

HEALTH RANGE
OF PLANS



avalon

...healthcare and hospitalisation cash plan
key facts and policy document



Avalon healthcare & hospitalisation cash plan summary of cover

This policy summary outlines the main features, benefits and exclusions of the Avalon Healthcare & Hospitalisation Cash Plan. It does not contain the full terms and conditions, which are set out in the Policy Document.

WHAT IS THE AVALON HEALTHCARE & HOSPITALISATION CASH PLAN?

Avalon Healthcare & Hospitalisation Cash Plan provides you with a range of cash benefits for you to spend as you wish. It is available to anyone between the ages of 16 and 69 attained. Between the ages of 65-74 attained you can join, receiving up to half the standard benefits. With Avalon Healthcare & Hospitalisation Cash Plan you can choose a level of cover to suit your needs and your budget.

AM I ELIGIBLE?

You can take out Avalon Healthcare & Hospitalisation Cash Plan if you are between the ages of 16 and 69 attained and resident in the Republic of Ireland.

WHO PROVIDES THIS COVER?

The Avalon Healthcare & Hospitalisation Cash Plan is provided by Axeria Life International PCC Limited in respect of its Income Protection Cell and governed by English law. APRIL Ireland will be administering this Plan.

AVALON HEALTHCARE & HOSPITALISATION CASH PLAN BENEFITS

	Professional Services Cash Benefits							
LEVEL OF COVER	Dental	Optical	Specialist Consultations	Chiropody	Maternity	GP Expenses	Hearing Aid	Physiotherapy, Acupuncture, Homeopathy, Osteopathy, Chiropractic
BRONZE	€40 per year	€40 per year	€80 per year	€50 per year	€150 per child	€20 per year	€40 per year	€120 per year
SILVER	€80 per year	€80 per year	€160 per year	€100 per year	€300 per child	€40 per year	€80 per year	€240 per year
GOLD	€120 per year	€120 per year	€240 per year	€150 per year	€450 per child	€60 per year	€120 per year	€360 per year
PLATINUM	€160 per year	€160 per year	€320 per year	€200 per year	€600 per child	€80 per year	€160 per year	€480 per year

AVALON HEALTHCARE & HOSPITALISATION CASH PLAN BENEFITS (CONTINUED)

LEVEL OF COVER	Hospital Cash Benefits					
	In Patient Admission	Joint In Patient Admission	Day Case Admission	Accident In Patient Admission	Worldwide In Patient Admission	Accident & Emergency Unit Attendance
BRONZE	€30 per night	€80 per night	€50 per day	€50 per night	€50 per night	€20 per visit
SILVER	€60 per night	€160 per night	€100 per day	€100 per night	€100 per night	€40 per visit
GOLD	€90 per night	€240 per night	€150 per day	€150 per night	€150 per night	€60 per visit
PLATINUM	€120 per night	€320 per night	€200 per day	€200 per night	€200 per night	€80 per visit

LEVEL OF COVER	Additional Care Cash Benefits					Bonus Cash Benefits		
	Nursing Home In Patient Care	Recovery Bonus	Convalescent Home	Home Help	Home Nursing	Sickness & Accident Cash	Serious Injury Cash	Accidental Death Cash
BRONZE	€15 per night	€150 per year	€15 per night	€250 per year	€250 per year	€25 per day	€8,000 lump sum	€8,000 lump sum
SILVER	€30 per night	€300 per year	€30 per night	€500 per year	€500 per year	€50 per day	€16,000 lump sum	€16,000 lump sum
GOLD	€45 per night	€450 per year	€45 per night	€750 per year	€750 per year	€75 per day	€24,000 lump sum	€24,000 lump sum
PLATINUM	€60 per night	€600 per year	€60 per night	€1,000 per year	€1,000 per year	€100 per day	€32,000 lump sum	€32,000 lump sum

Please refer to your certificate of registration for the level of cover chosen

GENERAL TERMS

Please refer to section 'Payment of Premium' in the Policy Document.

Premiums are payable monthly in advance. We reserve the right to alter premiums to reflect changes in the rates or bases of taxation imposed on premiums or the services for which benefit is paid, provided we give you at least thirty (30) days written notice. While any benefits are being paid under the policy, premiums must continue to be paid.

This policy is issued for an initial period of one month from the start date and will be renewed automatically for a further month on payment of each premium as it falls due. Such renewal is conditional on the fact that you are under 75 at the time.

QUALIFYING PERIODS

Please refer to section 'Qualifying Periods' in the Policy Document.

The qualifying period is the period of time immediately following the date you take out the policy, during which you cannot claim benefits and applies to your first year of cover. The following qualifying periods will apply:

Professional Services Cash Benefits

You can claim for the Maternity Benefit after 10 months from the start of the policy. All other Professional Services Cash Benefits can be claimed after 6 months from the start of the Plan.

Hospital Cash Benefits/Joint In Patient Admission

You can claim for Accident In Patient Admission and Accident & Emergency Unit Attendance immediately on starting the Plan. All other Hospital Cash Benefits can be claimed after 6 months from the start of the Plan.

