manner.

Our contact details for making a claim are:

- Phone: **(01) 408 4018**
  In the interest of Customer Service we may record and monitor calls.
- Email: **spsclaims@cornmarket.ie**
- Post: **SPS Claims Department, Cornmarket Group Financial Services Ltd, Christchurch Sq., Dublin 8.**

The Insurer's role

The Insurer's role is to medically assess claims and decide whether or not claims should be paid. If they decide that a claim should be paid, they will calculate and pay the benefit.

Disability and Specified Illness Benefit Claims

How to make a Disability or Specified Illness Benefit claim?

Disability Benefit

Contact us as soon as you start your sick leave because:

Disability Benefit claims take approximately three months to process from the date your completed claim form is received. The exact length of time it will take to process a claim is dependent upon how long it takes for the Insurer to get data from third parties such as G.P.s, specialists, unions/ associations and employers. With that information they must be satisfied that:

- A member is a valid member of the Scheme **and**
- A member is or was medically incapable of working for the period being claimed for, **and**
- They are paying the correct benefit amount.

It is not often possible to retrospectively assess the validity of a claim where a significant period of time (approximately 3 month) has elapsed since your sick leave commenced. See Late Notification of Disability Benefit Claims on page 13.

Specified Illness Benefit

Contact us as soon as possible, as it may take a number of weeks to process the claim. If the Insurer cannot assess the claim due to unavailability of supporting medical evidence the Insurer can decline the claim. See Notification of Specified Illness Benefit Claims on page 21.

Can I nominate someone to contact Cornmarket on my behalf in relation to a Disability or Specified Illness Benefit claim?

You can nominate someone to contact us on your behalf and to assist you with your claim, for example, your spouse, next of kin etc. If you wish to do this, please send us a letter, signed and dated by you, outlining the name, address, and date of birth of your nominated person. Please be aware that if you nominate someone to act in this capacity, they will have access to the information related to your claim such as your medical, salary and financial details. However, they will not have the authority to make any changes, for example, to cancel your membership of the Scheme.

What will happen after I initially contact Cornmarket to make a Disability or Specified Illness Benefit claim?

Following an initial phone call, if appropriate, we will send you a claim form, information about the Scheme and details of the documentation you will need to provide.

You should return the forms and documentation to us as soon as possible and we will send these to the Insurer. The Insurer will then start medically assessing your claim.

Are all Disability and Specified Illness Benefit claims medically assessed?

All claims will be medically assessed by the Insurer. If you have been granted

Ill Health Early Retirement by your employer, this does not mean that you will be automatically entitled to Disability Benefit from the Scheme.

As part of their assessment, the Insurer may require you to:

1. provide medical evidence from your doctor (your doctor may charge you for this) **and**/**or**
2. provide medical evidence from your specialist **and**/**or**
3. complete a tele-claims interview with a nurse **and**/**or**
4. attend an Independent Medical Examination (IME). It generally takes about 3 weeks for the IME report to be returned to the Insurer **and**/**or**
5. attend the Insurer's Occupational Health Advisor

Items 2, 3, 4 and 5 are at the Insurer's expense and reasonable travel expenses will be covered, if travel is necessary.

We will liaise with your employer, the Insurer and you throughout the assessment.

What happens after my Disability Benefit claim is assessed?

Following the assessment, the Insurer will make a decision on your claim. Claims can be admitted or declined.

What will happen if my Disability Benefit claim is admitted and I have completed the relevant deferred period?

- If your claim is admitted, the Insurer will arrange for benefit to be paid to your bank account. Disability Benefit will be paid in arrears and may be paid on a monthly basis. Therefore, it may take up to four weeks after your claim is admitted to receive your first benefit. If your claim is admitted after you have been reduced to half-pay or your pay has ceased altogether, the benefit may be backdated to the date when salary was first affected.
- As a benefit is subject to income tax, you can request the Revenue Commissioners to issue a Revenue Payroll Notification (RPN) to the Insurer. This will enable the Insurer to apply the correct tax rate for future benefits. However, the first benefit may have emergency tax rates applied. Any overpayment or underpayment of tax may be subsequently rectified.
- In order to ensure you continue to meet the definition of disablement, the Insurer may seek completed continuation forms, certificates of continued disablement, medical certificates from your doctor, and/or require you to attend an independent medical examination and/or organise for a Health Claims Advisor to visit you. Claims in payment for greater than 6 years, will not be subject to ongoing medical assessments.
- In the event that you fail to follow medical advice, the Insurer may cease paying you benefits.
- You will not be expected to pay premiums towards the Scheme while claiming. However, if your benefit stops for some reason other than reaching the ceasing date of that benefit, you will be expected to start paying premiums again in order to maintain your cover.

  If you are in receipt of Disability Benefit up to your relevant ceasing age* for this benefit, you will not be required to pay premiums for any

other associated benefits you are covered for under this Scheme up until the relevant ceasing ages* of those benefits. If the ceasing ages change after your claim went into payment, the revised ceasing ages will not apply to you. If you return to work in the future and you become a disability claimant again, your claim will be paid on the applicable relevant ceasing age to you at that time.

- While claiming Disability Benefit, any Death Benefit or Specified Illness Benefit that you have as a Scheme member remains in force until the ceasing date of those benefits. In the event that you will need to claim from these, the benefits will be based on the salary you were earning at the time your Disability Benefit commenced.
- An annual increase in Disability Benefit does not apply to new claims admitted by New Ireland after the 1st June 2022. There is no change for existing claimants that were admitted prior to 1st June 2022. Contact our claims team for queries.

What will happen if my Disability Benefit claim is declined?

- If your claim is declined, the Insurer will inform you of the reasons for the decision in writing.
- You may appeal the decision by sending additional evidence supporting the fact that your claim should be admitted to the Chief Medical Officer of the Insurer. The review of their decision may require you to attend further Independent Medical Examinations.
- If you do not appeal, you must return to work and premiums must continue or restart in order for you to remain a member of the Scheme.
- If your appeal with the Insurer is unsuccessful, you can log a complaint with the Insurer. If you are dissatisfied with the outcome of your complaint, you may bring your case to the Financial Services and Pensions Ombudsman Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2 or log onto www.fspo.ie.

How does Ill Health Early Retirement Pension (IHERP) affect my Disability Benefit claim?

If you make a claim and decide not to apply for IHERP, perhaps because you intend to return to work, and the Insurer agrees that there is a reasonable expectation of you returning to work, then the Insurer may pay a benefit of 75% of salary less any State Illness Benefit or Temporary Rehabilitation Remuneration for a maximum of 2 years. This means no deduction will be made from the Benefit for an amount equivalent to IHERP, as no IHERP is being claimed.

However, 2 years after the date Disability Benefit commences, a pension amount will be deducted from the benefit regardless of whether or not you are in receipt of same. This is referred to as Notional Early Retirement Pension (NERP).

If a member retires subsequently and an IHERP is paid, the additional amount that was paid under the Scheme since the effective date of early retirement must naturally be repaid to the Insurer.

*Relevant ceasing age means, the ceasing age that was applicable when your claim went into payment.

What if I am on a Fixed Term Contract and make a Disability Benefit claim?

If you are unable to work due to illness or injury and your contract ends before the expiry date of the deferred period, your claim will be considered subject to the usual medical evidence requirement. For example, if a member suffers an illness with 2 months remaining on their contract, and remains unable to work due to illness or injury to the end of the deferred period, their claim will be considered in the normal manner.

If my illness is due to an injury at work, how does this affect my Disability Benefit claim and my Scheme membership?

Please inform our Claims Administration team immediately if you are in receipt of or have applied for an injury at work payment through your employer as your premium payments may stop which will affect your Scheme membership.

If as a result of your workplace injury, you are entitled to an additional payment from your employer, it may mean that your income remains higher than 75% of your salary. If your income exceeds the Schemes maximum benefit level, no Disability Benefit is payable under the Scheme however the Insurer needs to be aware of your case so they can manage your claim. See Late Notification of Disability Benefit Claims on page 13.

What happens if I return to work after making a Disability Benefit claim?

If you return to your normal occupation at your normal hours, or to full salary (for example, you take annual leave), you must inform us at the earliest opportunity and ensure that premiums restart in order for you to remain a member of the Scheme.

If you return to your normal occupation at reduced hours, or to a different occupation at reduced pay, the Insurer may continue to pay you a benefit but at a proportionately reduced amount. This will be subject to medical evidence supporting the view that you are only partially fit for work.

If you return to work but have to stop working again due to the same illness or injury within a period of 13 weeks from the date of your return, you will not be expected to complete the deferred period again. This is referred to as a 'linked claim'.

What happens after my Specified Illness Benefit claim is assessed?

Following the assessment the Insurer will make a decision on your claim. Claims can be settled or declined.

Settled

- If your claim is settled, the Insurer will arrange for payment to be made to you.
- If you claimed from the Full Specified Illness Benefit, you will no longer be covered for any Specified Illness Benefit. You will no longer be required to pay for it and we will reduce your premium accordingly. In the event that you pay your premiums by salary and your employer is unable to facilitate the reduced premium, you may need to switch to paying your premiums by direct debit.
- If you claimed from the Partial Payment Specified Illness Benefit, you can still make a claim under the Full Specified Illness Benefit and so your premiums will not reduce.

Declined

- If your claim is declined, you will be informed of the reasons for that decision in writing.
- You may appeal the decision by sending additional evidence supporting the fact that your claim should be admitted to the Chief Medical Officer of the Insurer. You must do this within 3 months of the decline decision being made. The review of their decision may require you to attend further Independent Medical Examinations.
- If your appeal with the Insurer is unsuccessful, you can log a complaint with the Insurer. If you are dissatisfied with the outcome of your complaint, you may bring your case to the Financial Services and Pensions Ombudsman Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2 or log onto www.fspo.ie.

What is the Tax Return Service for Disability Benefit claimants?

Cornmarket's Tax Return Service is available to claimants who are in receipt of Disability Benefit for a continuous period of 3 months or more. Only claimants who submitted their claim after 1st June 2022 date are eligible to avail of this service.

The Cornmarket Tax Return Service will prepare and file your tax return and act on your behalf with Revenue, to ensure that you do not pay any more tax than is necessary from multiple sources. They will also reclaim any overpayments of tax which may have been made by you during the period of your claim. The service includes PAYE returns and up to two rental properties, where relevant. Additional properties or returns for non-PAYE income may attract extra charges, and/or may not be offered within this service.

For more information, please call **(01) 408 4106**

Cornmarket Group Financial Services Ltd. is a member of the Irish Life Group Ltd. which is part of the Great-West Lifeco Group of companies. Cornmarket's Tax Return Service is not a regulated financial product.
Telephone calls may be recorded for quality control and training.

