



AmTrust International Underwriters  
An AmTrust Financial Company

# CWU Group Specified Illness Cover

Policy Terms and Conditions



**Halligan**  
INSURANCES

Arranged by Halligan Insurances

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## Introduction

We understand that serious illnesses can strike at any time and this can cause great distress to you and your loved ones. The CWU Group Specified Illness Cover (from now on called the “Plan”) is designed to give you and your family peace of mind from financial worries in the event you become seriously ill from a Specified Illness.

The Plan is underwritten by AmTrust International Underwriters Designated Activity Company registered in Ireland (number 169384) at 6-8 College Green, Dublin 2, D02 VP48, authorised and regulated by the Central Bank of Ireland with reference number C33525.

The Plan is a regular premium arrangement designed to provide a lump sum payment in the event of a Specified Illness occurring. It is not designed to build up a savings or retirement fund.

Your premiums are paid to an AmTrust International Underwriters DAC Policy which has been arranged under the Plan. Premiums are payable regularly throughout your membership of the Plan. Details of the premiums payable are set out in Section 3.

If you propose to join this Plan in complete or partial replacement of an existing policy, please take special care to satisfy yourself that the Plan meets your needs. If you are in doubt about this, please contact your insurer or insurance intermediary.

**It is important that you read these terms and conditions carefully as they explain what you are covered for under the Plan, when you can claim and what exactly each illness is defined as.**

# 1. Definitions

**Child/Children:** All the natural or legally adopted Children of the Insured Person or Partner who are aged between 1 and 21 years at the date a benefit is payable to the Child.

**Commencement Date:** The date on which cover under the policy commences at 00.01.

**Hospital:** Any establishment which is registered or licensed as a medical or surgical hospital and cares for injured or sick people under the supervision of medical practitioners.

**Insured Person:** The Member and/or Partner insured and entitled to benefits under the Plan.

**Insurer:** AmTrust International Underwriters Designated Activity Company registered in Ireland (number 169384) at 6-8 College Green, Dublin 2, D02 VP48, authorised and regulated by the Central Bank of Ireland with reference number C33525.

**Member:** An in-Benefit Member of the Communication Workers Union (CWU).

**Partner:** An in-Benefit living in a spousal type relationship with the Member for 12 or more months at the time the application for cover is made, notified to and accepted by the Insurer when you join the Plan.

## Permanent Neurological Deficit with Persisting Clinical Symptoms:

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the Insured Person's life. Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma. The following are not covered:

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

# 2. Eligibility

All Members of the CWU are eligible to join the Plan provided they are over the age of 18 and under the age of 60. Partners over the age of 18 and under the age of 60 can also choose to join the Plan. Cover is then available to age 65, subject to the policy conditions.

In-Benefit CWU Members who retire are eligible to remain in the scheme once they join the Retired Members Section. Please refer to section 3 to establish the exact benefits available to retired Members.

All of the Insured Person's Children are covered automatically between the ages of 1 and 21 in accordance with the Child benefits stated in Section 3.

All Members, as well as Partners and Children where relevant, must be resident in the Republic of Ireland, United Kingdom, Channel Islands or Isle of Man. If during a 12 month period an Insured Person has been resident outside of an EU country, Australia, Canada, New Zealand or the USA for more than 13 weeks, the policy cover will be invalid and no claim for benefit will be payable.

# 3. Details of the Plan

## 3.1 Costs

The cost of cover is €3.94 per week per Member for existing Members. For new Members aged 18 to 34 joining after 1st September 2017, the cost of cover will be €2.00 per week per Member. This is inclusive of a government levy of currently 1%. The cover may also be extended to the Member's Partner at the same costs as those described above.

The cost of the Plan is to be reviewed on a regular basis. The next review of this Plan will take place on 01/09/2018. The benefits set out in this booklet will be payable for any diagnosis of applicable Specified Illnesses from 01/09/2017.

## 3.2 Benefits

### Full Payment Specified Illness Benefit

The Full Payment Specified Illness Benefit is payable if you suffer and survive any of the below illnesses, provided you have never suffered from that illness or a Related Specified Illness or a Pre-Existing Condition before the Commencement Date of cover. See sections 3.6 and 4 for further information.

Each of the Full Payment Specified Illnesses below is defined in section 4 of this booklet.

- Alzheimer's Disease
- Aorta Graft Surgery
- Aplastic Anaemia
- Bacterial Meningitis
- Balloon Valvuloplasty
- Benign Brain Tumour
- Benign Spinal Cord Tumour
- Blindness
- Cancer
- Cardiomyopathy
- Chronic Lung Disease
- Creutzfeldt-Jakob Disease
- Coma
- Coronary Artery By-Pass Graft
- Deafness
- Dementia
- Encephalitis

- Heart Attack
- Heart Structural Repair
- Heart Valve Replacement Or Repair
- Hiv Infection
- Kidney Failure
- Liver Failure
- Loss of Limbs
- Loss of Speech
- Major Organ Transplant
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paralysis of Limbs
- Parkinson's Disease (Idiopathic)
- Primary Pulmonary Hypertension
- Progressive Supra-Nuclear Palsy
- Pulmonary Artery Graft Surgery
- Systemic Lupus Erythematosus
- Stroke
- Third Degree Burns – covering 20% of the body's surface area
- Traumatic Head Injury

**Note:** No Full Payment Specified Illness Benefit will be payable in respect of Cancer where this condition is diagnosed within the first six months of the Commencement Date of cover under the Plan.

