

PENSIONS
INVESTMENTS
LIFE INSURANCE



Irish Life

ONEPLAN PROTECTION

COVER THAT'S ALTOGETHER
DESIGNED FOR YOU



ABOUT US

Established in Ireland in 1939, Irish Life is Ireland's leading life and pensions company. Since July 2013 we have been part of the Great-West Lifeco group of companies, one of the world's leading life assurance organisations.

We are committed to delivering innovative products backed by the highest standards of customer service and, as part of Great-West Lifeco, have access to experience and expertise on a global scale, allowing us to continuously enhance our leading range of products and services.

Information correct as at July 2017.

COMMITTED TO PLAIN ENGLISH

There is no financial jargon in this booklet and everything you need to know is written in an upfront and honest way.



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1. INTRODUCTION



INTRODUCTION



This booklet will give you details of the benefits available under OnePlan Protection.

We have designed it as a guide that allows us to explain the product to you in short and simple terms. There will be more specific details and rules in your terms and conditions booklet, which you should read carefully.

Our service to you...

PUTTING YOU FIRST

We are committed to providing excellent customer service to you at all times, from the moment you apply for cover right throughout the life of your plan. When you ring us, our service team will be on hand to listen and answer your questions.

GETTING COVER HAS NEVER BEEN EASIER

We want to make sure the process of applying for cover is as simple as possible.

- Your financial adviser will fill in the application form with you. Once you apply for cover, your adviser should know, within 24 hours, if we have accepted your application at normal rates and, if not, what you need to do next.
- You can track where your application is at any time by contacting your adviser or calling us on 01 704 1010.

YOU CAN CHANGE YOUR MIND

We want to make sure that you are happy with your decision to buy OnePlan Protection. If after buying this plan you feel it is not suitable, you have 30 days to cancel it. If you decide to do this, we guarantee to refund any payments you have made within the first 30 days of sending you details of your plan. The 30-day period starts on the day we send you your welcome pack.

KEEPING YOU UP TO DATE

We are committed to keeping you informed about your plan. Because of this, every year we will send you a statement to tell you what your benefits are under OnePlan Protection.

ONLINE SERVICES

We have a range of online services available for you.

You can check the details of your cover online by visiting our website www.irishlife.ie and logging in to My Online Services.

EUROPEAN COMMUNITIES (DISTANCE MARKETING OF CONSUMER FINANCIAL SERVICES) REGULATION 2004

If a financial service or product is provided on a 'distance basis' (in other words with no face-to-face contact), we have to give you certain information. We have included this information under various headings in this booklet, in the customer information notice at the back of this booklet, in the terms and conditions booklet and in your terms of business letter. All information (including the terms and conditions of your plan) will be in English.



How to contact us...

If you want to talk to us, just call our customer service team on 01 704 1010. They can answer questions about your plan.

Our lines are open:

8am to 8pm Monday to Thursday

10am to 6pm Friday

9am to 1pm Saturday

In the interest of customer service, we will record and monitor calls.

You can also contact us in the following ways.

Email: customerservice@irishlife.ie

Fax: 01 704 1900

Write to: Customer Service Team,
Irish Life Assurance plc,
Irish Life Centre,
Lower Abbey Street,
Dublin 1.

Website: www.irishlife.ie

ANY PROBLEMS?

If you experience any problems, please call your financial adviser or contact our customer service team. We monitor our complaint process to make sure it is of the highest standard. We hope you never have to complain. However, if for any reason you do, we want to hear from you. If, having contacted the customer service team, you feel we have not dealt fairly with your query, you can contact:

The Financial Services Ombudsman
3rd Floor Lincoln House, Lincoln Place, Dublin 2.

Lo-call: 1890 88 20 90

Email: enquiries@financialombudsman.ie

Fax: 01 662 0890

Website: www.financialombudsman.ie

SOLVENCY AND FINANCIAL CONDITION REPORT

Our current Solvency and Financial Condition Report is available on our website at www.irishlife.ie.

2. ONEPLAN PROTECTION OVERVIEW



ONEPLAN PROTECTION OVERVIEW

We have developed a new protection plan based on the cover people and families in Ireland need most – a replacement income for your family if you die before your cover ends, money to cover your bills if you cannot work due to illness or injury and a lump sum if you were to suffer from one of the specified illnesses covered under the plan.

We have designed OnePlan Protection to provide you with tailored cover that suits your needs and budget.

WHAT BENEFITS ARE AVAILABLE?

OnePlan Protection offers a number of benefits for you to choose from, depending on your needs and personal circumstances.

- **Decreasing life cover** – we will pay you a lump sum if you or anyone covered under the plan dies. Your chosen amount of life cover will reduce each year. This is because the length of time you need that level of replacement income for reduces as you get older. Your financial adviser will discuss this with you.
- **Bill cover** – to pay your essential monthly bills (mortgage, rent, utility bills) if you cannot work because of an illness or injury.
- **Specified illness cover** – a lump sum to help you recover without extra financial worries if you suffer from one of the conditions covered under the plan.
- **Life cover to protect your family** – you can choose level life cover (life cover for an agreed time period) or whole-of-life cover (cover which will stay in place until you die).
- **Funeral cover** – to help your family cover the cost of your funeral and other related expenses.

Remember you can choose any benefit on its own or a combination of the benefits, whichever best suits your needs.



The cost of each benefit – and the total cost of all of the benefits you have chosen – will be clearly shown on your plan schedule.

You will only ever pay one plan fee for each plan. It does not matter how many benefits you choose.

You must keep up your payments to stay covered. You cannot cash in your plan. It is not a savings plan.

You must be 18 or older to buy OnePlan Protection. If you want, you can include cover for your partner under OnePlan Protection.

We will not pay claims in certain circumstances – for example if you have not given us full information about your health, occupation, country where you live, hobbies or pastimes. You will see a summary of these situations in the 'Guide to making a claim' section of this booklet on page 22.