Death Benefit Claims

How to make a Death Benefit claim

In the unfortunate event that you need to claim from the Children's Death Benefit, please contact us.

To ensure we are notified in the unfortunate event of your death, it's best that you instruct your legal personal representative/Next of Kin to contact us.

The member's Death Benefit may be paid to your legal personal representative/estate.

After initial contact is made, if appropriate, we will advise of the documentation required to process the claim.

How long will it take to process a Death Benefit claim?

If payment is to be made to your legal personal representatives/estate, a grant of probate or letters of administration, as appropriate, will be required before payment is made. These documents will be processed through the Probate Office, and may in some cases take several months to be processed.

Once the Insurer receives all required documentation and relevant information, and admits the claim, the benefit is usually paid within **10 working days**.

5. Frequently Asked Questions

How can I apply to join the Scheme?

You must complete an application form either:

i) With your Cornmarket Consultant or
ii) Over the Phone – Call **(01) 470 8054**

The Insurer may underwrite (medically assess) your application. This process may include providing medical information to a nurse over the telephone or attending a medical examination at the Insurer's expense. Following the underwriting period, the Insurer may accept your application, postpone your application, decline your application or offer you membership of the Scheme with certain specified conditions excluded from cover.

During the application process it is important that you answer all the questions the Insurer asked in the application form and any subsequent questions fully, honestly and carefully.

If you do not the Insurer may:

- cancel your membership & benefits from the start with/without a return of premium,
- refuse a claim with/without a return of premium,
- reduce the amount of any claim,
- reduce the amount of cover **and/or**
- change the terms of your membership from the date you were accepted into the Scheme

What happens if my application is accepted?

Your cover begins from the date the Insurer accepts your application.

- You will be sent a formal acceptance letter.
- You will have 30 days after the date the acceptance letter is sent to you to cancel your membership of the Scheme and receive a full refund of any premiums paid.
- Premiums should start as soon as possible after you are accepted as a member.

What happens if my application is not accepted?

If your application is postponed, declined or if you are offered acceptance with certain specified conditions excluded you can ask New Ireland to let you know the reasons for this decision, which may in certain circumstances be provided to you through your GP.

What if I have unearned income?

In general, investment and rental income will not be considered when making a claim under the Scheme.

What if I plan to take a career break or unpaid leave?

If you plan to take a career break or unpaid leave please contact us to discuss the options that may be

available to you by calling (01) 408 4195 or emailing spsadmin@cornmarket.ie.

If you wish to avail of the career break options, you must apply for these within 4 months of taking a career break. Otherwise your membership of the Scheme will cease. You must remain a member of the Fórsa union for the duration of your career break.

If you wish to avail of the unpaid leave options you must notify us at least 4 weeks in advance of the commencement of unpaid leave.

In order to ensure your membership of the Scheme does not lapse, and so that we can offer you any cost and/or benefit options which may be applicable, please contact us in advance if you plan to do any of the following:

- Acquire a second job
- Go on secondment
- Avail of the Shorter Working Year Scheme
- Change role/job
- Change terms of employment
- Start job sharing/work sharing (this means working 50% or less of the normal working week).

What if I am placed on administrative/special/gardening leave?

Please contact us on **(01) 408 4195** as soon as possible.

What if I have another Salary Protection/Income Protection/Income Continuance Scheme?

You may be over-insured as you cannot receive a benefit of more than 75% of your salary. In other words, you cannot receive benefit from both this scheme and another similar scheme. If you are in this situation, please contact us to arrange an appointment with one of our Consultants.

When does my cover under the Scheme cease?

For Disability, Death & Specified Illness Benefit;

- If you entered/re-entered the Public Service before 1st April 2004 benefits cease age 65.
- If your entered/re-entered the Public Service on or after 1st April 2004 benefits cease age 67.

Cover for all benefits cease in the following situations:

- If you retire (other than on grounds of ill health) **or**
- If you resign **or**
- If you no longer fulfil the eligibility requirements **or**
- If you leave the Fórsa union **or**
- If your premiums cease **or**
- If you become unemployed **or**
- If you die.

Remember...

We will not be automatically informed if some of the above events occur so please ensure we are advised at the earliest opportunity.

Can I cancel my membership of the Scheme?

Yes. You may cancel your membership of the Scheme at any time by clearly instructing us to do so in writing. Please ensure your name, address and date of birth are included on the cancellation instruction. If you cancel within 30 days of the acceptance letter being sent to

you, we will cancel your membership of the Scheme and refund you any premiums you have paid.

If you pay by salary deduction, the payment cycle operated between us and your employer only allows for changes on certain dates. It may therefore take between four and eight weeks for the cancellation instruction to take effect. Any deductions taken from your salary following your cancellation request to us will be refunded to you approximately four to six weeks after the deduction from your salary.

Apart from the instances outlined above no premiums will be refunded on cancellation of your membership.

If you cancel your membership of the Scheme, and then wish to become a member again, you will have to apply for membership again and provide information about the state of your health. If your health deteriorated between the time you cancelled your membership of the Scheme and re-applied, you may not be accepted as a member again or you may be accepted with a medical condition(s) excluded.

What happens if I cease to be a member of the Fórsa union?

If you leave the union you must inform us. We will then cancel your membership of the Scheme.

Is there a surrender or cash-in value associated with the Scheme?

As with other insurance such as car insurance, your premiums meet the cost of your cover. If you do not have a claim admitted, you will not receive a benefit from the Scheme.

There is no surrender or cash-in value associated with this Scheme; it is not a savings plan.

What commission does Cornmarket receive from the Insurer?

Initial charge	€250 - €400
Premium Deduction Charge	2.5%
Renewal charge paid by the Insurer to Cornmarket	10%

What if I travel abroad?

In order to remain on cover under this Scheme you must remain a resident within Ireland.

Your cover under the Scheme will not be affected if you travel briefly for normal holiday purposes. However, if you decide to reside or work abroad we must be contacted immediately. In such circumstances, the Insurer may decide to vary your premium and benefits accordingly or cease your membership of the Scheme.

If you are in receipt of Disability Benefit from the Scheme, the Insurer will pay this benefit to you if you are living anywhere in the world for a maximum of 12 months. The Insurer reserves the right to request that claimants come back to Ireland for an Independent Medical Examination during this period. If during this period you are required to attend a medical assessment you must return to Ireland

for it, the expense of which must be agreed between you and the Insurer in advance. Only reasonable expenses will be covered by the Insurer.

After 12 months, you must reside in Ireland or the UK. If you do not comply with this condition your benefit will be ceased. In exceptional cases where a beneficiary is forced to live abroad, the Insurer will consider this on a case-by-case basis.

Are all claims paid?

Most claims are paid.

When claims are not paid it is usually due to one or more of the following reasons:

- Medical opinion is that the member is not disabled from carrying out their normal occupation.
- When applying to join the Scheme, the member did not answer all the questions that were asked during the application process fully, honestly and carefully. This is called non-disclosure/ misrepresentation. In addition to being the reason for a claim not being paid, non-disclosure may also result in membership of the Scheme being cancelled. If this occurs, premiums may not be refunded.
- A claim is notified late, for example, outside of the timelines noted on page 13 and 21 and this has prejudiced the Insurer's ability to properly assess the claim.
- The illness or injury is a result of one of the general exclusions that exist on the Scheme.
- The member attempts to claim for an illness or injury for which they received a specific exclusion.

What if I wish to make a complaint about the service I have received from Cornmarket?

Please write to: **Compliance Department, Cornmarket Group Financial Services Ltd, Christchurch Square, Dublin 8**.

or

Email: **complaints@cornmarket.ie**

If you are dissatisfied with the outcome of your complaint through Cornmarket, you may submit your complaint to the Financial Services and Pensions Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, or log onto www.fspo.ie.

6. General Scheme Information

This is a group protection scheme. This means that the costs and benefits cannot be changed by any individual member. Instead, the Scheme owner reviews the Scheme periodically with a Broker and Insurers and then decides the best combination of benefits, cost, restrictions, limitations and features for all the members of the Scheme. At a review it may be decided that the Scheme should move Brokers and/or Insurers. In the event that this occurs, all Scheme membership data will be transferred to the new Broker and/or Insurer. Additionally, at a review, it may be decided to terminate the Scheme altogether. In the event that this occurs, any members who are already receiving a Disability Benefit will continue to receive that benefit under the terms of the Scheme.

Decisions taken by the Scheme owner will be binding on all members.

The Scheme owner is Fórsa.

The next Scheme review is due on or after 1st June 2025.

The current Scheme broker is Cornmarket Group Financial Services Ltd.

The current Scheme Insurer is New Ireland Assurance Company plc.

The current Scheme policy number is V000095E.

7. Specified Illnesses Appendices

NEW IRELAND ASSURANCE

Explanation of each specified illness we make a full payment on and its pre-existing conditions

APPENDIX A:

Full Payment Specified Illnesses

Alzheimer's Disease before age 65 – *resulting in permanent symptoms*

Policy Definition
A definite diagnosis of Alzheimer's disease by a Consultant Neurologist or Geriatrician. There must be permanent clinical loss of the ability to do all of the following:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas.

For the above definition, the following is not covered:
Alzheimer's Disease secondary to alcohol or drug misuse

Pre-existing Conditions
Amnesia or memory loss

Related Specific Illnesses
Dementia

Aorta Graft Surgery – *for disease or traumatic injury*

Policy Definition
The undergoing of surgery to the aorta with excision and surgical replacement of a portion of the aorta with a graft.

The term aorta means the thoracic and abdominal aorta but not its branches.

For the above definition, the following is not covered:
Any other surgical procedure, for example the insertion of stents or endovascular repair.

Pre-existing Conditions
Aortitis, Marfan's syndrome, Ehlers-Danlos syndrome, peripheral artery disease or syphilis

Related Specified Illnesses
Aortic Aneurysm - with endovascular repair

Aplastic Anaemia - *of specified severity*

Policy Definition
A definite diagnosis by a Consultant Haematologist of permanent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia and requires as a minimum one of the following treatments:

- Blood transfusion;
- Bone-marrow transplantation;
- Immunosuppressive agents;
- Marrow Stimulating agents.

All other forms of anaemia are specifically excluded.

Pre-existing Conditions
None Specified

Related Specific Illnesses
Cancer, Bone Marrow Transplant (under Major Organ Transplant).

Bacterial Meningitis - *resulting in permanent symptoms*

Policy Definition
A definite diagnosis of bacterial meningitis by a Consultant Neurologist causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit with persisting clinical symptoms*.

All other forms of meningitis including viral meningitis are not covered.

***Permanent neurological deficit with persisting clinical symptoms is defined as:**

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

The following are not covered:

- An abnormality seen on brain or other scans

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

Pre-existing Conditions
Osteomyelitis of the skull, tuberculosis.