Hospital Cash Benefits are payable for Hospital In Patient Admission, Day Case or Accident and Emergency treatment up to a maximum of one hundred (100) nights/days in any benefit year, at the appropriate rate for the period you are admitted for In Patient Treatment in a recognised hospital or attend an Accident & Emergency unit.

Out of these one hundred (100) nights/days:

- up to five (5) days may be payable for Day Case Admission.
- up to ten (10) days may be payable for nursing home In Patient care (under Additional Care Cash Benefits).
- up to ten (10) nights/days may be payable for maternity In Patient hospital admission, payable after an initial seven (7) nights in hospital.
- up to fifty (50) nights may be payable for Worldwide In Patient Admission.

Additional Care Cash Benefits

You can claim for all Additional Care Cash Benefits after 6 months from the start of the Plan.

Bonus Cash Benefits

You can claim for Serious Injury Cash and Accidental Death Cash immediately on starting the policy. Sickness & Accident Cash Benefit can be claimed after 6 months from the start of the policy.

WHAT IS NOT COVERED?

Please refer to section 'Exclusions' and 'General Terms & Conditions' in the Policy Document.

No benefit will be paid under any section of this policy which is due to any sickness which you knew about, or which is related to a condition for which you consulted a doctor in the two years before the policy start date, unless you have been free from symptoms for that condition for at least two years. This does not apply to optical or dental benefits.

Full details of what you are and what you are not covered for are given in the Policy Document. You may claim for benefits specified in the section titled Benefits, but the right to any benefit will only exist if:

- a) The appropriate qualifying period has been completed.
- b) The treatment is supported by a declaration on the claim form signed by your hospital/specialist/optician/dentist/therapist (as appropriate) for the patient and by you.
- c) The fees are, in our opinion, reasonable and were necessarily incurred.
- d) Every application or request for payment of benefit where a fee has been charged must be supported by all original accounts and bills for your treatment.

If joint cover is taken the benefits are payable to their full value to you, your partner and any number of your children between the ages of 3 and 18; if single cover is chosen half the benefit amount will be payable to any number of your children between the ages of 3 and 18. If you are over the age of 65 when a claim is made, half the benefit amount will be payable. To claim any benefit, your main address must be in the Republic of Ireland. If you leave the Republic of Ireland to live in another country your right to receive benefit will lapse. Equally your children must reside in the Republic of Ireland and at your main address for them to be entitled to any benefit.

Only one type of benefit can be paid under the policy at any one time and no claim can be made for a period during which any benefit under the policy has already been paid.

The following conditions are excluded:

- Any medical condition and associated conditions that existed on the date of commencement (excluding optical or dental benefits).
- Hospitalisation or treatment arising from or related to in-vitro fertilisation, other forms of assisted conception and any related procedures. Specialist consultation benefit will be paid for investigation into the cause of infertility and conventional treatment for it, as defined by our Medical Adviser.
- Hospitalisation or treatment arising from, or related to, dependency on or abuse of, alcohol, drugs or other addictive substances.
- Hospitalisation or treatment arising from, or related to, treatment of sexually transmitted diseases, treatment for AIDS or infection by any human immuno-deficiency virus or any other similar or related condition or syndrome.
- Hospitalisation or treatment arising from, or related to, self-inflicted injuries or disabilities where the intention is to cause self-harm.
- If you are a member of Irish Defence Forces.
- Medical conditions arising from participation in, or an attempt to commit a criminal offence.
- Medical conditions arising from war, invasion, act of foreign enemy hostilities (whether war has been declared or not), civil war, riot, civil commotion, act of terrorism, rebellion, revolution, military force or usurped power; nuclear or chemical contamination.
- Treatment received in health hydros, nature cure clinics or similar establishments or private beds registered as a nursing home attached to these establishments.
- Cosmetic treatment or elective surgery for non-medical reasons, whether for psychological purposes or not.
- Treatment that is not given by a chiropodist, dentist, optician, specialist or therapist.
- Any fees involved in completing claim forms or medical reports we request, other than under the benefit payable for GP expenses.
- Any treatment arising from, or related to, any chronic condition, other than for the optical or dental benefits.
- Mental illness, depression or nervous disorder, including stress or stress related conditions, or psychiatric or geriatric illness.

You are not entitled to benefit if you are unable to work due to Accident or Sickness as a result of:

- Participation in any form of pursuit known to be hazardous, such as professional sport, motor sport, horse racing, scuba diving, mountaineering, potholing, parachuting, bungee jumping, hang-gliding and power-boat racing.
- Flying (other than as a fare paying passenger in a scheduled aircraft), work involving the handling or use of explosives, professional and deep sea diving, offshore oil and gas industry workers, deep sea fishing, underground work of any kind, and those whose work involves operating at heights in excess of 50 feet.
- Any condition which occurs while you are away from the member states of the European Union for a period intended by you to be more than 90 days, or if you cease to be a resident in the Republic of Ireland.

WHEN DOES THE POLICY END?

The policy will cease if:

- You cancel the policy at any time by letting us know in writing.
- You are no longer a resident of the Republic of Ireland.
- You do not maintain payment of your premiums.
- You have reached the age of 75.

CAN I CANCEL THIS COVER?