WHAT LEVEL OF COVER MIGHT I NEED?

The level of cover you and your family might need will depend on your circumstances.

Your financial adviser will do a full financial review with you to see what your protection needs are, based on a range of factors such as:

- your life stage – your age and family circumstances (for example, if you have children, how old they are – if they are they in school or perhaps college);
- the amount of income you are looking to protect if something happens to you or your partner;
- how much, if any, cover you already have;
- how long you want the protection cover for; and
- any extra costs you may want to cover (for example, funeral expenses).

Your financial adviser will then recommend three levels of cover and you can choose the level which best suits your needs and which you can afford.

CAN I CHANGE MY LEVEL OF COVER IF I CHOOSE TO?

We know that your circumstances keep changing over time – for example, if you buy a home or have children.

That's why, with OnePlan Protection, you can change your level of cover and benefits at any time. This is to help you make sure you have the right level of protection for you and your family.

You can increase or reduce the level of cover or the term, or you can add or remove benefits. Your financial adviser will be able to help you with this.

Depending on the changes you want to make to your level of cover or benefits, our underwriting team may need more information from you. The cost of your benefits may increase to reflect your new levels of cover, your age, or your health.

There is no charge for asking to change your level of cover or for adding or cancelling a benefit. If you ask to change your OnePlan Protection, there is no cooling-off period which will apply for this change. Your financial adviser will be able to help you review your level of cover on OnePlan Protection.

We will send you an updated plan schedule which will reflect any changes to the cost of your plan.

3. THE BENEFITS



THE BENEFITS



DECREASING LIFE COVER

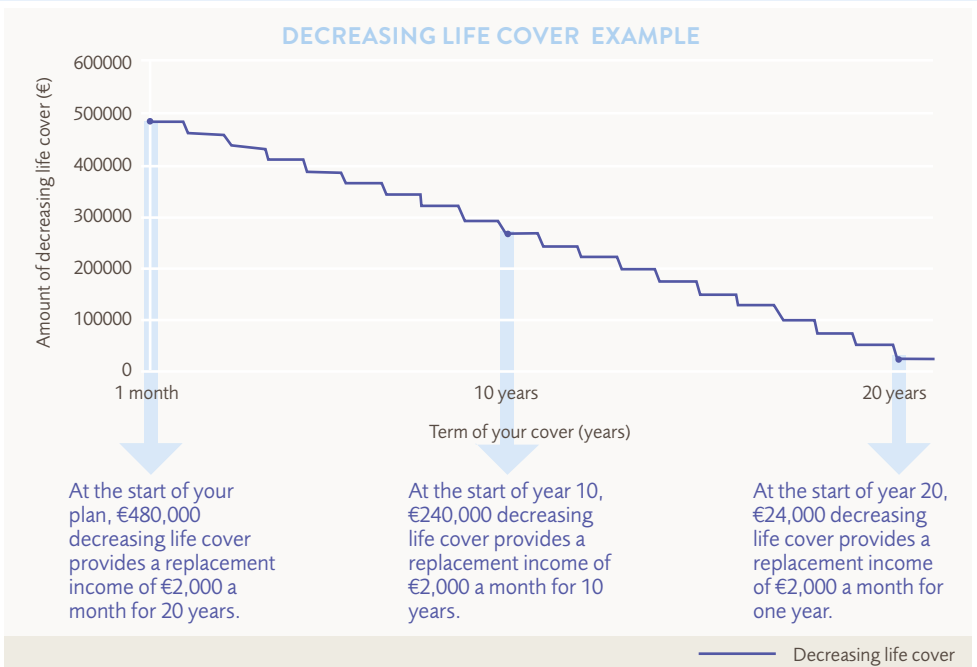
With this benefit, we will pay a one-off lump sum to your dependants if you die before your cover ends. Your chosen life cover amount will reduce each year. This is because the length of time you need that level of replacement income for reduces as you get older.

For example, as shown in the graph below, at the start of your plan, €480,000 decreasing life cover provides a replacement income of €2,000 a month for 20 years.

At the start of year 10 of your plan, your decreasing life cover has reduced to €240,000, to provide you with a replacement income of €2,000 a month for 10 years.

Because the life cover amount reduces over time, the lump sum your dependants would receive if you die also reduces over time. So, it will be less towards the end of the term of your cover than when you first took out your plan.

The graph below shows how decreasing life cover works. Your financial adviser will explain how much cover you need based on your circumstances.



This graph assumes you have taken €480,000 worth of decreasing life cover for a 20-year term and shows how your level of cover reduces over the 20 years.

The benefits of decreasing life cover

- We will pay a lump sum if you or anyone covered for this benefit under the plan dies – this lump sum can be used to replace any income lost.
- Your chosen life cover amount will reduce each year, because the length of time you need that level of replacement income for reduces as you get older.

Take a look at the graph on the previous page for some examples of how decreasing life cover works.

- At the start of your plan, €480,000 decreasing life cover provides a replacement income of €2,000 a month for 20 years.
- At the start of year 10, €240,000 decreasing life cover provides a replacement income of €2,000 a month for 10 years.
- At the start of year 20, €24,000 decreasing life cover provides a replacement income of €2,000 a month for one year.
- Your payments stay the same throughout the term of your cover, so you always know how much it will cost you.
- If you choose guaranteed cover again (conversion option) when you take out your plan, you can change your decreasing life cover benefit up to age 80, without having to provide evidence of your health. You must do this before the decreasing life cover benefit on your plan has ended. Please see page 20 and your plan terms and conditions for more details.

Applying for decreasing life cover

- You can apply if you are under age 80. The maximum length of time you can be covered for is 40 years or up to age 85, whichever is earlier.

Please see your plan terms and conditions which have full details of this benefit, including any restrictions or exclusions which may apply.



BILL COVER

We have designed bill cover to cover your rent or mortgage costs plus your utility bills (gas, electricity, water and so on) if you cannot work due to illness or injury. It will help to make sure you do not fall behind with your mortgage or rent or that your utility bills can be paid while you are out of work due to illness or injury.