Related Specific Illnesses
Encephalitis, Brain Abscess.

Balloon Valvuloplasty

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

Pre-existing Conditions
Any disease or disorder of the aortic, mitral, pulmonary or tricuspid valve(s); rheumatic fever, endocarditis, atrial or ventricular septal defect, patent ductus arteriosus, Fallot's tetralogy, Epstein's anomaly or any congenital or acquired structural cardiac abnormality.

Related Specific Illnesses
Heart Valve Replacement or Repair.

Benign Brain tumour – *resulting in permanent symptoms or undergoing specified treatments*

Policy Definition
A non-malignant tumour or cyst originating from in the brain, cranial nerves or meninges within the cranium, resulting in any of the following:
- permanent neurological deficit with persisting clinical symptoms*; or
- undergoing invasive surgery to remove all or part of the tumour; or
- undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

For the above definition, the following are not covered:
- Tumours in the pituitary gland
- Tumours arising from bone tissue
- Angiomas and cholesteatoma

***Permanent neurological deficit with persisting clinical symptoms is defined as:**

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

The following are not covered:
- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

Pre-existing conditions
Epilepsy, unilateral neural deafness, fits or blackouts, double vision, Von Recklinghausen's disease, tuberous sclerosis.

Related Specified Illnesses
None Specified.

Benign Spinal Cord Tumour – *resulting in permanent symptoms or undergoing specified treatments*

Policy Definition
A non-malignant tumour of the spinal canal or spinal cord, causing pressure and/or interfering with the function of the spinal cord resulting in any of the following:
- permanent neurological deficit with persisting clinical symptoms*; or
- undergoing invasive surgery to remove all or part of the tumour; or
- undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

For the above definition, the following are not covered:
- Angiomas
- Prolapsed or herniated intervertebral disc

***Permanent neurological deficit with persisting clinical symptoms is defined as:**

- Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last

throughout the insured person's life.
- Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:
- An abnormality seen on brain or other scans without definite related clinical symptoms
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms
- Symptoms of psychological or psychiatric origin.

Pre-existing Conditions
Von Recklinghausen's disease, tuberous sclerosis.

Related Specified Illnesses
None Specified.

Blindness – *permanent and irreversible Policy Definition*

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart or visual field is reduced to 20 degrees or less of an arc, as certified by an ophthalmologist.

Pre-existing Conditions
Diabetes, glaucoma, hysteria, severe myopia, congenital nystagmus, retrobulbar or optic neuritis, retinitis pigmentosa.

Related Specific Illnesses
Partial – Significant Visual Impairment.

Brain Abscess - *undergoing specified treatments*

A definite diagnosis of an intracerebral abscess within brain tissue by a Consultant Neurologist, resulting in either of the following:
- surgical removal; or
- surgical drainage of the abscess.

Pre-existing Conditions
Tuberculosis, head injury, chronic sinusitis

Related Specified Illnesses
Encephalitis, Bacterial Meningitis.

Brain Injury due to Anoxia or Hypoxia – *resulting in permanent symptoms*

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

***Permanent neurological deficit with persisting clinical symptoms is defined as:**

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

The following are not covered:

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

Pre-existing Conditions
Physical head injury, epilepsy, aneurysm, any obstructive or occlusive arterial or vascular disease e.g. transient ischaemic attack.

Related Specific Illnesses
None specified.

Cancer – *excluding less advanced cases*

Policy Definition
Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.
The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

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 of 7 or above or having progressed to at least clinical TNM classification T2bN0M0.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Malignant melanoma unless it has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).
- Any other skin cancer (including cutaneous lymphoma) unless it has been histologically classified as having caused invasion in the lymph glands or spread to distant organs.
- Any urinary bladder cancer unless histologically classified as having progressed to at least TNM classification T2N0M0.
- All thyroid tumours unless histologically classified as having progressed to at least TNM classification T2N0M0.

In the event of a claim for urinary bladder cancer, the amount of any insured person's Specified Illness Benefit payment will be reduced by the amount of any Partial Payment Specified Illness Benefit paid for Early Stage Urinary Bladder Cancer – of specified advancement (Covered in 13.21).

No cancer claims will be paid where this condition is diagnosed within the first three months of the Risk Commencement Date for Specified Illness Benefit under the Scheme. In such circumstances, cover in respect of cancer ceases.

Pre-existing Conditions
Polyposis coli, familial polyposis of the colon, Crohn's disease, ulcerative colitis, Barrett's Oesophagus, Carcinoma in situ other than of the breast or the oesophagus, a history of elevated prostate specific antigen (PSA) above 4.0 ng/ml, Bowen's disease, leukoplakia.

Related Specified Illnesses
Carcinoma in Situ – Breast, Carcinoma in Situ – Oesophagus, Early Stage Prostate Cancer, Aplastic Anaemia. Carcinoma in Situ of the Appendix, Colon or Rectum, Carcinoma in Situ of the Cervix, Carcinoma in Situ of the Oral Cavity or Oropharynx, Carcinoma in Situ of the Testicle, Carcinoma in Situ of the Vagina, Carcinoma in Situ of the Vulva, Carcinoma in Situ, Early Stage Thyroid Cancer, Early stage urinary bladder cancer, Gastrointestinal Stromal Tumour (GIST) of Low Malignant Potential, Neuroendocrine Tumour of Low Malignant Potential, Ovarian Tumour of Borderline Malignancy / Low Malignant Potential, Pituitary tumour

Cardiac Arrest – *with insertion of a defibrillator*

Policy Definition
Sudden loss of heart function with cessation of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted:
- Implantable Cardioverter-Defibrillator (ICD), or
- Cardiac Resynchronization Therapy with Defibrillator (CRT-D)

For the above definition the following is not covered:
- Insertion of a pacemaker
- Insertion of a defibrillator without cardiac arrest
- Cardiac arrest secondary to alcohol or drug misuse

Pre-existing Conditions
Coronary artery disease, heart failure and cardiomyopathy, left ventricular hypertrophy, myocarditis, hyperthrophic cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy, Brugada syndrome, idiopathic VF (also called primary electrical disease), congenital or acquired long QT syndrome, family history of Sudden Cardiac Death of uncertain cause, Wolff-Parkinson-White syndrome.

Related Specific Illnesses
Coronary Artery By-pass Grafts, Stroke, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Cardiomyopathy, Peripheral Vascular Disease.

Cardiomyopathy – *of specified severity*

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

- electrocardiographic changes; and
- echocardiographic abnormalities.

The evidence must be consistent with the diagnosis of cardiomyopathy.

For the above definition, the following are not covered:

- all other forms of heart disease and/or heart enlargement;
- myocarditis; and
- cardiomyopathy secondary to alcohol or drug misuse.

Pre-existing Conditions
Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects. Any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, endocarditis, diabetes, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation, hypertension, granulomatous disease e.g. sarcoidosis, Wegener's granulomatosis, infiltrations, e.g. heart tumours (primary), scleroderma, inflammatory process, e.g. carditis, myocarditis, collagenosis, post-cardiotomy syndrome, post- myocardial infarction syndrome, metabolic disorders, e.g. malnutrition, nutritional disorders (beri beri), family storage disorders, myopathies, e.g. progressive muscular dystrophyneuropathies, e.g. Friedreich's ataxia obliterative (OCM) in conjunction with amyloidosis, endocardial fibrosis, fibroelastosis, Löffler's disease, haemochromatosis, hypothyroidism, chemotherapy or radiotherapy for cancer.

Related Specified Illnesses
Heart Attack, Stroke, Coronary Artery By-pass Grafts, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ transplant), Carotid Artery Stenosis, Cardiac arrest, Implantable cardioverter defibrillator, Peripheral vascular disease, Permanent Pacemaker Insertion.

Cauda Equina - *with permanent symptoms*

Policy Definition
A definite diagnosis by an appropriate Consultant of cauda equina syndrome evidenced by compression of the lumbosacral nerve roots (cauda equina) resulting in all of the following:

- permanent bladder dysfunction.
- permanent weakness and loss of sensation of the legs.

The diagnosis must be supported by appropriate neurological evidence.

Pre-existing Conditions
Spinal cord tumour, osteoarthritis. spinal stenosis, spinal compression, spinal fracture, aeriovenous malformation.

Related Specific Illnesses
Benign spinal cord tumour, Cancer.

Chronic Lung Disease – of specified severity

Policy Definition
Confirmation by a Consultant Physician of chronic lung disease which is evidenced by all of the following:

- The need for continuous daily oxygen therapy on a permanent basis;
- Evidence that oxygen therapy has been required for a minimum period of six months;
- FEV1 being less than 40% of normal;
- Vital Capacity less than 50% of normal.

Pre-existing Conditions
Emphysema, cystic fibrosis, pulmonary fibrosis, chronic asthma, chronic bronchitis, fibrosing alveolitis (cryptogenic and allergic) emphysema, fibrosing lung disorders, other systemic disorders that produce pulmonary fibrosis such as sarcoid, pulmonary fibrosis as a result of exposure to extrinsic organic or inorganic agents.

Related Specified Illnesses
Lung Transplant (under Major Organ Transplant), Pneumonectomy, Single lobectomy

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Chronic Pancreatitis – *of specified severity*

Policy Definition
A definite diagnosis of chronic pancreatitis by a Consultant Gastroenterologist. The diagnosis

must be evidenced by all of the following:

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

For the above definition the following are not covered:

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

Pre-existing Conditions

Alcohol abuse, acute pancreatitis, pancreatic duct obstruction, gallbladder disease, hyperparathyroidism.

Related Specific Illnesses

None Specified.

Coma – *resulting in permanent symptoms*

Policy Definition

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

- requires the use of life support systems; and
- results in permanent neurological deficit with persisting clinical symptoms*.

For the above definition, the following is not covered:

- A medically induced coma
- Coma secondary to alcohol or drug misuse.

***Permanent neurological deficit with persisting clinical symptoms is defined as:**

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

The following are not covered:

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

Pre-existing Conditions

Physical head injury or concussion, epilepsy, diabetes mellitus, aneurysm, transient cerebral ischaemia, any obstructive or occlusive arterial or vascular disease, hepatic encephalopathy.

Related Specified Illnesses

Brain Injury due to Anoxia or Hypoxia, Intensive Care – requiring mechanical ventilation for 10 consecutive days, Traumatic Brain Injury.

Coronary Artery By-pass Grafts

Policy Definition

The undergoing of heart surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

For the above definition, the following are not covered:

- balloon angioplasty;
- atherectomy;
- rotablation;
- insertion of stents;
- laser treatment.

Pre-existing Conditions

Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects, any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, diabetes, hypercholesterolaemia, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation, hypertension.

