

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

Information for Members

This document provides information to **members** about the Critical Illness, Personal Accident and Evacuation/Repatriation Policy that Fórsa purchases on behalf of its **members** and is not the full policy that constitutes the contract between Fórsa and their Insurers.

How to navigate this document



In the **Contents** Page click on any heading which will navigate to the relevant section of Information.
To return to the **Contents** page click **(return to contents)** at the top or bottom of each page.

KEY



These boxes show especially important information which we want to bring to your attention



These boxes show additional helpful information



These boxes show what this policy does not cover



Upon request **we** can provide Braille, audio or large print versions of this document. If **you** require an alternative format, **you** should contact Arthur J Gallagher Insurance Brokers Ltd. who arranged this policy. Their contact details are:

Arthur J Gallagher Insurance Brokers Ltd.

15 Parkgate Street, Dublin, D08 W866 Telephone: +353 (0)1 6110220

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Answers to frequently asked questions

Whenever in bold, '**We**', '**us**' and '**our**' mean Lloyd's Insurance Company S.A. and '**You**', '**your**', and '**member**' mean the beneficiary entitled to cover under this insurance. Words in bold type are defined in, applicable to and bear the same meaning throughout this document or the section in which they appear.

What is Fórsa?

Fórsa is a trade union formed on 2nd January 2018 and was formed after the members of The Irish Municipal, Public and Civil Trade Union (IMPACT), the Civil, Public and Services Union (CPSU), and the Public Service Executive Union (PSEU) voted to amalgamate the three organisations in November 2017. Fórsa arranged this policy as a benefit for eligible members.

What is covered by this policy?

Subject to this policy's terms and conditions detailed within this document, cover is provided for the following:

- **Critical Illness** – when **you** are diagnosed with one of the **critical illnesses** detailed in this document.
- **Personal Accident and Illness** – when **you** have an **accident** which results in **bodily injury** or when **you** suffer from an **illness** which results in total disablement, which means that **you** are not able to attend any business or occupation for which **you** are practically suited by training, education, industry knowledge or experience and which lasts twelve (12) consecutive months and at the end of that period is beyond hope of improvement.
- **Evacuation/Repatriation** – when **you** require Evacuation or Repatriation to **your** country of domicile as a result of **accidental bodily injury** or **illness**. This includes the repatriation of mortal remains and any **emergency medical expenses** necessarily incurred during the evacuation or repatriation.

How do I make a claim?

! The people **you** should contact to make a claim depends on which section of cover **your** claim relates to.

Section A – Critical Illness and Personal Accident and Illness

All claims should initially be addressed to:

Arthur J Gallagher Insurance Brokers Ltd.

15 Parkgate Street, Dublin, D08 W866

Telephone: +353 (0)1 6110220

You must complete a claim form. All returned claim forms returned by **you** will be handled by:

Sedgwick

Merrion Hall

Strand Road

Sandymount

Dublin 4

Telephone: (01) 661 5344

Section B – Evacuation/Repatriation in the event of a Medical Emergency

All claims should initially be addressed to: Cega Group

Telephone: +44 1243 624 127



The period of limitation for claims based on this policy is three (3) years, calculated from the expiring of the calendar year **you** received knowledge of **your** right to claim and could have placed such claim.

Does medical information has to be provided?

There is no medical information required from a **member** before being covered. In other policies, normally all applicants for critical illness cover must complete an application form describing their past medical and family history. This is a screening process that invariably results in approximately 5% of all applicants being refused cover and a further 5% getting limited cover or cover subject to a substantial additional charge. As this process will not apply to this policy, **we** have set out provisions relating to **pre-existing conditions** which **you** should note.

How much is the benefit for each cover?

Critical Illness	EUR 5,000 lump sum
Personal Accident and Illness	EUR 5,000 lump sum
Evacuation/Repatriation	Up to a maximum of EUR 250,000 (over and above the first EUR 100 each and every claim. You are responsible for paying the first EUR 100)

The level of benefit for this policy is fixed and may not fully meet **your** needs. If **you** require a higher or different level of benefits in order to meet **your** needs, **you** should seek alternative cover.

The benefit provided by this policy will be limited to the benefits stated in this policy for each cover, and if **we** pay an amount for a **critical illness** or personal **accident** and **illness**, **you** will be unable to claim any more for **critical illness** or personal **accident** and **illness** under this policy.