You must be employed, or self-employed with an income, to take out bill cover on your plan.

Your financial adviser will give you advice on the level of bill cover you need, based on your current level of expenses.

Benefits of bill cover

- Bill cover will pay out a monthly amount if we accept your claim. The monthly payments will start at the end of the deferred period (the length of time between the start of your inability to carry out the main duties of your job and when we start to pay the claim). The deferred period can be either 8, 13, 26 or 52 weeks and you, along with your financial adviser, will choose the one which best suits your needs. Your plan schedule will confirm which deferred period applies to your plan.
- You can choose a claim payment term of either two years, five years, or until your bill cover benefit is due to end.
- You can claim a number of times under the bill cover benefit part of your plan. You must also return to work between claims for your cover to continue. Please see your plan terms and conditions for more details.
- You do not have to make your bill cover payments while you are receiving a bill cover claim under your plan (but your payments for any other benefits should continue as normal).

Your bill cover payments will start again when your claim ends, to make sure your bill cover is maintained.

Applying for bill cover

- You can apply if you are under age 65. The maximum length of time you can be covered for is 40 years or up to age 68, whichever is earlier.
- The maximum cover available is €2,000 a month for single cover or €4,000 a month for cover including your partner - both of these are based on no more than 40% of your net income.

Please see your plan terms and conditions which have full details of this benefit, including any exclusions or restrictions which may apply.



BILL COVER



IMPORTANT POINTS TO NOTE

1. Your bill cover claim could end before you are able to return to work, depending on the claim payment term you have chosen. For example, if you have chosen a claim payment term of two years on your plan, and you cannot work for a continuous period of more than two years due to illness or injury, your claim will still end at the end of the two years.
2. If you have bill cover and become unemployed, you will not be able to claim for bill cover if you are unemployed for more than one month. Please see your plan terms and conditions for full details. If you want to cancel your bill cover at this point, you can do so. You will be able to start your bill cover again without having to provide any extra medical or health details if you return to work within six months of when you first became unemployed.

Please talk to your financial adviser for more details on bill cover and also see page 25.

3. Your bill cover claim may have an effect on any other state benefits you are receiving or may be entitled to, for example Jobseeker's Allowance or Disability Allowance. Talk to your financial adviser for more information.
4. If you take out bill cover on your plan, your children are not covered for bill cover.



SPECIFIED ILLNESS COVER

Specified illness cover is a benefit which pays you a lump sum if you are diagnosed with one of the conditions we cover.

You can use this lump sum to help maintain your and your family's standard of living, pay for medical bills and help you cope during a difficult time. What's more, because you may have to adapt your home to make your day-to-day life easier, specified illness cover could help with these outgoings too.

Benefits of specified illness cover

1. We cover:
 - 45 conditions for full payment – see the next page for the full list; and
 - 23 less-severe, but still life-altering, illnesses for an additional payment of €15,000 or half of your specified illness cover, whichever is lower. These conditions are outlined on page 15.
2. If you are diagnosed as needing one of four types of heart surgery, we will pay you your specified illness cover (up to €30,000) immediately.
3. If you choose guaranteed cover again on your specified illness cover, you can change your benefit before you reach age 65, without having to provide any medical evidence. You must do this before the specified illness cover benefit on your plan has ended.

Applying for specified illness cover

- You can apply if you are under age 65. The maximum length of time you can be covered for is 40 years or up to age 75, whichever is earlier.

You can find full details and definitions of the conditions covered in your plan terms and conditions booklet which we recommend you read in full before you apply for cover.

Listed below are the 45 conditions we cover for full payment. We do not make a full payment for any other conditions. See your plan terms and conditions for a detailed description of these.

1. Alzheimer's disease – resulting in permanent symptoms
2. Aorta Graft Surgery – for disease or traumatic injury
3. Aplastic anaemia – of specified severity
4. Bacterial meningitis – resulting in permanent symptoms
5. Benign Brain Tumour – resulting in permanent symptoms, surgery or radiosurgery
6. Benign spinal cord tumour or cyst – resulting in permanent symptoms or requiring surgery
7. Blindness – permanent and irreversible
8. Brain injury due to anoxia or hypoxia – resulting in permanent symptoms
9. Cancer – excluding less advanced cases
10. Cardiac arrest – with insertion of a defibrillator
11. Cardiomyopathy – resulting in a marked loss of ability to do physical activity
12. Chronic Pancreatitis – of specified severity
13. Coma – with associated permanent symptoms
14. Coronary artery by-pass grafts
15. Creutzfeldt-Jakob Disease – resulting in permanent symptoms
16. Crohn's Disease – of specified severity
17. Deafness – total, permanent and irreversible
18. Dementia – resulting in permanent symptoms
19. Encephalitis – resulting in permanent symptoms
20. Heart attack – definite diagnosis
21. Heart valve replacement or repair
22. Heart structural repair
23. HIV infection – caught in the European Union, Norway, Switzerland, North America, Canada, Australia and New Zealand, from a blood transfusion, a physical assault or at work in the course of performing normal duties of employment
24. Intensive Care – requiring mechanical ventilation for 10 consecutive days
25. Kidney failure – requiring permanent dialysis or transplant
26. Liver failure – irreversible and end stage
27. Loss of independence – permanent and irreversible
28. Loss of one limb – permanent physical severance
29. Loss of speech – permanent and irreversible
30. Major organ transplant – specified organs from another donor
31. Motor Neurone Disease – resulting in permanent symptoms
32. Multiple Sclerosis or Neuromyelitis Optica (Devic's Disease) - with past or present symptoms
33. Paralysis of limb – total and irreversible
34. Parkinson's Disease (idiopathic) – resulting in permanent symptoms
35. Parkinson Plus Syndromes – resulting in permanent symptoms
36. Peripheral Vascular Disease – with bypass surgery
37. Pneumonectomy – the removal of a complete lung
38. Pulmonary Arterial Hypertension (idiopathic) – of specified severity
39. Pulmonary Artery Graft Surgery
40. Respiratory Failure of specified severity
41. Spinal stroke – resulting in permanent symptoms
42. Stroke – of specified severity
43. Systemic lupus erythematosus – of specified severity
44. Third Degree Burns of specified surface area
45. Traumatic brain injury – resulting in permanent symptoms.