Related Specified Illnesses

Heart Attack, Stroke, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Cardiomyopathy, Peripheral Vascular Disease.

Creutzfeldt-Jakob disease (CJD) – *resulting in permanent symptoms*

Policy Definition
A definite diagnosis of Creutzfeld-Jacob disease by a Consultant Neurologist resulting in permanent neurological deficit with persisting clinical symptoms*.

***Permanent neurological deficit with persisting clinical symptoms" is defined as:**

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

The following are not covered:

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

Pre-existing Conditions
A history of involuntary movements, treatment with human growth hormone treatment prior to 1985.

Related Specified Illnesses
None Specified.

Crohn's Disease – *of specified severity*

Policy Definition
A definite diagnosis of Crohn's disease by a Consultant Gastroenterologist with fistula formation and intestinal strictures. There must have been two or more resections of the small or large intestine on separate occasions.

There must also be evidence of continued inflammation with ongoing symptoms, despite optimal therapy with diet restriction, medication use and surgical interventions.

In the event of a claim for this illness, the amount of any insured person's Specified Illness Benefit payment will be reduced by the amount of any Partial Payment Specified Illness Benefit paid for Crohn's Disease – treated with surgical intestinal resection (Covered in 13.16).

Pre-existing Conditions
Inflammatory bowel disease, colitis, proctitis.

Related Specific Illnesses
Ulcerative colitis – treated with total colectomy, Crohn's disease – treated with surgical intestinal resection.

Deafness – *permanent and irreversible*

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

Pre-existing Conditions
Any disorder or disease of the inner or middle ear or the acoustic nerve including Meniere's disease, labyrinthitis or tinnitus.

Related Specified Illness
None Specified.

Dementia (before age 65) – *resulting in permanent symptoms*

Policy Definition
A definite diagnosis of dementia by a Consultant Neurologist or Geriatrician. There must be progressive and permanent clinical loss of the ability to do all of the following:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas.

For the above definition, the following is not covered:

- Dementia secondary to alcohol or drug misuse.

Pre-existing Conditions
Organic brain disease, circulatory brain disorder, disease of the central nervous system, epilepsy, depression, amnesia or memory loss, aphasia or psychosis.

Related Specified Illnesses
Alzheimer's Disease.

Devic's Disease

Policy Definition
A definite diagnosis of Devic's disease by a Consultant Neurologist. There must have been clinical impairment of motor or sensory function caused by Devic's disease.

Pre-existing Conditions
Any form of neuropathy, encephalopathy or myelopathy (disorders of function of the nerves) including but not restricted to, abnormal sensation (numbness) of the extremities, trunk and face, weakness or clumsiness of a limb, double vision, partial blindness, ocular palsy, vertigo (dizziness) or difficulty of bladder control, retrobulbar or optic neuritis, facial paraesthesia, numbness or tingling of upper or lower limbs, trigeminal neuralgia, diplopia, unilateral weakness of lower limbs or incoordination of movement or speech.

Related Specific Illnesses
Multiple Sclerosis.

Encephalitis – *resulting in permanent symptoms*

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

Under the above definition Myalgic Encephalomyelitis (ME) is not covered.

***Permanent neurological deficit with persisting clinical symptoms is defined as:**

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

The following are not covered:
- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

Pre-existing Conditions
Tuberculosis (TB).

Related Specific Illnesses
Bacterial Meningitis, Brain Abscess, Brain Injury due to Anoxia or Hypoxia, Intensive Care – requiring mechanical ventilation for 10 consecutive days.

Heart Attack – *definite diagnosis*

Policy 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 or other positive changes on diagnostic imaging tests.
- The characteristic rise of cardiac enzymes or troponins

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:
- Other acute coronary syndromes.
- Angina without myocardial infarction.

Pre-existing Conditions
Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects, any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, diabetes, hypercholesterolaemia, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation, hypertension.

Related Specified Illnesses
Coronary Artery By-pass Grafts, Stroke, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Cardiomyopathy, Peripheral Vascular Disease.

Heart Structural Repair

Policy Definition
The undergoing of heart surgery requiring thoracotomy on the advice of a Consultant Cardiologist to correct any structural abnormality of the heart.

Pre-existing Conditions
Any disease or disorder of the aortic, mitral, pulmonary or tricuspid valve(s); ventricular aneurysm, constrictive pericarditis, rheumatic fever, endocarditis, atrial or ventricular septal defect, patent ductus arteriosus, Fallot's tetralogy, Epstein's anomaly or any congenital or acquired structural cardiac abnormality.

Related Specified Illnesses
None Specified.

Heart Valve Replacement or Repair

Policy Definition
The undergoing of heart surgery on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.

Pre-existing Conditions
Any disease or disorder of the aortic, mitral, pulmonary or tricuspid valve(s); rheumatic fever, endocarditis, atrial or ventricular septal defect, patent ductus arteriosus, Fallot's tetralogy, Epstein's anomaly or any congenital or acquired structural cardiac abnormality.

Related Specified Illnesses
Balloon Valvuloplasty.

HIV infection - *contracted in any of the Approved Territories from a blood transfusion, a physical assault or at work*

Policy Definition
Infection by Human Immunodeficiency Virus resulting from:
- a blood transfusion given as part of medical treatment; or
- a physical assault; or
- an incident occurring during the course of performing normal duties of employment after the start of the policy and satisfying all of the following:
  - The physical assault must have been reported to An Garda Síochána or other appropriate police authority within 5 days of its occurrence.
  - The work incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.
  - Where HIV infection is contracted through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the physical assault or incident must be supported by a negative HIV antibody test taken within 5 days of the physical assault or incident.
  - There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.

For the above definition, the following is not covered:
- HIV infection resulting from any other means, including sexual activity or drug misuse.

Pre-existing Conditions
Haemophilia (for blood transfusion only).

Related Specified Illnesses
None Specified.

Intensive Care – *requiring mechanical ventilation for 10 consecutive days*

Policy Definition
Any sickness or injury resulting in the insured person requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) or more in an intensive care unit in a Major Hospital.

For the above definition the following are not covered:
- sickness or injury as a result of drug or alcohol misuse or other self-inflicted means

Pre-existing Conditions
Physical head injury or concussion, epilepsy, diabetes mellitus, aneurysm, transient cerebral ischaemia, any obstructive or occlusive arterial or vascular disease, hepatic encephalopathy.

Related Specific Illnesses
Coma - resulting in permanent symptoms.

Kidney Failure – *requiring permanent dialysis*

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

For the above definition, the following is not covered:
- Kidney failure secondary to alcohol or drug misuse.

Pre-existing Conditions
Hypertension, polycystic kidney disease,

glomerulonephritis, diabetes, nephrotic syndrome, or pre-existing renal impairment with raised serum creatinine.

Related Specified Illnesses
Kidney Transplant (under Major Organ Transplant), Systemic Lupus Erythematosus.

Liver Failure – *irreversible and end stage*

Policy Definition
Chronic liver disease, being end stage and irreversible liver failure due to cirrhosis and resulting in all of the following:

- permanent jaundice,
- ascites; and
- hepatic encephalopathy.

For the above definition, the following is not covered:

- Liver Failure secondary to alcohol or drug misuse.

Pre-existing Conditions
Fibrosis, primary biliary cirrhosis, Wilson's disease, chronic hepatitis, cirrhosis, liver tumours, thalassaemia major, immune deficiency diseases, sickle cell anaemia, sarcoidosis, sclerosing cholangitis, haemochromatosis, myeloproliferative disease (polycythaemia vera, thrombocythaemia), neutropenia, pancreatitis, chronic kidney disease.

Related Specified Illnesses
Liver Transplant (under Major Organ Transplant), Primary Sclerosing Cholangitis, Liver Resection.

Loss of one Limb – *permanent physical severance*

Policy Definition
Permanent loss of a hand from above the wrist or a foot from above the ankle joint.
Permanent loss does not include loss of use or function only. It means having a hand or foot completely severed.

If a insured person loses a limb as a result of their own deliberate act, or a penalty imposed by a court of law, we will not pay you any benefit under the policy.

Pre-existing Conditions
Diabetes, peripheral vascular disease.

Related Specified Illnesses
None Specified.

Loss of Speech – *permanent and irreversible*

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

Pre-existing Conditions
Transient ischaemic attack (TIA), chronic laryngitis.

Related Specific Illnesses
Stroke, Brain Injury due to Anoxia or Hypoxia

Major Organ Transplant – *specified organs from another person*

Policy Definition
The undergoing as a recipient of a transplant from another person of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or a lobe of liver, or a lobe of lung, or inclusion on the official programme waiting list of a Major Hospital in Ireland or the United Kingdom for such a procedure.

For the above definition, the following is not covered:

- Transplant of any other organs, parts of organs, tissues or cells.
- Major organ transplant secondary to alcohol or drug misuse.

Pre-existing Conditions
Congestive cardiac failure, coronary artery disease, left ventricle failure, hypertensive heart disease, any congenital or acquired structural cardiac abnormalities, diabetes, cystic fibrosis, fibrosing alveolitis (cryptogenic and allergic) emphysema, fibrosing lung disorders, primary biliary cirrhosis, Wilson's disease, chronic hepatitis, cirrhosis, liver tumours, thalassaemia major immune deficiency diseases, sickle cell anaemia, ischaemic heart disease, sarcoidosis, sclerosing cholangitis, haemochromatosis, myeloproliferative disease (polycythaemia vera, thrombocythaemia), neutropenia, chronic liver disease, Budd-Chiara syndrome, pancreatitis, chronic kidney disease.

Related Specified Illnesses
Kidney Failure, Chronic Lung Disease, Heart Attack, Coronary Artery By-pass Grafts, Angioplasty for Coronary Artery Disease, Liver Failure, Aplastic Anaemia, Cardiomyopathy, Systemic Lupus Erythematosus, Primary Sclerosing Cholangitis, Liver Resection, Cardiac

arrest, Implantable cardioverter defibrillator, Permanent Pacemaker Insertion.

Motor Neurone Disease (before age 65) – *resulting in permanent symptoms*

Policy Definition
A definite diagnosis of motor neurone disease by a Consultant Neurologist. There must be permanent clinical impairment of motor function.

Pre-existing Conditions
Muscle weakness in any limb.

Related Specified Illnesses
Paralysis of 2 or More Limbs

Multiple Sclerosis

Policy Definition
A definite diagnosis of multiple sclerosis by a Consultant Neurologist. There must have been clinical impairment of motor or sensory function caused by multiple sclerosis.