You have the statutory right to cancel the policy within 30 days of the policy start date. All cancellations must be in writing and sent to: Customer Services, APRIL Ireland, 15 Apex Court, Almondsbury, Bristol, BS32 4JT, United Kingdom.

HOW DO I MAKE A CLAIM?

You must notify APRIL Ireland of your intention to make a claim. APRIL Ireland will issue a claim form which you should complete and return as soon as possible. To request a claim form telephone: 0749 161868.

WHAT SHOULD I DO IF I HAVE A COMPLAINT?

If you have a complaint about the sale, administration or claim of your policy, please contact APRIL Ireland and you will be provided with details of their complaints procedure. If you remain dissatisfied with APRIL Ireland's response in relation to the sale or administration of your policy, you may contact the Irish Financial Services Ombudsman Bureau. If you remain dissatisfied with APRIL Ireland's response in relation to the handling of your claim you may contact Axeria Life International PCC Limited in respect of Income Protection Cell.

If you have a complaint about the policy wording, please contact Axeria Life International PCC Limited in respect of Income Protection Cell and you will be provided with details of our complaints procedure. If you remain dissatisfied with the response of Axeria Life International PCC Limited in respect of Income Protection Cell, you may contact the The Consumer Complaints Manager (Malta) at the Malta Financial Services Authority.

For further information regarding the complaints procedure, please refer to the Policy Document.

DEALING WITH A PROTECTED CELL COMPANY

Axeria Life International PCC Limited ("the Company") is a protected cell company incorporated and authorised in Malta and, for the purposes of this insurance cover, is contracting solely in respect of its Income Protection Cell ("the Cell"). In terms of Maltese law, you and/or any other creditor of the Cell will, in the event that the assets of the Cell have been exhausted, be able to seek further recourse against the assets of the Company that are not attributable to any Cell of the Company ("the Core Assets"). You and/or any other creditor of the Cell are, however, prohibited from seeking to make any claim against any assets of the Company that are attributable to other cells of the Company.

Avalon healthcare & hospitalisation cash plan policy document

This is to certify that we provide cover for the insured policyholder, as named in the Schedule having signed an Application Form which forms the basis of this contract and is deemed to be incorporated herein and on receipt and acceptance of the appropriate premium, in accordance with, and subject to, the eligibility requirements, terms, conditions and exceptions of this policy.

PLEASE NOTE:

You should make sure the information supplied in connection with insurance under this policy is correct to **your** knowledge and belief. **You** should keep a record (including copies of letters) of all information supplied for the purpose of taking out this policy and **you** should supply a copy of this information on request by **us**. Any omission, misrepresentation or false statement of a material fact in **your** application for insurance or any claim could affect the payment of **benefits** under this policy. A material fact is one that is likely to influence the acceptance of **your application** or any claim for insurance. If **you** are unsure whether a fact is material **you** should declare it. If **you** make any claim which **we** consider to be fraudulent, unfounded or exaggerated all **benefits** under this policy will be lost and **we** will seek to recover any **benefits** paid under a claim. **We** may, and **you** agree that **we** may, use video surveillance to investigate any claim that **we** have good reason to believe may be fraudulent.

QUALIFYING PERIOD

The Qualifying Period is the period of time immediately following the date **you** take out the policy, during which **you** cannot claim **benefits** and applies to **your** first year of cover.

Professional Services Cash Benefits

You can claim for the Maternity Benefit after 10 months from the start of the policy. All other Professional Services Cash Benefits can be claimed after 6 months from the start of the policy.

Hospital Cash Benefits

You can claim for Accident In Patient Admission and Accident & Emergency Unit Attendance immediately on starting the Plan. All other Hospital Cash Benefits can be claimed after 6 months from the start of the policy.

Additional Care Cash Benefits

You can claim for all Additional Care Cash Benefits after 6 months from the start of the policy.

Bonus Cash Benefits

You can claim for Serious Injury Cash and Accidental Death Cash immediately on starting the policy. Sickness & Accident Cash Benefit can be claimed after 6 months from the start of the policy.

BENEFITS

You may claim for the specified **benefits** listed below, but the right to any **benefit** will only exist if:-

- the appropriate qualifying period has been completed and the condition for which **you** are claiming did not first arise during that period.
- the treatment is supported by a declaration on the claim form signed by the Hospital/Specialist/Optician/Dentist/Therapist (as appropriate) for the patient and by **you**.
- the fees are reasonable and were necessarily incurred.

Every application or request for payment of **benefit** where a fee has been charged must be supported by all original accounts and bills for **your treatment**. **We** will not pay a **benefit** greater than the actual expenses incurred, and if **you** or any other person covered under **your** policy, are insured for any **treatment** for any of the specified **benefits** with a different insurer **we** will only pay **our** proper share of the claim.

If Joint Cover is taken the **benefits** are payable to their full value to **you**, **your partner** and any number of **your** children between the ages of 3 and 18; if Single Cover is chosen half the **benefit** amount will be payable to any number of **your** children between the ages of 3 and 18. If **you** are over the age of 65 when a claim is made, half the stated **benefit** amount will be payable. To claim any Benefit, **your** main address must be in the Republic of Ireland and if **you** leave the Republic of Ireland to live in another country **your** right to receive **benefit** will lapse. Equally **your** children must reside in the Republic of Ireland and at **your** main address for them to be entitled to any **benefit**. Claims are paid for a maximum of the **benefit period** or expiry of this policy or return to work, if earlier.