Listed below are the 23 conditions we cover for additional payment specified illness cover. See your plan terms and conditions for a detailed description of these.

- a. Brain Abscess drained via craniotomy
- b. Carcinoma in Situ – Oesophagus, treated by specific surgery
- c. Carcinoma in situ – Oral cavity or oropharynx – treated by surgery
- d. Carotid Artery Stenosis – treated by endarterectomy or angioplasty
- e. Central retinal artery or vein occlusion (eye stroke) resulting in permanent visual loss
- f. Cerebral or spinal aneurysm – with surgery or radiotherapy
- g. Cerebral or spinal arteriovenous malformation – treated by craniotomy, stereotactic radiosurgery or endovascular repair
- h. Coronary angioplasty – 'of specified severity'
- i. Crohn's disease – treated with surgical intestinal resection
- j. Ductal Carcinoma in situ – Breast, treated by surgery
- k. Early stage urinary bladder cancer – of specified advancement
- l. Implantable cardioverter defibrillator (ICD) for primary prevention of sudden cardiac death
- m. Liver resection
- n. Low Level Prostate Cancer with Gleason score between 2 and 6 – and with specific treatment
- o. Peripheral vascular disease – treated by angioplasty
- p. Pituitary tumour – resulting in permanent symptoms or surgery
- q. Serious Accident Cover – resulting in at least 28 consecutive days in hospital
- r. Severe Burns/3rd degree burns covering at least 5% of the body's surface
- s. Significant visual impairment – permanent and irreversible
- t. Single lobectomy – the removal of a complete lobe of a lung
- u. Surgical removal of one eye
- v. Syringomelia or Syringobulbia – treated by surgery
- w. Total colectomy, including colectomy for ulcerative colitis.

LIFE COVER TO PROTECT YOUR FAMILY

You can provide your family with extra protection by choosing level life cover or whole-of-life cover or both.

Benefits of life cover

- There are two options available.
 - Level life cover – the amount of life cover you choose will stay the same for the term of your cover.
 - Whole-of-life cover – your cover will stay in place until you die.

Your financial adviser will advise you on which is preferable for you given your current level of cover. It is possible to choose both.

Applying for life cover

- For level life cover:
 - you must be under age 83. The minimum term available is two years, up to 50 years or age 85, whichever is earlier.
- For whole-of-life cover:
 - you must be under age 75.

For more details on life cover, including any restrictions or exemptions, please see your plan terms and conditions.

FUNERAL COVER

With funeral cover you can make sure your funeral expenses and other related costs are taken care of, without placing an extra burden on your family at an already difficult time.

Funeral cover is whole-of-life cover and you must be aged between 18 and 74 to apply for this.



4. EXTRA BENEFITS AND OTHER SERVICES



EXTRA BENEFITS AND OTHER SERVICES

There is a wide range of benefits available with OnePlan Protection and we will explain them in this section.

- **Additional benefits** - these are automatically available to you, at no extra charge, when you take out OnePlan Protection. We will let you know where there are restrictions related to particular benefits.
- **Optional benefit** - you will pay extra if you choose the optional benefit.

Additional benefits



The following benefits are automatically available to you when you take out life cover or specified illness cover. These benefits are not available if you choose only bill cover on your plan.

Guaranteed insurability option

If you take out cover and before the age of 55 you get married, have a child, take out a new or extra mortgage or get an increase in salary, you can ask us to increase your existing level of cover by:

- €125,000;
- half of your current benefit; or
- half of your original benefit;

whichever is lower.

You won't have to provide any information about your health, but you will have to tell us within three months of the different life events listed in the 'Guaranteed insurability option' section above taking place. This option is available only twice. Please see your plan terms and conditions for full details of this benefit, including any restrictions or exclusions which may apply.

Early payment if you are diagnosed with a terminal illness

A terminal illness is a condition that, in the opinion of the appropriate hospital consultant and our chief medical officer:

- has either no known cure or has progressed to a point where it cannot be cured; or
- is expected to lead to your death within 12 months.

Life cover

If you have decreasing life cover or level life cover and are diagnosed as having a terminal illness, we will pay your life cover benefit amount at the time you make a claim.

Specified illness cover

If you have specified illness cover and no life cover and are diagnosed as having a terminal illness, we will pay €15,000 of your specified illness cover straight away or half your specified illness benefit amount, whichever is lower.

We will pay this benefit only if the terminal illness does not arise from one of the 45 conditions we cover on a full-payment basis. Please see your plan terms and conditions for full details of this benefit, including any restrictions or exclusions which may apply.

Accidental death benefit

This is a temporary automatic benefit available while you are in the process of taking out life cover. We will pay the death benefit (up to €150,000) if you die as a result of an accident. It covers you from the time we receive your filled-in application form, until:

- we accept your application;
- we offer special terms;
- we refuse your application;
- we postpone your application; or
- 30 days have passed.

This benefit only applies if you are younger than 55. Once we have accepted you for life cover, this benefit will stop and your regular life cover starts.

Please see your plan terms and conditions for full details of this benefit, including any restrictions or exclusions which may apply.

Children's life and specified illness cover

Life cover

- If you take out decreasing life cover or level life cover, we automatically cover each of your children (under 25 years of age) for €7,000 life cover for as long as you are covered.
- During the first six months after you take out your plan, we only cover them for accidental death.

Specified illness cover

- Your children (up to age 25) are covered for up to €25,000 or half your specified illness benefit amount, whichever is lower, for as long as you are covered.