For example, if **we** pay **you** EUR 5,000 for **loss of sight** in one eye, **you** will not be able to claim again for **permanent total disablement** or a **critical illness**. However, **you** may still be eligible to claim for evacuation/repatriation, subject to the terms and conditions of this policy.

Who is covered by this policy?



All current members of Fórsa who are under the age of 70 and have been a member for a continuous period of six (6) months.

When does my cover start?

Cover will start six (6) months after **you** become a member of Fórsa. This means that **you** will not be covered by this policy immediately after joining Fórsa. Please check when **you** joined Fórsa. In addition, **you** may not be able to claim for some **critical illnesses** until a certain period of time has passed from the date **your** cover started. Please check the explanation of each **critical illness** and its pre-existing conditions.

When does my cover end?

Cover will finish if **you** cease to be a member of Fórsa. Cover for Section A will cease if **you** are paid a **critical illness** or **personal accident** or **illness** claim, but cover for Section B will continue subject to the terms and conditions of this policy.

Who are the Insurers for the policy?

Lloyd's Insurance Company S.A. ("Lloyd's Europe")

Lloyd's Insurance Company S.A. is a Belgian limited liability company with its registered office at Bastion Tower, Marsveldplein 5, 1050 Brussels, Belgium and registered with Banque-Carrefour des Entreprises / Kruispuntbank van Ondernemingen under number 682.594.839 RLE (Brussels). It is an insurance company subject to the supervision of the National Bank of Belgium. Its Firm Reference Number(s) and other details can be found on **www.nbb.be**.

Website address: **www.lloydseurope.com**

E-mail: **LloydsEurope.Info@lloyds.com**

Who is my Representative in Ireland?

Arthur J Gallagher Insurance Brokers Ltd.
15 Parkgate Street, Dublin, D08 W866
Telephone: +353 (0)1 6110220

What if I have a complaint?

Any complaint should be addressed to:

Service Manager
Sedgwick
Merrion Hall
Strand Road
Sandymount
Dublin 4
Telephone: (01) 661 5344

Your complaint will be acknowledged, in writing, within 5 (five) business days of the complaint being made. **You** will also be informed of the name of one or more individuals that will be **your** point of contact regarding **your** complaint until the complaint is resolved or cannot be progressed any further. **You** will be provided with an update on the progress of the investigation of **your** complaint, in writing, within 20 (twenty) business days of the complaint being made.

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

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

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

Tel: +353 1 6 567 7000

E-Mail: **info@fspo.ie**

Website: **www.fspo.ie**

The complaints handling arrangements above are without prejudice to **your** right to commence a legal action or an alternative dispute resolution proceeding in accordance with **your** contractual rights.

Under which law does the policy operate?

Irish Law governs this policy and Irish courts alone have jurisdiction to hear any dispute.

What currency applies to this policy?

The currency of all monetary sums payable to or by **us** under this policy and any sums insured will be the Euro.

How will fraud affect my insurance?

Any fraud, concealment, or deliberate misstatement by a **member**, if unknown to Fórsa, affecting this policy or in connection with the making of any claim will render this policy null and void in so far as it relates to the **member** in question but any such fraud, concealment, or deliberate misstatement by or known to Fórsa will render the whole policy null and void and all claims will be forfeited.

Sanctions Suspension

You agree that any cover, the payment of any claim and any benefit provided under **your** policy will be suspended, to the extent that providing any cover, the payment of any claim or the provision of any benefit would expose **us** to any sanction, prohibition or restriction under any:

- a. United Nations' resolution(s); or
- b. trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

The suspension will continue until **we** are no longer exposed to any sanction, prohibition or restriction.

What are my Data Rights?

Who we are

We are Lloyd's Insurance Company S.A. (hereafter referred to as "Lloyd's Europe") an insurance company authorised and regulated by the National Bank of Belgium (NBB) and regulated by the Financial Services and Markets Authority (FSMA). Its registered office is at Place du Champ de Mars 5, Bastion Tower, 14th floor, 1050 Ixelles, Belgium. Its company/VAT number is BE 0682.594.839, RPR/RPM Brussels. LIC is a wholly owned subsidiary of the Society of Lloyd's, 1 Lime Street, London, EC3M 3HA, United Kingdom (Society of Lloyd's).

What personal information we process about you

We collect and use relevant information about **you** to provide you with the insurance cover or the insurance cover that benefits **you**, and to meet **our** legal obligations and the obligations of others in the insurance chain.