Pre-existing Conditions
Any form of neuropathy, encephalopathy or myelopathy (disorders of function of the nerves) including but not restricted to, abnormal sensation (numbness) of the extremities, trunk and face, weakness or clumsiness of a limb, double vision, partial blindness, ocular palsy, vertigo (dizziness) or difficulty of bladder control, retrobulbar or optic neuritis, facial paraesthesia, numbness or tingling of upper or lower limbs, trigeminal neuralgia, diplopia, unilateral weakness of lower limbs or incoordination of movement or speech.

Related Specified Illnesses
Devic's Disease.

Muscular Dystrophy – *resulting in permanent* **symptoms**

Policy Definition
A definite diagnosis of muscular dystrophy by a Consultant Neurologist resulting in permanent neurological deficit with persisting clinical symptoms*.

***Permanent neurological deficit with persistent clinical symptoms is defined as:**

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

The following are not covered:
- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

Pre-existing Conditions
None Specified.

Related Specific Illnesses
None Specified.

Myasthenia Gravis - *with specified symptoms*

Policy Definition
A definite diagnosis of myasthenia gravis by a Consultant Neurologist. There must have been clinical impairment of motor function in parts of the body other than the eye muscles caused by myasthenia gravis.

For the above definition, the following is not covered:
- Myasthenia gravis limited to eye muscles only.

Pre-existing Conditions
Double vision, thymus gland tumour.

Related Specific Illnesses
None Specified.

Necrotising Fasciitis - *requiring surgery*

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

For the above definition, the following is not covered:
- All other forms of gangrene or cellulitis.

Pre-existing Conditions
MRSA infections.

Related Specific Illnesses
None Specified.

Paralysis of One limb - *total and irreversible*

Policy Definition
Total and irreversible loss of muscle function to the whole of any one limb.

Pre-existing Conditions
Spinal cord injury or transient ischaemic attack (TIA).

Related Specified Illnesses
Motor Neurone Disease.

Parkinson's disease (idiopathic, before age 65) *– resulting in permanent symptoms*

Policy Definition
A definite diagnosis of Idiopathic Parkinson's disease by a Consultant Neurologist or Geriatrician. There must also be permanent clinical impairment that includes bradykinesia (slowness of movement) and at least one of the following:

- tremor; or
- muscle rigidity; or
- postural instability

For the above definition, the following are not covered:

- Parkinson's disease secondary to alcohol or drug misuse
- Parkinsonian syndromes/Parkinsonism

Pre-existing Conditions
Tremor, rigidity of limbs, slurred speech, dementia, extra pyramidal disease, Secondary parkinsonism.

Related Specified Illnesses
Parkinson Plus Syndromes (before age 65) - resulting in permanent symptoms.

Parkinson Plus Syndromes (before age 65) - *resulting in permanent symptoms*

Policy Definition
A definite diagnosis by a Consultant Neurologist or Geriatrician of one of the following Parkinson Plus syndromes:

- Multiple system atrophy
- Progressive supranuclear palsy
- Parkinsonism-dementia-amyotrophic lateral sclerosis complex
- Corticobasal ganglionic degeneration
- Diffuse Lewy body disease

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

- motor function; or
- eye movement disorder; or
- postural instability; or
- dementia.

Pre-existing Conditions
Tremor, rigidity of limbs, slurred speech, dementia, extra pyramidal disease. Secondary parkinsonism.

Related Specific Illnesses
Parkinson's Disease (idiopathic, before age 65) – resulting in permanent symptoms.

Peripheral Vascular Disease – *with bypass surgery*

Policy Definition
A definite diagnosis of peripheral vascular disease by a Consultant Cardiologist or Vascular Surgeon, due to atherosclerosis or Buerger's disease, with objective evidence from an ultrasound of obstruction in the arteries which results in by-pass graft surgery to an artery of the legs.

For the above definition, the following is not covered:

- Angioplasty

In the event of a claim for this illness, the amount of any insured person's Specified Illness Benefit payment will be reduced by the amount of any Partial Payment Specified Illness Benefit paid for Peripheral Vascular Disease - treated by angioplasty (Covered under 13.27).

Pre-existing Conditions
Heart Attack, Stroke, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Cardiomyopathy.

Related Specific Illnesses
Coronary Artery By-pass Grafts, Stroke, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis.

Pneumonectomy – *removal of a complete lung*

Policy Definition
The undergoing of surgery on the advice of a Consultant Physician to remove an entire lung for disease or traumatic injury.

For the above definition, the following are not covered:
- removal of a lobe of the lungs (lobectomy);
- lung resection or incision

Pre-existing Conditions
Tumour, bronchiectasis, lung abscess, pulmonary tuberculosis, severe COPD.

Related Specific Illnesses
Cancer, Single lobectomy – the removal of a complete lobe of the lung, Chronic Lung Disease - of specified severity.

Primary Pulmonary Hypertension – *of specified severity*

Policy Definition
A definite diagnosis of primary pulmonary hypertension by a Consultant Cardiologist. There must be substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classifications of functional capacity*.

* NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

Pre-existing Conditions
None Specified.

Related Specified Illnesses
None Specified.

Primary Sclerosing Cholangitis – *of specified severity*

Policy Definition
A definite diagnosis of primary sclerosing cholangitis as evidenced by imaging confirmation of typical multifocal formation of bile duct strictures and dilation of intrahepatic and/or extra hepatic bile ducts.

For the above definition, the following are not covered:
- All other causes of bile duct stricture formation and dilation
- Primary sclerosing cholangitis secondary to liver disease which is associated with alcohol.

Pre-existing Conditions
Sjogren's syndrome, inflammatory bowel disease.

Related Specific Illnesses
Ulcerative colitis – treated with total colectomy, Crohn's disease – treated with surgical intestinal resection, Crohn's Disease – of specified severity.

Pulmonary Artery Graft Surgery

Policy Definition
The undergoing of surgery on the advice of a Consultant Cardiothoracic Surgeon for a disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

Pre-existing Conditions
None Specified.

Related Specified Illnesses
None Specified.

Short Bowel Syndrome - *requiring permanent total parenteral nutrition*

Policy Definition
A definite diagnosis by a Consultant Gastroenterologist of short bowel syndrome resulting from massive loss of the small intestine, and requiring total parenteral nutrition on a permanent basis.

Pre-existing Conditions
Tumour.

Related Specific Illnesses
Cancer, Ulcerative colitis – treated with total colectomy, Crohn's disease – treated with surgical intestinal resection, Crohn's Disease – of specified severity.

Spinal Stroke - *resulting in permanent symptoms*

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

***Permanent neurological deficit with persisting clinical symptoms is defined as:**

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

The following are not covered:

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

Pre-existing Conditions

Heart Attack, Stroke, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Cardiomyopathy.

Related Specific Illnesses

Coronary Artery By-pass Grafts, Stroke, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Peripheral Vascular Disease.

Stroke – *resulting in specified symptoms*

Policy Definition

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

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

For the above definition, the following are not covered:

- Transient ischaemic attack.
- Traumatic injury to brain tissue or blood vessels.
- Death of tissue of the optic nerve or retina/ eye stroke.

***Permanent neurological deficit with persistent clinical symptoms is defined as:**

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

The following are not covered:

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

Pre-existing Conditions

Any valvular disorder of the heart, diabetes, hypercholesterolaemia, aneurysm, atrial fibrillation, coronary heart disease, thrombotic disorders e.g. primary phospholipid syndrome, hyperviscosity states (polycythaemia), peripheral vascular disease, transient cerebral ischaemia, hypertension or any obstructive or occlusive arterial or vascular disease.

Related Specified Illnesses

Coronary Artery By-pass Grafts, Heart Attack, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Cardiomyopathy, Cerebral Arteriovenous Malformation, Peripheral Vascular Disease, Cardiac arrest, Implantable cardioverter defibrillator, Permanent Pacemaker Insertion.

Syringomyelia or syringobulbia – *with surgery*

Policy Definition

The undergoing of surgery to treat a syrinx in the spinal cord or brain stem.

Pre-existing Conditions

Arnold-Chiari malformation, hydrocephalus, spina bifida, tumour.

Related Specific Illnesses
Cerebral or Spinal aneurysm – undergoing specified treatments.

Systemic Lupus Erythematosus – *of specified severity*

Policy Definition
A definite diagnosis of systemic lupus erythematosus by a Consultant Rheumatologist resulting in either of the following:

- Permanent neurological deficit with persisting clinical symptoms*, or
- Permanent impairment of kidney function tests as follows:
  - Glomerular Filtration Rate (GFR) below 30ml/min.
  - Abnormal urinalysis showing proteinuria or haematuria.

***Permanent neurological deficit with persisting clinical symptoms is defined as:**

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

For the purposes of this definition, headaches, fatigue, lethargy or any symptoms of psychological or psychiatric origin will not be accepted as evidence of permanent deficit of the neurological system.

Pre-existing Conditions
Anti-phospholipid syndrome, discoid lupus, scleroderma, polyarteritis nodosa, dermatomyositis, mixed connective tissue disease, Wegener's granulomatosis

Related Specified Illnesses
Kidney Failure, Kidney Transplant (under Major Organ Transplant)

Third Degree Burns –*of specified surface area*

Policy Definition
Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least the following:

- 20% of the body's surface area; or
- 20% surface area of the face which for the purpose of this definition includes the forehead and the ears.

Pre-existing Conditions
None Specified.

Related Specified Illnesses
None Specified.

Total and Permanent Disability (before age 65)

Policy Definition
Total and Permanent Disability before age 65 means that in the opinion of the Company's Chief Medical Officer, the insured person is, because of illness or accident, permanently and irreversibly unable to carry out at least 3 of the 6 activities listed below or is permanently disabled by reason of mental incapacity. The person must have taken any appropriate prescribed treatment or medication and then be unable to perform the activity on their own, even with the use of appropriate assistive aids and appliances (e.g. using a walking stick).

The relevant Consultant must reasonably expect that the disability will last throughout life with no prospect of improvement irrespective of when the cover ends or the insured person expects to retire.

Total and Permanent Disability must persist for a continuous period of at least 12 months before any entitlement to Total and Permanent Disability benefit arises.

The 6 activities are:

- Walking – the ability to walk 200 meters on a level surface.
- Mobility – the ability to bend or kneel down to pick up something from the floor and straighten up again.
- Lifting – lifting a 1 kilogram weight from table height with either hand and carrying it for 5 meters.
- Manual Dexterity – using a pen, pencil or keyboard with either hand.
- Communication – the ability to answer a telephone and reliably take a message.
- Climbing – the ability to climb up and then down a flight of 12 stairs with the use of a handrail if needed.

Permanently disabled by reason of mental incapacity means that the insured person is suffering from:

- an organic brain disease or brain injury which affects the insured person's ability to reason and understand, and
- the mental incapacity has deteriorated to the extent that continual supervision of the insured person and the assistance of another person is required, and
- the mental incapacity is irreversible with no reasonable prospect of there ever being any improvement in the insured person's condition.