- They are covered for the same illnesses you are covered for.
- They must live for at least 14 days after they have been diagnosed or have had surgery.
- Your children are also covered for an additional payment of €7,500 or half your specified illness benefit amount, whichever is lower, for the 23 illnesses shown on page 15.



IMPORTANT POINTS

We will only pay one claim or additional payment for each child even if you have more than one benefit or plan with us. Please see the 'Guide to making a claim' section for important information on claims under children's cover.

Please see your plan terms and conditions for full details of this benefit, including any restrictions or exclusions which may apply.

Optional benefit

REMEMBER



You will pay extra if you choose the optional benefit.

Guaranteed cover again (conversion option)

With guaranteed cover again, you can change your benefits without having to provide any medical evidence or having to take out a brand-new plan.

Guaranteed cover again is available on:

- decreasing life cover;
- specified illness cover; and
- level life cover.

For example, you can increase the term you originally chose for decreasing life cover. You can use your conversion option by applying in writing at any time before the date of the relevant benefit ends. Please see the benefit sections for details on the age restrictions.

However, it is important to think about the following.

- As your financial adviser will have explained, if you choose decreasing life cover, your level of life cover reduces over time. We will convert the level of cover that applies when you ask us to convert.
- There are different age limits for using your conversion option, depending on the benefit you have chosen. The current age limits to convert your cover are as follow, but these may change in the future.
 - For decreasing life cover, you must be under age 80.
 - For level life cover, you must be under age 83.
 - For whole-of-life cover, you must be under age 75.
 - For specified illness cover, you must be under age 65.

Please see your plan terms and conditions for details.

- Whether you smoke and any special conditions which apply to your existing benefit will also apply to your converted benefit.

To take advantage of this benefit, you must:

- apply for guaranteed cover again when you first take out your plan; and
- be under age 65 when you take out your plan.

If your plan is cancelled for any reason before the end date of the benefit you are looking to convert (for example, if you haven't kept up the payments on your plan), this option will not be available to you.

Please see your plan terms and conditions for full details on guaranteed cover again, including any restrictions or exclusions which may apply.

Other services

Comprehensive range of services through LifeCare

The **LifeCare** range of services offers you the following, at no extra cost.



MEDCARE – A SECOND OPINION FOR PEACE OF MIND

- MedCare can help give you peace of mind if you are diagnosed with one of the conditions covered by MediGuide. This means you can have an independent review of your diagnosis and treatment plan from one of a range of leading medical centres around the world.
- This service is also available to your immediate family including your parents and your husband's, wife's or partner's parents.



NURSECARE – SOMEONE TO HELP WHEN YOU'RE NOT SURE WHAT TO DO

- A service for those moments when you aren't sure, for example when your child has a temperature at 2am or you have a burn that's worrying you.
- There are nurses available to talk to you 24 hours a day all year round. They can help you decide the best thing to do, whether that's advice on medication or if you should visit your doctor.
- This service is provided by Intana Assist for our customers.



CLAIMSCARE – SUPPORT IF YOU NEED TO CLAIM

If you need to make a claim, you will have a dedicated member of the claims team to help you through the process. We also offer counselling services from the Clanwilliam Institute to help support you through bereavement or illness.

For more information on the **LifeCare** range of services, log on to www.irishlife.ie/lifecare.

LifeCare gives you access to services provided by other companies which are independent of us. These services are not designed to replace the advice provided by your doctor or your own health professional, but to give you information to help direct you towards the appropriate course of action. Your access to these services depends on their terms and conditions. We accept no responsibility for these services. We may change the service providers or withdraw access to these services in the future.

5. A GUIDE TO MAKING A CLAIM



A GUIDE TO MAKING A CLAIM

HOW TO MAKE A CLAIM FOR LIFE COVER



DECREASING LIFE COVER

- When your family or personal representatives need to make a claim, they should contact your financial adviser or our customer service team on 01 704 1010.
- We will send them a claim form and explain what to do. We will always need a filled-in claim form and the original birth and death certificates.
- We may also need the original plan documents (or other evidence).
- In some circumstances, we will need a certified copy of the will or grant of probate. If there is no will, we may need letters of administration.
- In some situations we may need to get information from your GP.
- When we receive all the documents and information we need, we will normally make a payment within five days.

HOW TO MAKE A CLAIM FOR SPECIFIED ILLNESS COVER



SPECIFIED ILLNESS COVER

- If you need to make a claim, please contact your financial adviser or our customer services team on 01 704 1010. One of our experienced claims assessors will speak to you by phone.
- We will send you a claim form, asking for details of your condition and details of the doctors or consultants you have seen. We will pay all valid claims as soon as possible.
- You will need to let us know that you are making a claim within six months of when your condition is diagnosed or when you had surgery. We will need evidence from your doctor or consultant (or both). In some circumstances, we may ask for other medical examinations or tests to confirm the diagnosis.

HOW TO MAKE A CLAIM FOR BILL COVER



BILL COVER

If you have bill cover on your plan, please contact your financial adviser or our customer services team on 01 704 1010 to tell us when an illness or injury stops you from working.

Please write to us:

- three weeks before the end of the deferred period if the deferred period is eight weeks;
- five weeks before the end of the deferred period if the deferred period is 13 weeks;
- 10 weeks before the end of the deferred period if the deferred period is 26 weeks; or
- 22 weeks before the end of the deferred period if the deferred period is 52 weeks.

We will ask you to fill in a claim form. Part of this claim form will be filled in by your doctor or specialist. Please return these forms to us within two weeks of us sending them out to you. We cannot cover any doctor's or specialist's costs. You have to pay for these.

MULTIPLE BILL COVER CLAIMS – FOR THE SAME CAUSE

If, after a period of incapacity for which we have paid the bill cover benefit for less than the full bill cover claim payment term, you return to work but are then incapacitated from the same cause within the next six calendar months, we will treat the further period of incapacity as a continuation of the original claim payment term. We will then begin to pay incapacity benefits again immediately and no new deferred period will apply.