TABLE OF BENEFITS

	Bronze	Silver	Gold	Platinum
Dental	€40 per year	€80 per year	€120 per year	€160 per year
Optical	€40 per year	€80 per year	€120 per year	€160 per year
Specialist Consultations	€80 per year	€160 per year	€240 per year	€320 per year
Chiropody	€50 per year	€100 per year	€150 per year	€200 per year
Maternity	€150 per child	€300 per child	€450 per child	€600 per child
Doctor's Expenses	€20 per year	€40 per year	€60 per year	€80 per year
Hearing Aid	€40 per year	€80 per year	€120 per year	€160 per year
Physiotherapy, Acupuncture, Homeopathy, Osteopathy, Chiropractic	€120 per year	€240 per year	€360 per year	€480 per year
In Patient Admission	€30 per night	€60 per night	€90 per night	€120 per night
Joint In Patient Admission	€80 per night	€160 per night	€240 per night	€320 per night
Day Case Admission	€50 per day	€100 per day	€150 per day	€200 per day
Accident In Patient Admission	€50 per day	€100 per day	€150 per day	€200 per day
Worldwide In Patient Admission	€50 per day	€100 per day	€150 per day	€200 per day
Accident & Emergency Unit Attendance	€20 per visit	€40 per visit	€60 per visit	€80 per visit
Nursing Home In Patient Care	€15 per night	€30 per night	€45 per night	€60 per night
Recovery Bonus	€150 per year	€300 per year	€450 per year	€600 per year
Convalescent Home	€15 per night	€30 per night	€45 per night	€60 per night
Home Help	€250 per year	€500 per year	€750 per year	€1,000 per year
Home Nursing	€250 per year	€500 per year	€750 per year	€1,000 per year
Sickness & Accident Cash	€25 per day	€50 per day	€75 per day	€100 per day
Serious Injury Cash	€8,000 lump sum	€16,000 lump sum	€24,000 lump sum	€32,000 lump sum
Accidental Death Cash	€8,000 lump sum	€16,000 lump sum	€24,000 lump sum	€32,000 lump sum

EXPLANATION OF BENEFITS

Accident In Patient Admission

Accident Casualty Admission benefit at the appropriate nightly rate will be made if **you** are admitted to a recognised **hospital** as an immediate casualty admission following an **accident**.

Accidental Death Benefit

Accidental Death **Benefit** at the appropriate rate is payable in the event of **your** death as a result of an **accident**.

Chiropody

Chiropody **benefit** is payable towards the cost of **treatment** with a **chiropodist** for up to five (5) visits per year, up to the appropriate maximum entitlement in any one **benefit year**. Claims will be accepted in respect of **treatment** given by a **chiropodist** who is qualified and registered with an approved professional organisation and recognised by **us**. An original detailed receipted account from the **chiropodist** for the amount paid directly by **you** is required with the claim form.

Convalescent Home

Convalescent Home **benefit**, at the appropriate nightly rate, will be made for a stay in an approved convalescent home within 6 months following discharge from a recognised NHS **hospital** or registered nursing home, for which payment has been made under In Patient admission. Payment will be made up to a maximum of 14 nights for each entitled person in any one **benefit year**.

Dental

Dental **benefit** is payable towards the cost of **dental** check-ups, routine **dental treatment**, crowns, bridges and dentures, orthodontic and periodontal **treatment**, up to the appropriate maximum in any one **benefit year**. An original dated receipt is required with the claim form. **Benefit** is not payable for charges incurred under **dental** care contract schemes.

Doctor Expenses

Doctor Expenses **benefit** is payable towards charges made by a **doctor** for consultations, holiday vaccinations, x-rays and other tests and medical reports.

Hearing Aid

Hearing Aid **benefit** is payable towards charges made by a registered hearing aid dispenser approved by the Hearing Aid Council, for the actual cost of a new hearing aid supplied subject to the appropriate maximum entitlement in any one **benefit year**. Claims must be supported by a detailed receipted account for the amount paid directly to the dispenser.

Home Help

Home Help **benefit** will be paid for local authority domestic home help, up to the appropriate maximum in any one **benefit year**. An original detailed receipted account is required with the claim form. **Benefit** is not paid for any other type of home help.

Home Nursing

Home Nursing **benefit** will be paid after a stay in **hospital** of ten (10) or more consecutive nights for a **nurse**, up to the appropriate maximum in any one **benefit year**. An original detailed receipted account is required with the claim form.

Hospital Day Case Admission

Hospital Day Case Admission **benefit**, at the appropriate daily rate, will be made for each day case admission for **treatment**, investigations or diagnosis in a recognised NHS **hospital** or registered nursing home up to a maximum of 5 admissions in any one **benefit year**. Hospital Day Case Admission **benefit** does not apply to the period immediately prior to or following an overnight In Patient stay for which **benefit** is payable. **Benefit** is not payable in respect of outpatient attendance. Maternity, care for the elderly, psychiatric and hospice day care or respite care are excluded from this **benefit**. Claim forms are required to be submitted fully completed by the relevant **hospital** authority or registered nursing home.