For the above definition, the following are not covered:

- Total and Permanent Disability secondary to alcohol or drug misuse
- Disabilities for which the relevant Consultant cannot give a clear prognosis.

Pre-existing Conditions
Multiple sclerosis, muscular dystrophy, motor neurone disease, Parkinson's disease, progressive supranuclear palsy or any disease or disorder of the central nervous system including the spinal cord or column. Back, neck or joint pain, arthritis and diabetes mellitus, tumour, stroke.

Related Specific Illnesses
Benign spinal cord tumour, Coma - resulting in permanent symptoms, Stroke.

Traumatic Brain Injury – ***resulting in permanent symptoms***

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

For the above definition, the following is not covered:

- Traumatic Brain Injury secondary to alcohol or drug misuse.

*** Permanent neurological deficit with persistent clinical symptoms is defined as:**

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

The following are not covered:

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

Pre-existing Conditions
Physical head injury, epilepsy, aneurysm, any obstructive or occlusive arterial or vascular disease e.g. transient ischaemic attack.

Related Specified Illnesses
None Specified.

APPENDIX B:

Partial Payment Specified Illnesses

Angioplasty for Coronary Artery Disease – *of specified severity*

Policy Definition
Undergoing of balloon angioplasty, atherectomy, rotablation, laser treatment or insertion of stent(s) in two or more Main Coronary Arteries on the advice of a Consultant Cardiologist to treat:

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

For the purposes of this definition Main Coronary Arteries are defined as being:

- Right Coronary Artery
- Left Main Stem
- Left Anterior Descending
- Circumflex

Pre-existing Conditions
Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects, any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, diabetes, hypercholesterolaemia, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation, hypertension.

Related Specified Illnesses
Coronary Artery By-pass Grafts, Heart Attack, Stroke, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Cardiomyopathy, Peripheral Vascular Disease.

Aortic Aneurysm - *with endovascular repair*

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

For the above definition, the following are not covered:

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

Pre-existing Conditions
Marfan's syndrome, Ehlers-Danlos syndrome, bicuspid aortic valve, congenital malformation of the heart or aorta, coarctation of aorta, known previous aneurysms/dissection/ectasia of aorta, arteriosclerosis of aorta.

Related Specific Illnesses
None Specified.

Carcinoma in Situ of the Appendix, Colon or Rectum - *resulting in intestinal resection*

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

For the above definition, the following is not covered:

- Local excision
- Polypectomy

No carcinoma in situ of the appendix, colon or rectum claims will be paid where this condition is diagnosed within the first three months of the Risk Commencement Date for Specified Illness Benefit under the Scheme. In such circumstances, cover in respect of carcinoma in situ of the appendix, colon or rectum ceases.

Pre-existing Conditions
Polyposis coli, familial polyposis of the colon, Crohn's disease, ulcerative colitis, polyps, tumour.

Related Specific Illnesses
Cancer, Carcinoma in Situ – Breast, Carcinoma in Situ – Oesophagus, Early Stage Prostate Cancer, Aplastic Anaemia, Carcinoma in Situ of the Oral Cavity or Oropharynx, Carcinoma in Situ of the Testicle, Carcinoma in Situ of the Vagina, Carcinoma in Situ of the Vulva, Carcinoma in Situ, Early Stage Thyroid Cancer, Early stage urinary bladder cancer, Gastrointestinal Stromal Tumour (GIST) of Low Malignant Potential, Neuroendocrine Tumour of Low Malignant Potential, Ovarian Tumour

of Borderline Malignancy / Low Malignant Potential, Pituitary tumour.

Carcinoma in Situ of the Breast - *treated by surgery*

Policy Definition
A definite diagnosis with histological confirmation of carcinoma in situ of the breast with surgery to remove the tumour.

For the above definition, the following is not covered:
- Breast biopsy

No carcinoma in situ of the breast claims will be paid where this condition is diagnosed within the first three months of the Risk Commencement Date for Specified Illness Benefit under the Scheme. In such circumstances, cover in respect of carcinoma in situ of the breast ceases.

Pre-existing Conditions
Lumpy breast(s) (including mastitis, fibroadenosis, fibrocystic disease and mammary dysplasia), cystosarcoma phyllodes.

Related Specified Illnesses
Cancer.

Carcinoma in Situ of the Cervix – *treated by specified surgery*

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

For the above definition the following are not covered:
- Loop excision
- Laser surgery
- Conisation
- Cryosurgery and Cervical Intraepithelial Neoplasia (CIN) grade I or II.

No carcinoma in situ of the cervix claims will be paid where this condition is diagnosed within the first three months of the Risk Commencement Date for Specified Illness Benefit under the Scheme. In such circumstances, cover in respect of carcinoma in situ of the cervix ceases.

Pre-existing Conditions
Any CIN (cervical intraepithelial neoplasia) lesion that has not been successfully treated.

Related Specific Illnesses
Cancer, Carcinoma in Situ – Breast, Carcinoma in Situ – Oesophagus, Early Stage Prostate Cancer, Aplastic Anaemia. Carcinoma in Situ of the Appendix, Colon or Rectum, Carcinoma in Situ of the Oral Cavity or Oropharynx, Carcinoma in Situ of the Testicle, Carcinoma in Situ of the Vagina, Carcinoma in Situ of the Vulva, Carcinoma in Situ, Early Stage Thyroid Cancer, Early stage urinary bladder cancer, Gastrointestinal Stromal Tumour (GIST) of Low Malignant Potential, Neuroendocrine Tumour of Low Malignant Potential, Ovarian Tumour of Borderline Malignancy / Low Malignant Potential, Pituitary tumour.

Carcinoma in Situ of the Oesophagus - *treated by specific surgery*

Policy Definition
A definite diagnosis with histological confirmation of carcinoma in situ of the oesophagus by a Consultant Physician, which has been treated surgically by removal of a portion or all of the oesophagus.

For the above definition, the following are not covered:
- Treatment by any other method is specifically excluded.

No carcinoma in situ of the oesophagus claims will be paid where this condition is diagnosed within the first three months of the Risk Commencement Date for Specified Illness Benefit under the Scheme. In such circumstances, cover in respect of carcinoma in situ of the oesophagus ceases.

Pre-existing Conditions
Barrett's oesophagus, severe oesophageal reflux

Related Specified Illnesses
Cancer

Carcinoma in Situ of the Oral Cavity or Oropharynx – *treated by surgery*

Policy Definition
A definite diagnosis of carcinoma in situ of the oral cavity or oropharynx with surgery to remove the tumour. Oropharynx includes lip,

inside of cheek, floor of mouth, tongue, gums, hard palate, soft palate and tonsils.

For the above definition, the following is not covered:

- Treatment for leucoplakia.

No carcinoma in situ of the oral cavity or oropharynx claims will be paid where this condition is diagnosed within the first three months of the Risk Commencement Date for Specified Illness Benefit under the Scheme. In such circumstances, cover in respect of carcinoma in situ of the oral cavity or oropharynx ceases.

Pre-existing Conditions
Leukoplakia.

Related Specific Illnesses
Cancer, Carcinoma in Situ – Breast, Carcinoma in Situ – Oesophagus, Early Stage Prostate Cancer, Aplastic Anaemia. Carcinoma in Situ of the Appendix, Colon or Rectum, Carcinoma in Situ of the Cervix, Carcinoma in Situ of the Testicle, Carcinoma in Situ of the Vagina, Carcinoma in Situ of the Vulva, Carcinoma in Situ, Early Stage Thyroid Cancer, Early stage urinary bladder cancer, Gastrointestinal Stromal Tumour (GIST) of Low Malignant Potential, Neuroendocrine Tumour of Low Malignant Potential, Ovarian Tumour of Borderline Malignancy / Low Malignant Potential, Pituitary tumour.

Carcinoma in Situ of the Testicle - *requiring surgical removal of one or both testicles*

Policy Definition
A definite diagnosis and specified treatment of carcinoma in situ of the testicle (also known as intratubular germ cell neoplasia unclassified or ITGCNU), histologically confirmed by biopsy, and as a result treated with an orchidectomy (complete surgical removal of the testicle).

This benefit will be payable only once even if both testicles are removed.

No carcinoma in situ of the testicle claims will be paid where this condition is diagnosed within the first three months of the Risk Commencement Date for Specified Illness Benefit under the Scheme. In such circumstances, cover in respect of carcinoma in situ of the testicle ceases.

Pre-existing Conditions
An undescended testicle whether treated or not.

Related Specific Illnesses
Cancer, Carcinoma in Situ – Breast, Carcinoma in Situ – Oesophagus, Early Stage Prostate Cancer, Aplastic Anaemia. Carcinoma in Situ of the Appendix, Colon or Rectum, Carcinoma in Situ of the Cervix, Carcinoma in Situ of the Oral Cavity or Oropharynx, Carcinoma in Situ of the Vagina, Carcinoma in Situ of the Vulva, Carcinoma in Situ, Early Stage Thyroid Cancer, Early stage urinary bladder cancer, Gastrointestinal Stromal Tumour (GIST) of Low Malignant Potential, Neuroendocrine Tumour of Low Malignant Potential, Ovarian Tumour of Borderline Malignancy / Low Malignant Potential, Pituitary tumour.

Carcinoma in Situ of the Vagina – *treated by surgery*

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

For the above definition, the following are not covered:

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

No carcinoma in situ of the vagina claims will be paid where this condition is diagnosed within the first three months of the Risk Commencement Date for Specified Illness Benefit under the Scheme. In such circumstances, cover in respect of carcinoma in situ of the vagina ceases.

Pre-existing Conditions
Any CIN (cervical intraepithelial neoplasia) lesion that has not been successfully treated.

Related Specific Illnesses
Cancer, Carcinoma in Situ – Breast, Carcinoma in Situ – Oesophagus, Early Stage Prostate Cancer, Aplastic Anaemia. Carcinoma in Situ of the Appendix, Colon or Rectum, Carcinoma in Situ of the Cervix, Carcinoma in Situ of the Oral Cavity or Oropharynx, Carcinoma in Situ of the Testicle, Carcinoma in Situ of the Vulva, Carcinoma in Situ, Early Stage Thyroid Cancer, Early stage urinary bladder cancer, Gastrointestinal Stromal Tumour (GIST) of Low

Malignant Potential, Neuroendocrine Tumour of Low Malignant Potential, Ovarian Tumour of Borderline Malignancy / Low Malignant Potential, Pituitary tumour.