This information includes details such as **your** name, address and contact details and any other information that **we** collect about **you** in connection with the insurance cover, or the cover from which **you** benefit. This information may include special categories of personal data details such as information about **your** health and any criminal convictions **you** may have.

Why we collect your personal information and the lawful basis for processing

We collect and use **your** personal data to provide **you** with the insurance cover. The legal basis is the contract performance with **you** as the data subject and the compliance with legal obligations, amongst other insurance and tax law obligations. For processing sensitive health personal data, the general legal basis is the consent, unless there is a local statutory right to do so as a legal basis. For processing child personal data, the legal basis is the consent given or authorised by the holder of parental responsibility over the child. Finally, **we** can also process **your** personal data for fraud prevention and detection with legitimate interest as the legal basis.

Who we are sharing your personal data with

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The way insurance works means that **your** information may be shared and used by several third parties in the insurance sector (inside and outside the European Economic Area-EEA). For example, insurers, insurance agents or insurance brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. **We** will only disclose **your** personal information in connection with the insurance cover that is provided, and to the extent that it is needed or allowed by law.

From time to time **we** may need to share **your** personal information with third parties outside EEA and **we** will always take steps to ensure that any international transfer of information is carefully managed to protect **your** rights and interests:

- **We** will only transfer **your** personal information to countries which are recognised as providing an adequate level of legal protection or where **we** can be satisfied those alternative arrangements are in place to protect **your** privacy rights.
- Transfers to service providers and other third parties will always be protected by contractual commitments and where appropriate further assurances.
- Any requests for information **we** receive from law enforcement or regulators will be carefully checked before personal information is disclosed.

How long we keep your data

We keep **your** personal details for no longer than is necessary in offering the insurance arranged or to comply with **our** legal or regulatory requirements.

We will securely delete or erase **your** personal information if there is no valid business reason for retaining **your** data. In exceptional circumstances, **we** may retain **your** personal information for longer periods of time if **we** believe there is a prospect of litigation, in the event of any complaints or there is another valid business reason the data will be needed in the future.

Other people's details you provide to us

Where **you** provide us (or **your** insurance agent or insurance broker) with details about other people, **you** must ensure that this data protection notice is provided to them.

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Complaints, contacting us and the regulator, and your rights

If **you** wish to know how **we** use **your** information or see a copy of **our** full Privacy policy, please contact **us**-

LloydsEurope.DataProtection@lloyds.com or go to the Privacy policy at website <https://www.lloydseurope.com> where **we** have full details.

You have the following rights in relation to the information **we** hold about **you**:
Right to access, right to rectification, right to erasure, right to restriction of processing, right to data portability, right to object, right to withdraw consent.

If **you** wish to exercise **your** rights, **you** need to contact the insurance agent or insurance broker that arranged **your** insurance at:

Arthur J Gallagher Insurance Brokers Ltd.
15 Parkgate Street, Dublin, D08 W866
Telephone: +353 (0)1 6110220
E-mail: Terry_Keaney@ajg.com

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

Consent

For processing health or genetic personal data, and for processing child personal data below the age of 16, in connection with the insurance cover, the insurance agent or insurance broker that arranged the contract will ask **you** to obtain **your** consent through the data protection consent form, except in countries where, for the processing of sensitive health personal data, in the context of an insurance policy, there is a local statutory right to do so.

The processing of child personal data will be lawful if the consent is given or authorised by the holder of parental responsibility over the child. Member States may provide by law for a lower age for those purposes provided that such lower age is not below 13 years.

You are free to give **us your** consent, however, if **you** do not give **your** consent, or **you** withdraw

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your consent, this may affect **our** ability to provide the insurance cover from which **you** benefit and may prevent **us** from providing cover for **you** or handling **your** claims.

Contact details of the Data Protection Officer

If **you** have any questions relating to data protection that **you** believe **we** will be able to answer, please contact **our** Data Protection Officer:

Data Protection Officer
Lloyds Insurance Company S.A.
Bastion Tower
Place du Champ de Mars 5
1050 Bruxelles
Belgium

E-mail: LloydsEurope.DataProtection@lloyds.com

Definitions applicable to the whole policy

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

Critical Illness

The illnesses for which **you** are covered, subject always to the full terms and conditions of this policy including but not limited to the [explanation of each Critical Illness and its pre-existing conditions](#):

- i. cancer;
- ii. coronary artery bypass grafts;
- iii. heart attack;
- iv. kidney failure;
- v. major organ transplant;
- vi. stroke;
- vii. loss of limb; and
- viii. blindness.