Hospital Cash Benefits

Hospital Cash **Benefits** are payable for **hospital** In Patient Admission, **Day Case** or **Accident and Emergency treatment** up to a maximum of one hundred (100) nights/days in any year, at the appropriate rate for the period **you** are admitted for **In Patient treatment** in a recognised **hospital** or attend an Accident and Emergency unit. Out of these one hundred (100) nights/days: a maximum of five (5) days may be payable for **Day Case treatment**; ten (10) days may be payable for Nursing Home In Patient care; up to fifty (50) nights may be payable for Worldwide In Patient Admission; up to ten (10) nights/days may be payable for maternity In Patient **hospital** admission, payable after an initial seven (7) nights in **hospital**.

Joint In Patient Admission

Joint In Patient **benefit** will be paid whenever **you** and **your** partner are In Patients at the same time in a recognised **hospital** and are both eligible for In Patient **benefits**.

Maternity

Maternity **benefit**, at the appropriate rate is payable on the birth of each child to **you** or **your** partner. Double **benefit** applies if **you** have Joint Cover.

Nursing Home In Patient Care

Nursing Home In Patient Care **benefit** at the appropriate nightly rate will be made for the period **you** are admitted for **In Patient treatment** in a registered nursing home listed by the District Health Authority. This **benefit** is not payable for permanent residence in a nursing home.

Optical

Optical **benefit** is payable towards the cost of sight tests and new prescription glasses (reading, distance, bifocals or varifocals) or new prescription contact lenses, excluding disposable contact lenses, up to the appropriate maximum in any one **benefit year**. An original dated receipt is required with the claim form. **Benefit** is not payable for the supply of lenses purchased under an optical care contract scheme or for medical examination fees, fitting fees or sundries.

Physiotherapy, Osteopathy, Chiropractic, Acupuncture,

Homeopathy Complementary medicine **benefit** for Physiotherapy, Osteopathy, Chiropractic, Acupuncture and Homeopathy is payable for visits to the Therapist each year following referral by **your doctor** up to the appropriate maximum entitlement in any one **benefit year**. Claims will be accepted in respect of **treatment** given by a

Physiotherapist, Osteopath, Chiropractor, Acupuncturist or **Homeopath** who is qualified and registered with an approved professional organisation and recognised by **us**. An original detailed receipted account for the amounts paid directly by **you** for the **treatment** is required with the claim form.

Recovery Bonus

Recovery Bonus **benefit**, at the appropriate rate, will be made after a stay in **hospital** of ten (10) or more consecutive nights. We reserve the right to deduct the sum paid under this benefit if a Convalescent Home **benefit** is subsequently claimed in connection with the same admission.

Serious Injury

Serious injury lump sum **benefit**, at the appropriate rate is payable in the event of the permanent **loss of** use of two **limbs** or the permanent **loss of sight** in both eyes. Half the **benefit** will be paid for the permanent **loss of** use of one **limb** or the permanent **loss of sight** in one eye.

Sickness and Accident

Sickness and **accident benefit** is payable for a maximum of ten (10) subsequent working days once **you** have been away from work due to **acute illness** or **Serious Injury** for more than ten (10) consecutive working days.

Specialist Consultation

Specialist Consultation **benefit** is payable towards the cost of private consultations with a **specialist** physician or surgeon, up to the appropriate maximum entitlement in any one **benefit year**. X-rays, blood tests or other pathology directly connected with the consultation are included within this **benefit**. **Treatment** charges, medical examinations and reports, health-screening services, visits to clinics or **doctors** are excluded from this **benefit**. **You** must be referred to the **specialist** by **your doctor** to claim this **benefit**. An original detailed receipted account from the **specialist** consultant for the amount paid directly by **you** is required with the claim form.

Worldwide In Patient Admission

Worldwide In Patient Admission **benefit**, for business or holiday visits abroad of up to 28 days duration, is limited to emergency admission to **hospital** for overnight **In Patient treatment** or emergency **dental treatment** or emergency consultation with a specialist physician or surgeon. No other **benefit** is payable for services supplied outside the European Union. Claims submitted are subject to this policy document and must be supported where necessary with a translation to English of the details of the claim.