Carcinoma in Situ of the Vulva – *treated by surgery*

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

For the above definition, the following are not covered:
- Laser surgery and diathermy
- Vulval Intraepithelial Neoplasia (VIN) grade 1 or 2

No carcinoma in situ of the vulva claims will be paid where this condition is diagnosed within the first three months of the Risk Commencement Date for Specified Illness Benefit under the Scheme. In such circumstances, cover in respect of carcinoma in situ of the vulva ceases.

Pre-existing Conditions
Any CIN (cervical intraepithelial neoplasia) lesion that has not been successfully treated.

Related Specific Illnesses
Cancer, Carcinoma in Situ – Breast, Carcinoma in Situ – Oesophagus, Early Stage Prostate Cancer, Aplastic Anaemia. Carcinoma in Situ of the Appendix, Colon or Rectum, Carcinoma in Situ of the Cervix, Carcinoma in Situ of the Oral Cavity or Oropharynx, Carcinoma in Situ of the Testicle, Carcinoma in Situ of the Vagina, Carcinoma in Situ, Early Stage Thyroid Cancer, Early stage urinary bladder cancer, Gastrointestinal Stromal Tumour (GIST) of Low Malignant Potential, Neuroendocrine Tumour of Low Malignant Potential, Ovarian Tumour of Borderline Malignancy / Low Malignant Potential, Pituitary tumour.

Carcinoma in Situ (Other) – *with surgery*

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

For the above definition, the following are not covered:
- Any skin cancer (including melanoma)
- Tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment; and
- Intra-epithelial neoplasia or pre-malignant conditions.

This definition excludes all other specified carcinoma in situ conditions (covered under 13.3, 13.4, 13.5, 13.6, 13.7, 13.8, 13.9, 13.10). For example, if a claim is made for carcinoma in situ of the cervix and the definition specific to that condition is not met, the carcinoma in situ (other) definition cannot be used instead.

No carcinoma in situ (other) claims will be paid where this condition is diagnosed within the first three months of the Risk Commencement Date for Specified Illness Benefit under the Scheme. In such circumstances, cover in respect of carcinoma in situ (other) ceases.

Pre-existing Conditions
None Specified.

Related Specific Illnesses
Cancer, Carcinoma in Situ – Breast, Carcinoma in Situ – Oesophagus, Early Stage Prostate Cancer, Aplastic Anaemia. Carcinoma in Situ of the Appendix, Colon or Rectum, Carcinoma in Situ of the Cervix, Carcinoma in Situ of the Oral Cavity or Oropharynx, Carcinoma in Situ of the Testicle, Carcinoma in Situ of the Vagina, Carcinoma in Situ of the Vulva, Carcinoma in Situ, Early Stage Thyroid Cancer, Early stage urinary bladder cancer, Gastrointestinal Stromal Tumour (GIST) of Low Malignant Potential, Neuroendocrine Tumour of Low Malignant Potential, Ovarian Tumour of Borderline Malignancy / Low Malignant Potential, Pituitary tumour.

Carotid Artery Stenosis – *treated by endarterectomy or angioplasty*

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

Pre-existing Conditions
Any valvular disorder of the heart, diabetes, hypercholesterolaemia, aneurysm, atrial fibrillation, coronary heart disease, peripheral vascular disease, transient cerebral ischaemia, hypertension or any obstructive or occlusive arterial or vascular disease.

Related Specified Illnesses
Coronary Artery By-pass Grafts, Heart Attack, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Stroke, Cardiomyopathy, Peripheral Vascular Disease.

Central Retinal Artery or Vein Occlusion – *resulting in permanent visual loss*

Policy Definition
A definite diagnosis of death of optic nerve or retinal tissue due to inadequate blood supply or haemorrhage within the central retinal artery or vein, resulting in permanent visual impairment of the affected eye.

For the above definition the following are not covered:
- Branch retinal artery or vein occlusion or haemorrhage.
- Traumatic injury to tissue of the optic nerve or retina.

Pre-existing Conditions
Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects, any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, diabetes, hypercholesterolaemia, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation, hypertension.

Related Specific Illnesses
Coronary Artery By-pass Grafts, Stroke, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Cardiomyopathy, Peripheral Vascular Disease.

Cerebral or Spinal aneurysm – *undergoing specified treatments*

Policy Definition
Undergoing of treatment for a cerebral or spinal aneurysm by a Consultant Neurosurgeon or radiologist via surgery, stereotatic radiosurgery, or undergoes endovascular treatment by using coils to cause thrombosis (embolization) of a cerebral or spinal aneurysm.

For the above definition, the following is not covered:
- Cerebral or spinal arteriovenous malformation

Pre-existing Conditions
Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects, any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, diabetes, hypercholesterolaemia, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation, hypertension. Arteriovenous malformation, angioma, haemangioma.

Related Specific Illnesses
Coronary Artery By-pass Grafts, Stroke, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Cardiomyopathy, Peripheral Vascular Disease.

Cerebral or Spinal arteriovenous malformation *– undergoing specified treatments*

Policy Definition
Undergoing of treatment of a cerebral or spinal arteriovenous fistula or malformation by a Consultant Neurosurgeon or Radiologist via surgery, stereotactic radiosurgery, or undergoes endovascular treatment by using coils to cause thrombosis (embolization) of a cerebral or spinal arteriovenous fistula or malformation.

For the above definition, the following is not covered:
- Intracranial or spinal aneurysm

Pre-existing Conditions
Aneurysm.

Related Specified Illness
Stroke

Crohn's disease – *treated with surgical intestinal resection*

Policy Definition
A definite diagnosis of Crohn's disease by a Consultant Gastroenterologist and where

the insured person has undergone surgery to remove part of the small or large intestine.

The removed part of the small or large intestine must show histological confirmation of Crohn's disease.

For the above definition, the following are not covered:

- Other types of inflammatory bowel disease
- Intestinal biopsy

The amount of any Specified Illness benefit to be paid for Crohn's disease – of specified severity (Covered under 12.20) will be reduced by the amount of any Partial Payment Specified Illness benefit paid for Crohn's disease – treated with surgical intestinal resection.

Pre-existing Conditions
Colitis, proctitis.

Related Specific Illnesses
Ulcerative colitis – treated with total colectomy, Crohn's disease – of specified severity.

Cystectomy – *complete removal of the urinary bladder*

Policy Definition
The complete surgical removal of the urinary bladder as directed by a Genito-Urinary Consultant.

For the above definition the following are not covered:

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

Pre-existing Conditions
Tumour.

Related Specific Illnesses
Cancer, Early stage urinary bladder cancer.

Diabetes Mellitus - *type 1*

Policy Definition
A definite diagnosis of type 1 diabetes mellitus, requiring the permanent use of insulin injections.

For the above definition, the following are not covered:

- Gestational diabetes
- Type 2 diabetes (including type 2 diabetes treated with insulin)
- Latent Autoimmune Diabetes of Adulthood (LADA), sometimes referred to as type 1.5 diabetes.

Pre-existing Conditions
Acute and chronic pancreatitis and pancreatectomy.

Related Specific Illnesses
None Specified.

Early Stage Prostate Cancer with Gleason score between 2 and 6 – *and with specific treatment*

Policy Definition
A definite diagnosis of prostate cancer by a Consultant which has been histologically classified as having a Gleason score between 2 and 6 provided:

- The tumour has progressed to at least clinical TNM classification T1N0M0; and
- The insured person has undergone treatment by prostatectomy, external beam or interstitial implant radiotherapy.

For the above definition, the following are not covered:

- Treatment with cryotherapy, transurethral resection of the prostate, 'experimental' treatments or hormone therapy.

No early stage prostate cancer with Gleason score between 2 and 6 claims will be paid where this condition is diagnosed within the first three months of the Risk Commencement Date for Specified Illness Benefit under the Scheme. In such circumstances, cover in respect of early prostate cancer with Gleason score between 2 and 6 ceases.

Pre-existing Conditions
A history of elevated prostate specific antigen (PSA) above 4.0 ng/ml, carcinoma in situ of the prostate.

Related Specified Illnesses
Cancer.

Early Stage Thyroid Cancer - *of specified advancement*

Policy Definition
A definite diagnosis by a Consultant of thyroid cancer which has been histologically classified as having progressed to TNM classification T1N0M0.

No early stage thyroid cancer claims will be paid where this condition is diagnosed within the first three months of the Risk Commencement Date for Specified

Illness Benefit under the Scheme. In such circumstances, cover in respect of early stage thyroid cancer ceases.

Pre-existing Conditions
Thyroid nodule.

Related Specific Illnesses
Cancer, Carcinoma in Situ – Breast, Carcinoma in Situ – Oesophagus, Early Stage Prostate Cancer, Aplastic Anaemia. Carcinoma in Situ of the Appendix, Colon or Rectum, Carcinoma in Situ of the Cervix, Carcinoma in Situ of the Oral Cavity or Oropharynx, Carcinoma in Situ of the Testicle, Carcinoma in Situ of the Vagina, Carcinoma in Situ of the Vulva, Carcinoma in Situ, Early stage urinary bladder cancer, Gastrointestinal Stromal Tumour (GIST) of Low Malignant Potential, Neuroendocrine Tumour of Low Malignant Potential, Ovarian Tumour of Borderline Malignancy / Low Malignant Potential, Pituitary tumour.

Early stage urinary bladder cancer – *of specified advancement*

Policy Definition
A definite diagnosis by a Consultant of urinary bladder cancer which has been histologically classified as having progressed to either:

- stage Tis - carcinoma in situ – diffuse 'flat' non-papillary tumour; or
- stage T1N0M0 - carcinoma which has invaded the sub-epithelial connective tissue

For the above definition, the following is not covered:

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

The amount of any Specified Illness benefit to be paid for urinary bladder cancer (covered under 12.11 – Cancer) will be reduced by the amount of any Partial Payment Specified Illness benefit paid for early stage urinary bladder cancer – of specified advancement.

No early stage urinary bladder cancer claims will be paid where this condition is diagnosed within the first three months of the Risk Commencement Date for Specified Illness Benefit under the Scheme. In such circumstances, cover in respect of early stage urinary bladder cancer ceases.

Pre-existing Conditions
Polyp, chronic cystitis.

Related Specific Illnesses
Cancer, Carcinoma in Situ – Breast, Carcinoma in Situ – Oesophagus, Early Stage Prostate Cancer, Aplastic Anaemia. Carcinoma in Situ of the Appendix, Colon or Rectum, Carcinoma in Situ of the Cervix, Carcinoma in Situ of the Oral Cavity or Oropharynx, Carcinoma in Situ of the Testicle, Carcinoma in Situ of the Vagina, Carcinoma in Situ of the Vulva, Carcinoma in Situ, Early Stage Thyroid Cancer, Gastrointestinal Stromal Tumour (GIST) of Low Malignant Potential, Neuroendocrine Tumour of Low Malignant Potential, Ovarian Tumour of Borderline Malignancy / Low Malignant Potential, Pituitary tumour.