Please read full definitions of these **critical illness** and the conditions relating to **pre-existing conditions** below. You can skip to the relevant sections by clicking on 'skip to section'.

Event

In respect of:

- i. critical illness insurance, this is the diagnosis of a covered **critical illness**; and
- ii. personal accident and illness insurance, this is the **accident** or **illness**.

Pre-existing Condition

An illness, disease, or condition:

- i. for which **you** received medical treatment or advice from a **qualified medical practitioner**;
- ii. which **you** knew or should have known existed prior to **you** becoming covered under this policy; or
- iii. in **our** reasonable opinion results directly or in any way contributes to **your** illness or disease.

Qualified Medical Practitioner

A medical specialist who:

- i. is a resident and a practising qualified doctor in any member country of the European Union, Australia, Canada, Channel Islands, Cyprus, Gibraltar, Iceland, Isle of Man, Malta, New Zealand, Norway, Switzerland, or the United States of America;
- ii. is acceptable to **our** Chief Medical Officer;
- iii. is a specialist in an area of medicine appropriate to the cause of the claim; and
- iv. is not **your** immediate family member.

Section A - Critical Illness and Personal Accident Insurance

The following pages detail the policy terms and conditions for Section A Critical Illness and Personal Accident Insurance.

We will pay **you** a lump sum of EUR 5,000 after **you** produce satisfactory proof (whether proof is satisfactory will be determined by **us**) of:

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


All diagnoses and medical opinions must be given by a **qualified medical practitioner**.

Critical Illness Insurance


Summary of Critical Illnesses Covered

This policy only provides cover for the following **critical illnesses**, subject always to the full terms and conditions of this policy:

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


 Please read full definitions of these **critical illness** below. You can skip to the relevant sections by clicking on 'skip to section'.

General Pre-existing Conditions Exclusion and exceptions

 As a general rule, **we** will not pay any claim, whether for critical illness or personal accident or illness insurance which is directly arising out of any **pre-existing condition**.

Pre-existing Conditions

Cover for a **critical illness** will cease, if two (2) years prior to the commencement date of **your** cover **you** suffered from any one related condition as set out below for each **critical illness** under the heading "pre-existing conditions". Please read full definitions of these **critical illness** below.

 For example, if **you** have been diagnosed with cancer or ductal carcinoma in situ of the breast prior to the commencement date of **your** cover, **you** can never claim for **critical illness** benefit for cancer. However, **you** are covered for the remaining **critical illnesses**, subject always to the full terms and conditions.

For example, a claim would not be paid, and cover for kidney failure will cease, in the event of kidney failure occurring in the first two (2) years of cover, if prior to the commencement date of cover **you** had suffered from polycystic kidney disease. Similarly, a claim would not be paid, and cover for heart attack will cease, in the event of a heart attack occurring in the first two (2) years of cover, if prior to the commencement date of cover **you** had suffered from diabetes. It should be noted that this provision only arises if the event occurs within the first two (2) years of cover. Thus, a diabetic who first suffers a heart attack three (3) years after the commencement date of cover will be eligible to claim.

Explanation of each Critical Illness and its pre-existing conditions

i This section outlines the definitions of the named **critical illnesses** that are covered under this policy, a brief simple explanation of each **critical illness**, and information on the related conditions that preclude cover in the event of **critical illness** occurring within the first two (2) years of cover. These should be read in conjunction with paragraph 1 and 2 of **pre-existing conditions** section above.

Cancer – excluding less advanced cases

Definition

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma.

The following are not covered:

Low-risk cancers	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.
Prostate cancers	All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 (i.e. Gleason score 7 or above only) or having progressed to at least clinical TNM classification T2N0M0.
Chronic lymphocytic leukaemia	Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
Skin cancer	Any skin cancer, other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin) i.e. \geq Clarks level 2.
Basal Cell Carcinomas	Basal Cell Carcinomas of the skin, as they are non-malignant.
Squamous Cell Carcinomas	Squamous Cell Carcinomas of the skin unless they have spread to the lymph nodes or metastasised (spread to another part of the body).
Bladder cancer	Any bladder cancer unless histologically classified as having progressed to at least TNM classification T2N0M0.
Lymphoma or Kaposi's	If you are HIV (human immunodeficiency virus) positive, you will not be covered for lymphoma or Kaposi's sarcoma, as these tumours are directly related to the virus.