EXCLUSIONS

No **benefit** will be paid under any section of this policy for any event which results from or is made worse, by the following:

- A **pre-existing medical condition**, which means a condition or related condition either:
 - (i) for which **you** received treatment in the 2 years up to and including the policy **start date**, or
 - (ii) which **you** were aware of, or in **our** opinion **you** should have been aware of, during the 2 years up to and including the policy **start date**.
- A Chronic Condition.
- Hospitalisation or **treatment** arising from or related to in-vitro fertilisation, other forms of assisted conception and any related procedures. **Specialist** consultation **benefit** will be paid for investigation into the cause of infertility and conventional **treatment** for it, as defined by **our** medical adviser.
- Hospitalisation or **treatment** arising from or related to dependency on or abuse of alcohol, drugs or other addictive substances.
- Hospitalisation or **treatment** arising from or related to **treatment** of sexually transmitted diseases, **treatment** for AIDS or infection by any human immuno-deficiency virus or any other similar or related condition or syndrome.
- Hospitalisation or **treatment** arising from or related to self inflicted injuries or disabilities where the intention is to cause self-harm.
- If **you** are a member of Irish Defence Forces.
- Medical conditions arising from participation in, or an attempt to commit a criminal offence.
- Medical conditions arising from war, invasion, act of foreign enemy hostilities (whether war is declared or not), civil war, riot, civil commotion, act of terrorism, rebellion, revolution, military force or usurped power; nuclear or chemical contamination.
- **Treatment** received in health hydros, nature cure clinics or similar establishments or private beds registered as a nursing home attached to these establishments.
- **Cosmetic treatment**, or elective surgery for non-medical reasons, whether or not for psychological purposes.
- **Treatment** that is not given by a **chiroprapist, dentist, optician, specialist, or therapist**.
- Any fees involved in completing claim forms or medical reports **we** request other than under the **benefit** payable for **doctor** expenses.
- Any **treatment** arising from or related to any **chronic condition** other than for the optical or **dental benefits**.
- Mental illness, depression or nervous disorder, including stress or stress related **conditions**, or psychiatric or geriatric illness.

ACCIDENT OR SICKNESS

You are not entitled to **benefit** if **you** are unable to work due to **accident** or sickness as a result of:

- participation in any form of pursuit known to be hazardous such as professional sport, motor sport, horse racing, scuba diving, mountaineering, potholing, parachuting, bungee jumping, hang-gliding and power-boat racing, flying (other than as a fare paying passenger in a scheduled aircraft), work involving the handling or use of explosives, professional and deep sea diving, offshore oil and gas industry workers, deep sea fishing, underground work of any kind, professional entertainers and those whose work involves operating at heights in excess of 50 feet.
- anything which occurs while **you** are away from the member states of the European Union for a period intended by **you** to be more than 90 days, or if **you** cease to be resident in the Republic of Ireland.

PAYMENT OF PREMIUM

This policy is issued for an initial period of one month from the **start date** and will be renewed automatically for a further month on payment of each premium as it falls due. The premium is payable on the same day each month and in advance. The premium rate applying to this policy may be varied by **us** giving the policyholder written notice. **You** will receive 30 days notice in writing if the premium payable by **you** is affected. If **you** are receiving benefits under this insurance **you** will need to continue to pay the premium in order to maintain cover under this insurance. In the event that any premium is not paid on the date due, this policy shall terminate automatically. Payment of premium shall entitle the policyholder to be accepted for

cover subject to, and in accordance with, the eligibility requirements, terms, conditions and exceptions of the policy.

ELIGIBILITY REQUIREMENTS

You can take out this insurance cover if **you**, are aged 16 or over and are under 70 and are resident in the Republic of Ireland.

GENERAL TERMS AND CONDITIONS

We will pay any **benefit** directly to **you**. The monthly **benefit** will be paid monthly in arrears provided **you** continue to pay the premium as it falls due. This policy will cover **you** until:

- **You** die.
- **You** reach 75.

The Policy expires on the first of the following events:

- **You** cease to be resident in the Republic of Ireland.
- **You** cease to be (or cease to provide due proof that **you** remain) incapacitated by the accident or sickness in respect of the Sickness & Accident Benefit.

If **you** have an **accident** or develop any illness, which may lead to a claim, **you** must place yourself in the care of a **doctor**, whose advice **you** must follow. A claim for Sickness & Accident Cash will be treated as starting on the first date on which **you** consulted **your doctor**. Only one type of **benefit** can be paid under this policy at any one time and no claims can be made for a period during which any **benefit** under this policy has already been paid.

This policy document cannot be altered or changed, except in writing and signed by **us**. The **benefits** under this policy are personal to **you** and cannot be assigned. This policy has no surrender value.

You may terminate the policy at any time. **We** shall not terminate **your** policy unless **you** fail to pay **your** premium when due or in the event of fraud or nondisclosure, or **we** decide to discontinue the policy. Rights to **benefits** relating to a time prior to the date of termination are unaffected. The parties to this policy may choose the law which shall govern it. In the absence of any agreement to the contrary, this Policy Document is subject to English law. The maximum **benefit** payable by **us** each month under this Policy Document will not exceed €9,600 per month or €32,000 in total. Currently all **benefits** under this policy are non-taxable although this may change in line with any amendments to legislation.