For example, if you have a bill cover payment

We can only consider a bill cover claim when we have received your fully filled-in claim form and a claim form from your doctor or specialist.

We may ask you to have a medical examination or have other tests to confirm your claim.

We consider all claims carefully and will make a decision on your claim as quickly as possible.

If we do pay a bill cover claim, the payment will end:

- at the end of the claim payment term (two years, five years, or the end of the benefit);
- at the end of the benefit term;
- when you die;
- when you return to work;
- if our chief medical officer decides that you are fit enough to return to work; or
- if you go back to your normal occupation or take up another occupation and you fail to tell us immediately about this;

whichever is earlier.

term of two years and after receiving bill cover benefit for one year you return to work and become incapacitated from the same cause within six months, you can continue your original claim for up to one year if you cannot return to work.

If we have paid a bill cover claim for the full bill cover claim payment term and you return to work but are then incapacitated from the same cause, we will pay a valid claim if you have been back at work for a continuous period of at least six months. A new deferred period will then apply.

If you do not return to work for at least six months, we cannot pay another bill cover claim for the same cause.

MULTIPLE BILL COVER CLAIMS – FOR DIFFERENT CAUSES

If, after a period of incapacity for which we have paid bill cover, you return to work but are then incapacitated from a completely different cause, we will treat the further period of incapacity as a new claim. The deferred period will apply.

For example, if you have a bill cover claim payment term of two years and cannot work due to illness or injury, you will receive bill cover benefit while you are out of work up to two years. If you return to work and are then unable to work due to a completely different cause, we treat this as a new bill cover claim and, if eligible, we will pay you a new claim for up to two years. The deferred period will apply.

For full details of how to make a bill cover claim, please see your plan terms and conditions,

WHAT HAPPENS IF I HAVE BILL COVER AND BECOME UNEMPLOYED?

If you have bill cover and become unemployed, you will not be able to claim if you are unemployed for more than one month. If you want to cancel your bill cover at this point, you may do so. If you do, and then return to work within six months of becoming unemployed, you will be able to start your bill cover again without having to provide any extra medical or health details.

However, if you think you might be returning to work within a very short period of time, you should speak to your financial adviser about your options and whether to cancel your bill cover.

SITUATIONS WHERE WE WILL NOT PAY A CLAIM

We may refuse to pay a claim if you have given incorrect information or did not tell us something that would have affected our assessment of your application when you first took out the plan. You must tell us, in your application form for cover, everything relevant about your health, occupation, hobbies and pastimes. If you do not and you make a claim, we may not pay your benefit.

We will only pay specified illness and terminal illness claims if you are living in the European Union, Australia, Canada, New Zealand, Norway, South Africa, Switzerland or the United States of America. If you move outside of these countries, you must let us know immediately so that we can decide whether your specified illness and terminal illness benefits should continue.

We will pay bill cover claims if you are living in Ireland when you make your claim. If, at the time of your bill cover claim, you are living in any other European Union country, Australia, Canada, New Zealand, Norway, South Africa, Switzerland or the United States of America, we will pay your claim for up to 13 weeks and we will cancel your bill cover, unless you return to live in Ireland. If, at the time of your bill cover claim, you are living in any other country, we will not pay the claim and we will cancel your bill cover benefit.

You must agree as often as necessary to go (in Ireland) to any medical examinations, psychiatric assessment, assessment by an occupational therapist or functional capacity evaluator or any other medical tests (including taking and testing blood, urine or other samples). We may also arrange for somebody to visit you at home.

You should send us any claim forms, medical reports or other claim-related documents in English. If this is not possible, you must provide certified English-language translations (by a professional translation service).

We will take any costs we have to pay for translating or checking claim-related documents provided by you or your doctors from any claim benefits we are due to pay.

We will not pay bill cover and specified illness cover benefits for coma, loss of limb, loss of independence, brain injury due to anoxia or hypoxia (lack of oxygen) and intensive care which needs mechanical ventilation for 10 days in a row, paralysis of a limb, severe burns and third-degree burns or traumatic head injury. And we will not pay limited payments for surgical removal of an eye, severe burns or third-degree burns covering at least 5% of the body surface or the serious accident cover additional payment benefit in the following situations.

- If the injury has been caused by war, riot, revolution, civil commotion or any similar event or by you taking part in a criminal act.
- If the condition was self-inflicted or caused directly or indirectly by you drinking alcohol (if there is a history of alcohol abuse) or taking illegal drugs, or if you failed to follow reasonable medical advice.
- If the injury was caused by you taking part in any of the following dangerous activities: abseiling, bobsleighbing, boxing, caving, flying (except as a paying passenger on a public airline), hang-gliding, horse racing (but not general equestrian activities), motor-car and motor-cycle racing or sports, mountaineering, parachuting, potholing, powerboat racing, rock climbing or scuba diving.

As we do not ask for any medical details about your children before we include them in your plan, we will not pay a children's specified illness cover claim for:

- any medical condition or problem you knew about, or which they had significant symptoms of, before the age of 30 days or before the specified illness cover started; or
- brain injury due to anoxia or hypoxia (lack of oxygen) and intensive care which needs mechanical ventilation for 10 days in a row, before the age of 90 days.

We will send you a summary of the information in your application for cover. You should check this to make sure that you have answered all the questions accurately.

Please see your plan terms and conditions for full details of the situations where we will not pay a claim.

WILL ANY TAX HAVE TO BE PAID ON THE BENEFITS?

Usually tax does not have to be paid on life cover, specified illness cover or bill cover benefits. In some circumstances tax may have to be paid on life cover. For example, if you die within the term of the plan and your life cover is paid to your estate, your beneficiaries may have to pay inheritance tax on the proceeds from the plan. We will not take any tax from bill cover claim payments.

You should ask your tax adviser or your accountant to tell you about the tax situation.