In simpler terms

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

A malignant tumour:

- may grow quickly;
- often invades nearby tissue as it expands;
- often spreads through the blood or the lymph vessels to other parts of the body; and

- usually continues to grow and is life-threatening unless it is destroyed or removed.

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

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

With increased and improved screening, prostate cancer is being detected at an earlier stage. At early stages these tumours are treatable and the long-term outlook is good. It is not possible to provide full **critical illness** cover against these early prostate cancers. **we** will not pay a claim for prostate cancer under this definition of cancer unless the tumour has a Gleason score (a method of measuring differentiation in cells) of greater than 6 (in other words, a Gleason score of 7 or above) or it has progressed to at least clinical classification of T2N0M0. The 'Gleason score' and the 'TNM classification' are ways of measuring and describing how serious the cancer is, and whether it has spread beyond the prostate gland based on what it looks like under a microscope.

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

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

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

Pre-existing conditions



If **you** have been diagnosed with cancer or ductal carcinoma in situ of the breast prior to the commencement date of **your** cover, **you** can never claim for **critical illness** benefit for cancer.

If **you** have a history of certain gastrointestinal conditions, **you** will not be covered for any cancer which happens in the first two (2) years of **your** cover.

If **you** have a history of carcinoma in situ, Bowens disease, familial polyposis of the colon, Hodgkin's disease, leukoplakia, Barrett's oesophagus, ulcerative colitis or Crohn's disease prior to the commencement date of **your**

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cover and **you** are found to have cancer within the first two (2) years of **your** cover, no **critical illness** benefit will be payable and **you** will cease to be covered for cancer.

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Coronary artery bypass grafts

Definition

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

The following are not covered:

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

In simpler terms

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

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

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

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

Pre-existing conditions

✗ **You** will not be covered if **you** have ever suffered a heart attack or stroke and undergone procedures.

If **you** have a history of certain conditions, **you** will not be covered for any coronary artery bypass graft which is required in the first two (2) years of **your** cover.

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

If **you** have a history of coronary artery disease, aneurysm, atrial fibrillation, cardiomyopathy diabetes mellitus, peripheral vascular disease, hypertension, hypercholesterolaemia, tachycardia or valvular heart disease, prior to the commencement date of cover and **you** require coronary artery bypass grafts within the first two (2) years of **your** cover, no **critical illness** benefit will be payable and **you** will cease to be covered for coronary artery bypass grafts.

Heart attack – of Critical severity

Definition

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

- New characteristic electrocardiographic (ECG) changes.
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:
 - Troponin T > 1.0 ng/ml
 - AccuTnI > 0.5 ng/ml or equivalent threshold with other Troponin 1 methods.



The evidence must show a definite acute myocardial infarction.

The following are not covered:



Other acute coronary syndromes including but not limited to angina.

In simpler terms

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

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

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

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

Pre-existing conditions



You will not be covered if **you** have ever suffered a heart attack or stroke and undergone procedures.

If **you** have a history of certain conditions, **you** will not be covered if **you** suffer a heart attack in the first two (2) years of **your** cover.

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

If **you** have a history of aneurysm, atrial fibrillation, cardiomyopathy, coronary artery disease, diabetes mellitus, peripheral vascular disease, hypertension, hypercholesterolaemia, tachycardia or valvular heart disease prior to the commencement date of cover and **you** suffer a heart attack within the first two (2) years of **your** cover, no **critical illness** benefit will be payable and **you** will cease to be covered for heart attack.

Kidney failure – requiring ongoing dialysis

Definition


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

In simpler terms

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

***You** will be able to claim if **you** provide satisfactory medical evidence to show that both **your** kidneys have failed completely and permanently and **you** need regular long-term dialysis or a kidney transplant.*

Pre-existing conditions

 **You** will not be covered if **you** have ever had kidney failure.

If **you** have a history of certain conditions, **you** will not be covered for any kidney failure which happens in the first two (2) years of **your** cover.