CANCELLATION RIGHTS

You have a statutory right to cancel this policy within 30 days of the policy **start date** if **you** decide it is not suitable for **you**. If **you** cancel this cover within 30 days of the policy **start date** any premium that **you** have paid will be refunded. If cancellation is made after 30 days, there will be no refund of premiums paid. To cancel this policy write to APRIL Ireland at: APRIL Ireland, 15 Apex Court, Almondsbury, Bristol, BS32 4JT, United Kingdom or e-mail: enquiries@april-uk.com or call 0749 161868, quoting **your** name and policy number. **We** may cancel **your** policy if **you** fail to pay **your** premium when due, or due to fraud or non-disclosure

HOW TO CLAIM

Please obtain a claim form from APRIL Ireland, 15 Apex Court, Almondsbury, Bristol, BS32 4JT, United Kingdom. Telephone 0749 161868. **You** must provide **us** with the information stated under each **benefit** and any further information **we** ask for, such as medical certificates or reports. These documents are to be provided at **your** expense. **You** may also be required to have a medical examination when and as often as it may be necessary during the claim and/or payment of a claim. The decision of any independent Medical Advisor appointed by **us** shall be conclusive and binding on both parties. Claim forms should be returned back to APRIL Ireland.

MAKING A COMPLAINT

If **you** have a complaint about the sale, administration or claim of your policy, please contact APRIL Ireland at: APRIL Ireland, 15 Apex Court, Almondsbury, Bristol, BS32 4JT, United Kingdom. Telephone: 0749 161868. If **you** are dissatisfied with APRIL Ireland's response in relation to the sale or administration of your policy, **you** may contact the Irish Financial Services Ombudsman Bureau.

If **you** remain dissatisfied with APRIL Ireland's response in relation to the handling of your claim or you have a complaint about your policy wording, you may contact Axeria Life International PCC Limited in respect of Income Protection Cell at: Axeria Life International PCC Limited in respect of Income Protection Cell, 108 Triq it-Tiben, Swieqi SWQ 3032, Malta. Telephone: +356 2137 7107. If **you** remain dissatisfied with the response of Axeria Life International PCC

Limited in respect of Income Protection Cell, **you** may contact the The Consumer Complaints Manager (Malta) at the Malta Financial Services Authority.

A leaflet explaining the functions of the the Consumer Complaints Manager (MFSA) is also available on request.

The Financial Services Ombudsman Bureau can be contacted direct at the following address: Financial Services Ombudsman Bureau, 32 Upper Merrion Street, Dublin 2, Republic of Ireland.
Telephone: (01) 662 0899.
Email: enquiries@financialombudsman.ie
Website: www.financialombudsman.ie

The Consumer Complaints Manager (MFSA) may be contacted direct at the following address: The Consumer Complaints Manager, Malta Financial Services Authority, Notabile Road, Attard BKR 3000, Malta.
Telephone: (+356) 2548 5313. Email: consumerinfo@mfsa.com.mt
Website: www.mfsa.com.mt/Consumer

Both the Financial Services Ombudsman Bureau and the service of the Consumer Complaints Manager (MFSA) have been set up by law to help settle individual disputes between consumers and financial firms. They can decide if we have acted wrongly and if you have lost out as a result. If this is the case they will tell us how to put things right and whether this involves compensation.

Their service is independent, free of charge and we will always abide by their decisions. The making of a complaint does not affect your right to take legal proceedings.

Axeria Life International PCC Limited (registered in Malta C45566) is a member of the APRIL Group. It is authorised and regulated by the Malta Financial Services Authority.

APRIL Ireland is a trading name of APRIL (Insurety) Ireland Limited (Company Registration No 360638), who is regulated by the Central Bank of Ireland, registered number C29542 and a wholly owned subsidiary of APRIL UK.

APRIL UK (registered in England No. 3179382) is Authorised and Regulated by the Financial Services Authority, registered number 308655.

DEALING WITH A PROTECTED CELL COMPANY

Axeria Life International PCC Limited ("the Company") is a protected cell company incorporated and authorised in Malta and, for the purposes of this insurance cover, is contracting solely in respect of its Income Protection Cell ("the Cell"). In terms of Maltese law, you and/or any other creditor of the Cell will, in the event that the assets of the Cell have been exhausted, be able to seek further recourse against the assets of the Company that are not attributable to any Cell of the Company ("the Core Assets"). You and/or any other creditor of the Cell are, however, prohibited from seeking to make any claim against any assets of the Company that are attributable to other cells of the Company.

MEANING OF WORDS

In this policy document the following words will have the following meanings and are shown in 'bold case' throughout this document:

"Accident" an event which is not reasonably foreseeable, intended or designed (but excluding illness and disease).

"Accident & Emergency treatment" when the patient receives treatment in the Accident and Emergency Department of an approved Department of Health Hospital but does not stay overnight.

"Acupuncturist" means the person carrying on this profession whom we approve and who is a member of the Medical Acupuncture Society.

"Acute Illness" an illness which is not a **chronic condition**.

"Application Form" an Insured's proposal for insurance.

"Benefit" the **benefits** stated in the schedule and described herein.

"Benefit Year" refers to the period commencing from the **start date** of the policy and ending at midnight on the day preceding the anniversary of the Start Date.

"Chiroprapist" refers to a person carrying on this profession in the Republic of Ireland who is assessed by the Department of Health.

"Chiropractor" refers to a person carrying on this profession in the Republic of Ireland who is a member of the Chiropractic Association of Ireland

"Chronic Condition" means a **condition** that occurs prior to the policy **start date** and either continues indefinitely, or cannot be cured or eradicated and which will recur or requires **treatment**.

"Claims handler" APRIL Ireland.