Gastrointestinal Stromal Tumour (GIST) of Low Malignant Potential – *treated by surgery*

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

For the above definition, the following is not covered:

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

No gastrointestinal stromal tumour (GIST) of low malignant potential claims will be paid where this condition is diagnosed within the first three months of the Risk Commencement Date for Specified Illness Benefit under the Scheme. In such circumstances, cover in respect of gastrointestinal stromal tumour (GIST) of low malignant potential ceases.

Pre-existing Conditions
None Specified.

Related Specific Illnesses
Cancer, Carcinoma in Situ – Breast, Carcinoma in Situ – Oesophagus, Early Stage Prostate Cancer, Aplastic Anaemia. Carcinoma in Situ of the Appendix, Colon or Rectum, Carcinoma in Situ of the Cervix, Carcinoma in Situ of the Oral Cavity or Oropharynx, Carcinoma in Situ of the Testicle, Carcinoma in Situ of the Vagina, Carcinoma in Situ of the Vulva, Carcinoma in Situ, Early Stage Thyroid Cancer, Early stage

urinary bladder cancer, Neuroendocrine Tumour of Low Malignant Potential, Ovarian Tumour of Borderline Malignancy / Low Malignant Potential, Pituitary tumour.

Implantable cardioverter defibrillator (ICD) for primary prevention of sudden cardiac death

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

For the above definition, the following is not covered:
- Insertion of a pacemaker

Pre-existing Conditions
Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects, any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, diabetes, hypercholesterolaemia, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation, hypertension, burgada syndrome, bradycardia. sick sinus syndrome, sinoatrial block, atrioventricular dissociation.

Related Specific Illnesses
Coronary Artery By-pass Grafts, Stroke, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Cardiomyopathy, Peripheral Vascular Disease.

Liver Resection

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

For the above definition the following are not covered:
- Surgery relating to liver disease resulting from alcohol or drug misuse
- Surgery for liver donation (as a donor)
- Liver biopsy

Pre-existing Conditions
Fibrosis, primary biliary cirrhosis, Wilson's disease, chronic hepatitis, cirrhosis, liver tumours, thalassaemia major, immune deficiency diseases, sickle cell anaemia, sarcoidosis, sclerosing cholangitis, haemochromatosis, myeloproliferative disease (polycythaemia vera, thrombocythaemia), neutropenia, pancreatitis, chronic kidney disease.

Related Specific Illnesses
Cancer, Liver Transplant (under Major Organ Transplant), Primary Sclerosing Cholangitis, Liver failure.

Neuroendocrine Tumour of Low Malignant Potential – *treated by surgery Neuroendocrine tumours of low malignant potential, including Merkel cell cancer of the skin, diagnosed by histological confirmation and that has been treated by surgery to remove the tumour.*

For the above definition, the following is not covered:
- Tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment.

Pre-existing Conditions
None Specified.

Related Specific Illnesses
Cancer, Carcinoma in Situ – Breast, Carcinoma in Situ – Oesophagus, Early Stage Prostate Cancer, Aplastic Anaemia. Carcinoma in Situ of the Appendix, Colon or Rectum, Carcinoma in Situ of the Cervix, Carcinoma in Situ of the Oral Cavity or Oropharynx, Carcinoma in Situ of the Testicle, Carcinoma in Situ of the Vagina, Carcinoma in Situ of the Vulva, Carcinoma in Situ, Early Stage Thyroid Cancer, Early stage urinary bladder cancer, Gastrointestinal Stromal Tumour (GIST) of Low Malignant Potential, Ovarian Tumour of Borderline Malignancy / Low Malignant Potential, Pituitary tumour.

Ovarian Tumour of Borderline Malignancy/ Low Malignant Potential – *with surgical removal of an ovary*

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

For the above definition, the following is not covered:
- Removal of an ovary due to a cyst.

Pre-existing Conditions
Ovarian Cyst.

Related Specific Illnesses
Cancer, Carcinoma in Situ – Breast, Carcinoma in Situ – Oesophagus, Early Stage Prostate Cancer, Aplastic Anaemia. Carcinoma in Situ of the Appendix, Colon or Rectum, Carcinoma in Situ of the Cervix, Carcinoma in Situ of the Oral Cavity or Oropharynx, Carcinoma in Situ of the Testicle, Carcinoma in Situ of the Vagina, Carcinoma in Situ of the Vulva, Carcinoma in Situ, Early Stage Thyroid Cancer, Early stage urinary bladder cancer, Gastrointestinal Stromal Tumour (GIST) of Low Malignant Potential, Neuroendocrine Tumour of Low Malignant Potential, Pituitary tumour.

Peripheral vascular disease - *treated by angioplasty*

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

The amount of any Specified Illness benefit to be paid for peripheral vascular disease – with bypass surgery (Covered under 12.43) will be reduced by the amount of any Partial Payment Specified Illness benefit paid for peripheral vascular disease - treated by angioplasty.

Pre-existing Conditions
Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects, any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, diabetes, hypercholesterolaemia, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation, hypertension. Arteriovenous malformation, angioma, haemangioma.

Related Specific Illnesses
Coronary Artery By-pass Grafts, Stroke, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Loss of 1 limb, Severe Sepsis.

Permanent Pacemaker Insertion

Policy Definition
The permanent insertion of an artificial pacemaker to correct an abnormal rhythm of the heart. There must be evidence of the abnormal rhythm of the heart documented on electrocardiograph (ECG).

For the above definition, the following is not covered:

- Any subsequent procedures or operations that arise after the initial pacemaker insertion, this includes the fitting of a new pacemaker.

Pre-existing Conditions
Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects, any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, diabetes, hypercholesterolaemia, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation, hypertension, burgada syndrome, bradycardia. sick sinus syndrome, sinoatrial block, atrioventricular dissociation.

Related Specific Illnesses
Coronary Artery By-pass Grafts, Stroke, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Cardiomyopathy, Peripheral Vascular Disease.

Pituitary tumour – *resulting in permanent symptoms or surgery*

Policy Definition
A definite diagnosis of a non-malignant tumour in the pituitary gland by a Consultant Neurologist or Neurosurgeon resulting in either of the following:

- Permanent neurological deficit with persisting clinical symptoms*; or
- Treatment of the tumour by surgery or stereotactic radiosurgery

***Permanent neurological deficit with persistent clinical symptoms is defined as:**

- Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life.

- Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:

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

For the above definition, the following are not covered:

- Where symptoms of pituitary tumour are absent with on-going medical treatment
- Tumours in the brain

No pituitary tumour claims will be paid where this condition is diagnosed within the first three months of the Risk Commencement Date for Specified Illness Benefit under the Scheme. In such circumstances, cover in respect pituitary tumour ceases.

Pre-existing Conditions
Hyperprolactinaemia.

Related Specific Illnesses
Cancer, Carcinoma in Situ – Breast, Carcinoma in Situ – Oesophagus, Early Stage Prostate Cancer, Aplastic Anaemia. Carcinoma in Situ of the Appendix, Colon or Rectum, Carcinoma in Situ of the Cervix, Carcinoma in Situ of the Oral Cavity or Oropharynx, Carcinoma in Situ of the Testicle, Carcinoma in Situ of the Vagina, Carcinoma in Situ of the Vulva, Carcinoma in Situ, Early Stage Thyroid Cancer, Early stage urinary bladder cancer, Gastrointestinal Stromal Tumour (GIST) of Low Malignant Potential, Neuroendocrine Tumour of Low Malignant Potential, Ovarian Tumour of Borderline Malignancy / Low Malignant Potential, Pituitary tumour.

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

Policy Definition
A serious accident resulting in severe physical injury where the insured person is immediately admitted to hospital for at least 28 consecutive days to receive medical treatment.

For the purposes of this definition only, a hospital stay also includes treatment in an inpatient rehabilitation centre, if the insured person is transferred directly from hospital to the rehabilitation centre for continuous treatment.

Severe physical injury means injury resulting solely and directly from unforeseen, external, violent and visible means and independent of any other causes.

Only one Partial Payment Specified Illness benefit will be paid for Partial Payment Specified Illnesses resulting from the same accident. Any Specified Illness benefit to be paid will be reduced by any Partial Payment Specified Illness benefit paid where the Specified Illness results from the same accident.

For the above definition the following are not covered:

- Stays in hospital of less than 28 consecutive days
- Serious accident injury secondary to alcohol or drug misuse

Pre-existing Conditions
None Specified

Related Specified Illnesses
None Specified

Severe Sepsis

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

Pre-existing Conditions
None Specified.

Related Specific Illnesses
Intensive Care.

Significant visual impairment – *permanent and irreversible*

Policy Definition
Permanent and irreversible reduction in the sight of both eyes to the extent that even when tested with the use of visual aids, vision is measured at 6/36 or worse in the better eye

using a Snellen eye chart, while wearing any corrective glasses or contact lens or visual field is reduced to 50 degrees or less of an arc, as certified by an opthalmologist.

Pre-existing Conditions
Diabetes, glaucoma, hysteria, severe myopia, congenital nystagmus, retrobulbar or optic neuritis, retinitis pigmentosa.

Related Specific Illnesses
Blindness, Central Retinal Artery or Vein Occlusion – resulting in permanent visual loss.

Single lobectomy – *the removal of a complete lobe of the lung*

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

For the above definition the following are not covered:
- Partial removal of a lobe of the lungs (segmental or wedge resection)
- Any other form of lung surgery

Pre-existing Conditions
Tumour, bronchiectasis, lung abscess, pulmonary tuberculosis, severe COPD.

Related Specific Illnesses
Cancer, Single lobectomy – the removal of a complete lobe of the lung, Chronic Lung Disease - of specified severity, Primary Pulmonary Hypertension.

Surgical Removal of One Eye

Policy Definition
Surgical removal of a complete eyeball for disease or trauma.

Pre-existing Conditions
Glaucoma, eye tumour, uveitis, thyroid disease.

Related Specified Illnesses
None Specified.

Third Degree Burns – *covering at least 5% of the body's surface area*

Policy Definition
Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 5% and less than 20% of the body's surface area.

Pre-existing Conditions
None specified.

Related Specified Illnesses
None Specified.

Ulcerative colitis – *treated with total colectomy*

Policy Definition
A definite diagnosis by a Consultant Gastroenterologist of ulcerative colitis which is treated by removal of the entire colon (large bowel).

For the above definition, the following are not covered:
- Other types of inflammatory bowel disease
- Partial removal of the colon

Pre-existing Conditions
Any inflammatory bowel disorder, crohn's disease, proctitis.

Related Specific Illnesses
Crohn's disease – of specified severity, Crohn's disease – treated with surgical intestinal resection.

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