*If **you** have ever been diagnosed with kidney failure prior to the commencement date of **your** cover, **you** can never claim for **critical illness** benefit for kidney failure.*

*If **you** have a history of diabetes mellitus, glomerulonephritis, nephrotic syndrome, polycystic kidney disease, hypertension, paraplegia or pre-existing renal impairment with raised serum creatinine prior to the commencement date of cover and **you** suffer kidney failure within the first two (2) years of cover, no **critical illness** benefit will be payable and **you** will cease to be covered for kidney failure.*

Major organ transplant – Critical organs

Definition

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

The following are not covered:

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

In simpler terms

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

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

Pre-existing conditions

✕ **You** will not be covered if **you** have ever suffered a heart attack, stroke, or undergone coronary artery surgery, angioplasty, heart transplant or any other major organ transplant.

If **you** have a history of certain conditions and **you** are placed on a waiting list for or require major organ transplant within the first two (2) years of **your** cover, **you** will not be covered.

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

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

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

*prior to the commencement date of **your** cover and **you** are placed on an official waiting list for or require major organ transplant within the first two (2) years of **your** cover, no **critical illness** benefit will be payable and **you** will cease to be covered for major organ transplant.*

Stroke – resulting in permanent symptoms

Definition

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

The following are not covered:



- a) Transient ischaemic attack;
- b) Traumatic injury to brain tissue or blood vessels;
- c) An abnormality seen on brain or other scans without definite related clinical symptoms; or
- d) Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.

Permanent neurological deficit with persisting clinical symptoms means:

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

In simpler terms

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

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

Pre-existing conditions



You will not be covered if **you** have ever suffered a heart attack, stroke, or undergone coronary artery surgery, angioplasty, or heart transplant.

If **you** have a history of certain conditions and **you** suffer a stroke in the first two (2) years of cover, **you** will not be covered.

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

*If **you** have a history of intracranial aneurysm, atrial fibrillation, coronary artery disease, diabetes mellitus, peripheral vascular disease, hypercholesterolaemia, transient cerebral ischaemia, hypertension, arteriovenous*

*malformation, thrombotic disorders e.g., primary phospholipid syndrome, hyperviscosity states (polycythaemia), heart valve disease and carotid atherosclerosis prior to the commencement date of cover and **you** suffer a stroke within the first two (2) years of cover, no **critical illness** benefit will be payable and **you** will cease to be covered for stroke.*

Loss of limb – permanent physical severance

Definition

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

To qualify for payment, the loss of limb must happen whilst **you** are covered.

In simpler terms

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

Pre-existing conditions



You will not be covered if **you** have previously suffered the loss of one or more limbs.

If **you** have a history of certain conditions and **you** suffer loss of limb in the first two (2) years of cover, **you** will not be covered.

If **you** have previously suffered the loss of one or more limbs prior to the commencement date of **your** cover, **you** can never claim for **critical illness** benefit for Loss of limb.

If **you** have a history of peripheral vascular disease or diabetes mellitus prior to the commencement date of cover and **you** suffer the loss of a limb within the first two (2) years of **your** cover, no **critical illness** benefit will be payable and **you** will cease to be covered for Loss of limb.

Blindness – permanent and irreversible

Definition

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

To qualify for payment, blindness must happen on a whilst **you** are covered.

The following are not covered:



Loss of sight which is temporary, partial, or which can be corrected.

In simpler terms

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

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

Pre-existing conditions



You will not be covered if **you** have previously been diagnosed with loss of sight.

If **you** have a history of certain conditions and **you** become blind in the first two (2) years of cover, **you** will not be covered.

If **you** are diagnosed with loss of sight as described above prior to the commencement date of **your** cover, **you** can never claim for **critical illness** benefit for blindness.

if **you** have a history of diabetes mellitus, glaucoma, severe myopia, congenital nystagmus, retrobulbar or optic neuritis, retinitis pigmentosa, multiple sclerosis or hysteria prior to the commencement date of cover and **you** become blind within the first two (2) years of **your** cover, no **critical illness** benefit will be payable and **you** will cease to be covered for blindness.

Personal Accident and Illness Insurance

Schedule of Benefits



This policy provides benefits as detailed below.