"Condition" means any illness, injury, disease, sickness or medical **condition** you have, including any related illness, injury, disease, sickness or medical **condition**, or any associated symptoms.

"Cosmetic treatment" principally intended to improve the patient's appearance.

"Day case treatment" when **you** receive **treatment**, where **you** need to be in a bed in a **hospital** but it is not necessary for **you** to stay overnight.

"Dental" **Dental conditions** are those which primarily involve a tooth or teeth and their roots.

"Doctor" means a medical practitioner, other than **you** or a member of **your family**, who is registered as a medical practitioner with the General Medical Council and entitled to practice as such in the Republic of Ireland.

"Family" means **your** husband, wife or **partner** of either sex with whom **you** live as if married, or a **relative of you**, or **your** husband, wife or **partner**.

"Hospital" A Department of Health operated establishment (other than a convalescent, nursing or rest home, nursing, self-care or rest section or unit of a hospital) which has accommodation for resident patients with organised facilities for diagnosis and major surgery and which provides a 24 hours a day nursing service by registered nurses.

"In Patient Treatment" when **you** receive **treatment**, where **you** need to be in a bed in a **hospital** and it is necessary for **you** to stay overnight.

"Loss of Limb" Is the permanent loss of use, by physical separation or otherwise, of one or both hands above the wrist and/or one or both feet at or above the ankle.

"Loss of Sight" Is the permanent loss of sight or the mere ability to perceive light, in one or both eyes.

"Optician" An **optician** is, in the Republic of Ireland, a member of the Association of Optometrists Republic of Ireland or Irish Collage of Ophthalmologist Republic.

"Osteopath" An osteopath is a person practising as such in the Republic of Ireland and is a member of the Register of Osteopaths (MRO) or is a member of the College of Osteopaths.

"Partner" refers to the person to whom **you** are married or with whom **you** live on a permanent basis (for a period of at least 10 months) as if **you** were legally married, regardless of gender.

"Physiotherapist" A physiotherapist is a practising physiotherapist who in the UK is state registered or elsewhere is locally recognised.

"Pre-Existing Medical Condition" Means a condition or related condition either:

- (i) for which **you** received treatment in the 2 years up to and including the policy **start date**, or
- (ii) which **you** were aware of, or in **our** opinion **you** should have been aware of, during the 2 years up to and including the policy **start date**.

"Qualifying Period" Means the duration from the **start date** of the claim before any monthly **benefit** becomes payable. The period applicable will be shown in the Schedule.

"Relative" means a brother, sister, ancestor or lineal descendant.

"Serious Injury" A physical or other injury which is caused wholly by an **accident** and which within 12 months of the date of the **accident** results in permanent **loss of limb** or permanent **loss of sight**.

"Specialist" Means a medical practitioner whose name appears on the GMC Specialist Register and holds or has held a substantive or honorary consultant appointment and is practising in the speciality of that appointment, or has been formally recognised by **us** as a **specialist** for the purpose of the plan within the previous five (5) years.

"Start Date" The commencement date shown in the schedule.

"Therapists" Therapists include **chiropractors**, Homeopaths, **osteopaths** and **physiotherapists**.

"Treatment" means receiving advice or undergoing examinations or consultations or receiving medication or long term monitoring, in each case from a **doctor**.

"We, Us or Our" Axeria Life International PCC Limited in respect of its Income Protection Cell.

"You or Your" means the insured named in the Schedule and, if joint cover is chosen, his/her **partner**.

EQUAL STATUS ACT 2000 AND 2004

In accordance with the Equal Status Act 2000 and 2004, we are able to provide, upon request, a TextPhone facility, audio tapes, large print documentation and Braille documentation. Please contact us if you require any of these services to be provided so that we can communicate in an appropriate manner.

DATA PROTECTION ACT – INFORMATION USERS

For the purposes of the Data Protection Act 1998, the Data Controller(s) in relation to any personal data you supply are APRIL Ireland and Axeria Life International PCC Limited. Both are members of the APRIL Group.

Insurance Administration

Your information may be used for the purposes of insurance administration by the insurer, its associated companies and agents and APRIL Ireland. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. Where this happens, we will ensure that anyone to whom we pass your information agrees to treat your information with the same level of protection as if we were dealing with it.

If you give us information about another person, in doing so you confirm that they have given you permission to provide it to us and for us to be able to process their personal data (including any sensitive personal data) and also that you have told them who we are and what we will use their data for, as set out in this notice.

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, you have the right to access and, if necessary, to rectify information held about you.

In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, County Court judgements, bankruptcy orders or repossessions).

Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

Sensitive Data

In order to assess the terms of the insurance contract or administer claims that arise, the insurer and/or APRIL Ireland may need to collect data that the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this policy you will signify your consent to such information being processed by the insurer and/or APRIL Ireland and/or its agents.

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APRIL Ireland Registered Office: Suite 211, Unit 3013, Lake Drive, Citywest Business Campus, Dublin 24. Tel: 0749 161868 - www.april-ireland.com
Axeria Life International PCC Limited in respect of its Income Protection Cell Registered office: 108 Triq it-Tiben, Swieqi, SWQ 3032, Malta - Tel: (+356) 2138 3620.

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