We will collect any levies or taxes set by the Government. The current government levy on life assurance payments is 1% (July 2017).

6. CUSTOMER INFORMATION NOTICE



CUSTOMER INFORMATION NOTICE

Plain English Campaign's Crystal Mark does not apply to this customer information notice.

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INTRODUCTION

This notice is designed to highlight some important details about the plan and, along with the OnePlan Protection booklet, is a guide to help you understand your plan.

Full details on the specific benefits and options that apply to you will be contained in your plan schedule (or certificate of membership, if applicable), Terms and Conditions booklet and personalised customer information notice which you will receive when the contract is in place.

It is important that you should read these carefully when you receive them as certain exclusions and conditions may apply to the benefits and options you have selected.

ANY QUESTIONS?

If you have any questions on the information included in this customer information notice you should contact your financial adviser or your insurer Irish Life, who will deal with your enquiry at our Customer Service Team, Irish Life, Lower Abbey Street, Dublin 1.

A. INFORMATION ABOUT THE POLICY

1. MAKE SURE THE POLICY MEETS YOUR NEEDS!

OnePlan Protection is a regular payment protection plan. OnePlan Protection is designed to offer the cover you need the most at a price you can afford.

You are entering into a commitment to make a regular payment over a relatively long term. Unless you are fully satisfied as to the nature of this commitment having regard to your needs, resources and circumstances, you should not enter into this commitment.

The benefits covered on your plan are:

Decreasing Life Cover – a lump sum pay out which decreases over time in line with your replacement income needs as identified with your adviser.

Bill cover – to help you pay your mortgage or rent and essential bills while you are unable to work.

Specified Illness Cover – a lump sum to help you recover without additional financial worries.

Your financial adviser must indicate whether paragraph **a)** or paragraph **b)** below applies.

- a)** This plan replaces in whole or in part an existing plan with Irish Life, or with another insurer. Your Financial Adviser will advise you as to the financial consequences of such replacement and of possible financial loss as a result. You will be asked at the beginning of your application form to confirm this in writing. Please ensure that you have completed this section of the form and that you are satisfied with the explanations provided by your Financial Adviser before you complete the rest of the application

- b)** This plan does not replace in whole or in part an existing plan with Irish Life or with any other insurer.

2. WHAT HAPPENS IF YOU WANT TO CASH IN THE POLICY EARLY OR STOP PAYING PREMIUMS?

The plan does not acquire a cash or surrender value at any stage.

If you stop making payments, all cover under the plan will end and we will not refund any of your payments.

3. WHAT ARE THE PROJECTED BENEFITS UNDER THE POLICY?

The following payment and benefit details are typical for OnePlan Protection. The figures will obviously vary based on each individual's personal details and choice of protection benefits. This example shows three benefits on the plan, however there are other benefits available on OnePlan Protection. The payment quoted on the next page is correct as at June 2016. Figures for your specific plan details will be shown in your customer information notice in your welcome pack. The figures below are based on the following details.

Protection Benefits	Decreasing Life cover of €350,000 This is a lump sum pay out which decreases over time in line with your replacement income needs
	Specified Illness cover of €30,000
	Life cover and Specified Illness cover is on a dual life basis.
	Bill cover of €750 a month for each life This benefit has a deferred period of 8 weeks and a claim payment term until the end of the term of the benefit. This is to help you pay your mortgage or rent and essential bills while you are unable to work
Lives Covered:	Male, non-smoker aged 38 next birthday. Female, non-smoker aged 37 next birthday.
Payments:	€123.45 a month payable by direct debit
Term	The term of the plan is 20 years.

All figures are exclusive of the 1% government levy.

The plan provides protection benefits up until the end of the term of the plan. The plan does not acquire a cash or surrender value at any stage.

ILLUSTRATIVE TABLE OF PROJECTED BENEFITS AND CHARGES

	A	B	C	D	E = A + B - C - D
Year	€	€	€	€	€
	Total amount of premiums paid into the policy to date	Projected investment growth to date	Projected expenses and charges to date	Projected cost of protection benefits to date	Projected policy value before payment of taxation
1	1,481	0	660	821	0
2	2,963	0	1,271	1,692	0
3	4,444	0	1,828	2,617	0
4	5,926	0	2,329	3,596	0
5	7,407	0	2,774	4,633	0
6	8,888	0	3,164	5,724	0
7	10,370	0	3,494	6,876	0
8	11,851	0	3,759	8,092	0
9	13,333	0	3,959	9,373	0
10	14,814	0	4,088	10,726	0
11	16,295	0	4,143	12,152	0
12	17,777	0	4,143	13,634	0
13	19,258	0	4,143	15,115	0
14	20,740	0	4,143	16,597	0
15	22,221	0	4,143	18,078	0
16	23,702	0	4,143	19,559	0
17	25,184	0	4,143	21,041	0
18	26,665	0	4,143	22,522	0
19	28,147	0	4,143	24,004	0
20	29,520	0	4,143	25,377	0

The payment made through the term of the plan includes the cost of the protection benefits, and all charges, expenses, intermediary remuneration and sales remuneration associated with your plan.

The charges shown in column C include the cost of intermediary/sales remuneration incurred by Irish Life, as described in section 4.

The payments shown exclude any taxes or government levies that may be payable.

4. WHAT INTERMEDIARY/SALES REMUNERATION IS PAYABLE?

The level of intermediary/sales remuneration shown is based on the typical plan outlined in section 3 above. The figures will vary based on the exact plan details in each case. Figures for your specific plan details will be shown in your welcome pack.

ILLUSTRATIVE TABLE OF INTERMEDIARY/SALES REMUNERATION

Year	€	€
	Premium payable in that year	Projected total intermediary/ sales remuneration payable in that year
1	1481	2020
2	1481	0
3	1481	519
4	1481	0
5	1481	0
6	1481	519
7	1481	44
8	1481	44
9	1481	44
10	1481	44
15	1481	44
19	1481	44
20	1373	41

The projected intermediary/sales remuneration shown above includes the

costs incurred by Irish Life in relation to the provision of sales advice, service and support for the plan. These costs are included in the plan charges set out in column C of the illustrative table of projected benefits and charges in section 3.