1. Benefits Payable in Respect of an Accident

1. Loss of one limb	(Covered under Critical Illness)
2. Loss of two or more limbs	(Covered under Critical Illness)
3. Loss of sight in one eye	EUR 5,000 lump sum
4. Loss of sight in both eyes	(Covered under Critical Illness)
5. Loss of sight in one eye and loss of one limb	EUR 5,000 lump sum
6. Permanent total disablement (other than total and irrecoverable loss of sight of one or both eyes or loss of limb(s))	EUR 5,000 lump sum

2. Benefits Payable in Respect of Illness

1. Loss of sight of both eyes	(Covered under Critical Illness)
2. Permanent total disablement	EUR 5,000 lump sum



Benefit will not be payable under more than one of the items above in respect of the consequences of one **accident** or of one **illness**. If **we** pay an amount for a **critical illness** or personal **accident** and **illness**, **you** will be unable to claim any more for **critical illness** or personal **accident** and **illness** under this policy.



For example, if **we** pay **you** EUR 5,000 for **loss of sight** in one eye, **you** will not be able to claim again for **permanent total disablement** or a **critical illness**. However, **you** may still be eligible to claim for evacuation/repatriation, subject to the terms and conditions of this policy.

What is covered?

1. Accident

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

We will pay the benefit shown in the schedule of benefits if whilst **you** are covered **you** suffer **bodily injury** which results in:

1. Loss of one limb	(Covered under Critical Illness)
2. Loss of two or more limbs	(Covered under Critical Illness)
3. Loss of sight in one eye	EUR 5,000
4. Loss of sight in both eyes	(Covered under Critical Illness)
5. Loss of sight in one eye and loss of one limb	EUR 5,000
6. Permanent total disablement (other than total and irrecoverable loss of sight of one or both eyes or loss of limb(s))	EUR 5,000



• Permanent Total Disablement

To be covered for **permanent total disablement**, **you** must be unable to attend to all aspects of any business or occupation for which **you** are practically suited for twelve (12) consecutive months following a **bodily injury**.

2. Illness

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

We will pay the benefit shown in the schedule of benefits if **you** suffer sickness or disease which results in **your permanent total disablement** within twelve (12) consecutive months after the symptoms first appear. The symptoms of this sickness or disease must first appear whilst **you** are covered, must be solely and independently of any other cause and beyond hope of improvement.

1. Loss of sight of both eyes	(Covered under Critical Illness)
2. Permanent total disablement	EUR 5,000



• Permanent Total Disablement

To be covered for **permanent total disablement**, **you** must be unable to attend to all aspects of any business or occupation for which **you** are practically suited for twelve (12) consecutive months.

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

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

Existing conditions	any condition whether diagnosed or not, for which you have sought advice, diagnosis, treatment or counselling or of which you were aware or should have been aware at the commencement of this policy or for which you have been treated at any time during the three (3) years prior to you being covered by this policy;
Suicide	Your suicide or attempted suicide or intentional self-injury;
Flying	Your engaging in flying of any kind unless: a. You are employed in a professional capacity as a pilot or aircrew or b. You are travelling as a passenger in private or commercial aircraft;
Venereal disease	venereal disease or Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immuno-deficiency Virus (HIV) howsoever these have been acquired or may be named;
Drugs	Your deliberate exposure to exceptional danger (except in an attempt to save human life);
Criminal acts	a criminal act by you ;
Intoxication	Your being intoxicated by alcohol or drugs;
Mental disorders	neuroses, psychoneuroses, psychopathies or psychoses, anxiety, stress, fatigue or any other mental or emotional diseases or disorders of any type;
Chronic pain	a chronic pain syndrome including but not limited to Chronic or Complex Regional Pain Syndrome, or fibromyalgia (a syndrome characterised by chronic pain in the muscles and soft tissues surrounding the joints, fatigue and tenderness at specific sites in the body);
Terrorism	the actual or threatened use of pathogenic or poisonous biological or chemical materials by any person(s), committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public or any section of the public in fear;

Radioactivity	nuclear reaction, nuclear radiation or radioactive contamination; and
Armed forces	Your engaging in or taking part in armed forces service or operations.

Definitions

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

Accident

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

Bodily Injury

An identifiable physical injury which:

- is caused by an **accident**; and
- solely and independently of any other cause (except sickness or disease directly resulting from, or medical or surgical treatment rendered necessary by such injury) results in **loss of sight** in one eye, **loss of sight** in one eye and loss of one limb or **permanent total disablement**, which happens within twelve (12) months from the date of the **accident**.

Illness

Means **your** sickness or disease the symptoms of which first appear whilst **you** are covered and which solely and independently of any other cause results in **your permanent total disablement** within twelve (12) consecutive months after the symptoms first appear, which is beyond hope of improvement.

Loss of Sight

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

Paralysis

Permanent, total and irrecoverable loss of function of one or more limbs.

Permanent Total Disablement

Disablement which prevents **you** from attending to all aspects of any business or occupation for which **you** are practically suited by training, education, industry knowledge or experience and which lasts twelve (12) consecutive months and at the end of that period is beyond hope of improvement. If **you** are retired, this means disablement which prevents **you** from attending to all aspects of any business or occupation and which lasts twelve (12) consecutive months and at the end of that period is beyond hope of improvement.

Section B - Evacuation/Repatriation Expenses and Emergency Medical Expenses Incurred During the Evacuation/ Repatriation

The following pages detail the full policy terms and conditions for Section B evacuation/repatriation expenses and emergency medical expenses incurred during the evacuation/ repatriation.

This Section covers **you** in respect of **evacuation/repatriation expenses** (including repatriation of mortal remains) and **emergency medical expenses** incurred during the evacuation/ repatriation necessarily incurred as a result of **you** sustaining accidental **bodily injury** or suffering **illness** during the **operative time**.

Sums Insured

Evacuation/repatriation expenses and **emergency medical expenses** up to EUR 250,000 over and above EUR 100 for each and every loss.



You are responsible for paying the first EUR 100.

Definitions

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

Evacuation/repatriation expenses

The reasonable cost of evacuating **you** to the most suitable medical facility, away from **your** location or repatriation to **your** home country including the cost of medical attendants, where recommended by the Medical Emergency Assistance Service Company in conjunction with a registered **qualified medical practitioner**.

Emergency medical expenses

The reasonable cost of emergency medical costs given or prescribed by a registered **qualified medical practitioner**, including the cost of medical supplies and ambulance hire.

Operative time

The time that **you** are not located in **your** country of permanent residence.

What is not covered

We will not pay for claims:

Pre-existing conditions	Resulting from a pre-existing condition for which you have received inpatient treatment in the twelve (12) months prior to your cover starting;
Journeys taken against medical advice or to specifically obtain medical treatment	For a journey which is booked or commenced by you : (a) contrary to medical advice, including advice from the Foreign and Commonwealth & Development Office relating to any epidemic or pandemic (including arising out of COVID or Corona virus, or other or similar communicable disease); (b) to obtain medical treatment or convalescent care; (c) after you have been told by a medical practitioner that you may not have long to live; or (d) after you have been advised against travel by a qualified medical practitioner ;
Local expenses	In respect of expenses incurred in your country of permanent residence;
Pregnancy	Arising from childbirth, pregnancy or any medical complications resulting there

	from incurred within two (2) months of the estimated date of delivery;
Expenses incurred more than 24 months apart	In respect of expenses incurred more than 24 months after the date the first expense was incurred;
Other insurance	In respect of expenses which are recoverable under any other private hospital medical expenses insurance to which you are entitled;
Terrorism	Directly or indirectly resulting from or consequent upon terrorism. Terrorism is the actual or threatened use of pathogenic or poisonous biological or chemical materials by any person(s), committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public or any section of the public in fear;
Sexually transmitted disease	Directly or indirectly resulting from or contributed to by any sexually transmitted disease. However, claims directly or indirectly resulting from or contributed to by Chlamidya, Gonorrhoea, Syphilis and/or Herpes Genitalis contracted by you as a result of sexual intercourse to which you did not consent (commonly referred to as rape) will be covered under this policy, subject to the terms, conditions and limits; and
Psychiatric or mental disorder	Arising directly or indirectly from any condition caused by, prolonged by, or aggravated by any psychiatric, mental or nervous disorder, anxiety and/or depression.

Emergency Medical Assistance Service

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

Cega Group – Worldwide contact details are as follows:- Telephone: +44 1243 624 127
E-mail: assistance@cegagroup.com

The services provided by Cega Group can include:

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

Cega Group will be solely responsible for all decisions on the most suitable, practical and reasonable solution to any problem.

! **You must obtain the prior approval and consent of Cega Group and/or any of their appointed agents before you incur any repatriation/evacuation expenses.**

You must not attempt to find **your** own solution without obtaining prior authorisation from Cega Group as **we** may not agree to reimburse **you**.

Cega Group must be informed that this policy covers **you**, along with **your** name and the period of insurance.