5. ARE RETURNS GUARANTEED AND CAN THE PREMIUM BE REVIEWED?

In this example, the payment is guaranteed to provide protection cover for the 20 year term assuming no changes to your payment or benefits.

6. CAN THE POLICY BE CANCELLED OR AMENDED BY THE INSURER?

We may cancel your plan if you stop making payments.

You must provide any information or evidence which we need to administer the plan.

If we receive evidence that your date of birth as shown on your application form is incorrect, we will adjust the benefits appropriately.

We may end your cover and refuse to pay a claim if you do not give us information (or if you give us incorrect information) regarding an illness or condition that will affect our assessment of your application for this plan. If that information is not true and complete or if we do not receive all relevant information, we may end your cover and refuse to pay any claim.

If this happens you will lose all rights under the plan and we will not refund your payments. Relevant information includes anything that a reputable insurer might regard as likely to influence the assessment and acceptance of your application. We will provide a copy of the information you gave us in your application or any other forms that you have filled in for us if you ask.

7. INFORMATION ON TAXATION ISSUES?

Under current Irish law (June 2016), tax does not usually have to be paid on life cover, specified illness cover or bill cover benefits, but in some circumstances tax may be due. For example, if the life cover is paid to your estate, your beneficiaries may have to pay inheritance tax (there is no inheritance tax due on an inheritance between a married couple or registered civil partners).

Any taxes or levies imposed by the government will be collected by Irish Life and passed directly to the Revenue Commissioners.

Where the plan is owned by a company or where payments are made by anyone other than the legal owner of the plan, for example from a company or business account, there may be tax implications. In these circumstances we recommend that a financial adviser be consulted regarding any possible taxation implications.

Please contact your Financial Adviser or your tax adviser if you do not fully understand the likely tax treatment of any benefits payable in connection with OnePlan Protection.

We recommend that you seek independent tax advice in respect of your own specific circumstances.

8. ADDITIONAL INFORMATION IN RELATION TO YOUR POLICY

What are the benefits and options provided under this plan?

OnePlan Protection provides valuable protection benefits.

Full details of the benefits you have chosen are set out in your plan schedule and terms and conditions booklet. You should study these documents carefully.

From the 1st anniversary of you taking out your plan, you will have the option to change your level of cover and benefits to help you make sure you have the right level of protection for you and your family - e.g. you can increase or decrease the level of cover on existing benefits; you can increase or decrease the term of your benefits or you can add or remove benefits. Depending on the changes you want to make to your level of cover and benefits, our underwriting team may need more information from you. The cost of your benefits may increase to reflect your new levels of cover, your age or your health status.

What is the term of the contract?

In this example, the plan provides protection benefits for a fixed term of 20 years.

Are there any circumstances under which the plan may be ended?

We may cancel your plan if you stop making payments.

Is there an opportunity to change your mind?

You have an opportunity to cancel this plan if you are not satisfied that the benefits meet your needs. You may do this by writing to our Customer Services team at Irish Life within 30 days of the date we send you the details of your plan. On cancellation all benefits will end and Irish Life will refund your payments.

Law applicable to your plan

Irish Law governs the plan and the Irish Courts are the only courts that are entitled to settle disputes.

What to do if you are not happy or have any questions?

If for any reason you feel that this plan is not right for you, or if you have any questions, you should contact Customer Services team, Irish Life, Lower Abbey Street, Dublin 1 who will deal with your enquiry. Our Customer Services team also operate an internal complaints procedure and any complaints you may have will, in the first instance, be fully reviewed by them. If you feel we have not dealt fairly with your complaint, you should contact the Financial Services Ombudsman at 3rd Floor, Lincoln House, Lincoln Place, Dublin 2.

B. INFORMATION ON SERVICE FEE

There are no charges payable to Irish Life other than those set out in your table of benefits and charges and in your Terms and Conditions booklet.

C. INFORMATION ABOUT THE INSURER/ INSURANCE INTERMEDIARY/SALES EMPLOYEE

Insurer

OnePlan Protection is provided by Irish Life Assurance plc, a company authorised in Ireland. Irish Life Assurance plc is regulated by the Central Bank of Ireland. You can contact us at Irish Life Centre, Lower Abbey Street, Dublin 1, by telephone at 01 704 1010, by fax at 01 704 1900, and by e-mail at customerservice@irishlife.ie. In the interest of customer service, we will record and monitor calls.

Insurance Intermediary / Sales Employee

The Financial Adviser should insert details of their name, legal status, their address for correspondence and a contact telephone number/fax number or e-mail address and where relevant the companies with whom agencies are held.

No delegated or binding authority is granted by Irish Life to your Financial Adviser in relation to underwriting, claims handling or claims settlement.

D. INFORMATION TO BE SUPPLIED TO THE POLICYHOLDER DURING THE TERM OF THE INSURANCE CONTRACT

We at Irish Life are obliged by law to tell you if any of the following events occurs during the term of your contract:

- we change our name;
- our legal status changes;
- our head office address changes;
- an alteration is made to any term of the contract which results in a change to the information given in paragraph A(8) of this document.

Notes





CONTACT US

- PHONE:** 01 704 1010
8am to 8pm Monday to Thursday
10am to 6pm on Fridays
9am to 1pm on Saturdays
- FAX:** 01 704 1900
- EMAIL:** customerservice@irishlife.ie
- WEBSITE:** www.irishlife.ie
- WRITE TO:** Irish Life Assurance plc, Irish Life Centre, Lower Abbey Street, Dublin 1.
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Irish Life Assurance plc is regulated by the Central Bank of Ireland.

In the interest of customer service we will monitor calls.

Irish Life Assurance plc, Registered in Ireland number 152576, VAT number 9F55923G.