The benefit paid on diagnosis of one of the Full Payment Specified Illnesses above is dependent on the age at which the Full Payment Specified Illness is diagnosed and whether the Member is in-Benefit or retired and, if retired, whether they are a Member of the Retired Members Section of the CWU or not. The benefit and age ranges are set out below.

Age	In-Benefit Members & Partners	Retired Members & Partners in Retired Section	Retired Members & Partners (not in Retired Section)
From age 18 to age 34, inclusive	€50,000	–	–
From age 35 to age 44, inclusive	€45,000	€20,000	–
From age 45 to age 54, inclusive	€20,000	€10,000	€5,000
From age 55 to 65th birthday	€15,000	€5,000	€2,500
Child cover	€20,000	–	–

The Full Payment Specified Illness Benefit is payable only once per Insured Person under the Plan.

### Additional Payment Specified Illness Benefit

In addition, the Insurer will make an independent Additional Payment Specified Illness Benefit payable if you suffer and survive any of the below illnesses, provided you have never suffered from that Additional Payment Specified Illness or a Related Specified Illness or a Pre-Existing Condition before the Commencement Date of cover.

Listed below are the 10 Additional Payment Specified Illnesses the Insurer will cover. Each Additional Payment Specified Illness below is defined in section 5 of this booklet:

- Angioplasty for coronary artery disease
- Brain abscess drained via craniotomy
- Carcinoma in situ – oesophagus, treated by specific surgery
- Carotid artery stenosis (treated by endarterectomy or angioplasty)
- Cerebral arteriovenous malformation – treated by craniotomy or endovascular repair
- Ductal carcinoma in situ – breast, treated by specific surgery
- Loss of one limb
- Low-level prostate cancer with specific treatment
- Third-degree burns - covering at least 5% of the body's surface
- Surgical removal of one eye

**Note:** No Additional Payment Specified Illness Benefit will be payable in respect of Carcinoma in situ-breast, Carcinoma in situ-oesophagus or Low-level prostate cancer with a Gleason Score between 2 and 6 where any of these conditions is diagnosed within the first six months of the Commencement Date of cover under the Plan. In such circumstances cover in respect of these illnesses ceases.

The benefit paid on diagnosis of one of the Additional Payment Specified Illnesses above is dependent on the age of the Member or their Partner and whether they are an in-Benefit Member or a retired Member. The benefit and age ranges are set out below.

Age	In-Benefit Members & Partners	Retired Members & Partners in Retired Section	Retired Members & Partners (not in Retired Section)
From age 18 to age 34, inclusive	€10,000	–	–
From age 35 to age 44, inclusive	€7,500	–	–
From age 45 to age 54, inclusive	€5,000	–	–
From age 55 to 65th birthday	€2,500	–	–
Child cover	€5,000	–	–

The Additional Payment Specified Illness Benefit is payable only once per Insured Person under the Plan.

### 3.3 Child Cover

Children's Specified Illness Benefit applies to all the natural or legally adopted Children of the Insured Person who are aged between 1 and 21 years at the date the benefit is payable.



This benefit remains in force for as long as there is Full Payment Specified Illness Cover in force on the Insured Person. Advance Benefit Payment also applies (see section 3.4).

The Child Full Payment Specified Illness Benefit is only payable once in respect of any Child under the Plan.

The Child Additional Payment Specified Illness Benefit is only payable once in respect of any Child under the Plan.

No claim for a Child's Full Payment Specified Illness Benefit (see section 4) or Additional Payment Specified Illness Benefit (see section 5) is payable if the claim is, in the opinion of the Insurer's Chief Medical Officer, due to any illness or medical condition which existed whether symptoms were present or not:

- Since the date of birth of the Child; or
- Before the Commencement Date of cover; or
- Before the date the Child was legally adopted; or
- Before the date the Child was 1 year old.

### 3.4 Advance Benefit Payment

If an Insured Person is making a claim in relation to Aorta Graft Surgery, Coronary Artery Bypass Grafts, Heart Structural Repair, Heart Valve Replacement or Repair or Pulmonary Artery Graft Surgery and the claim is accepted by the Insurer, the Insurer will make a payment in advance of the Insured Person undergoing surgery if a Consultant Physician of a major Irish or United Kingdom Hospital confirms to the Insurer's Chief Medical Officer's satisfaction that the surgery is necessary for medical reasons and the Insured Person is on a Hospital waiting list.

An amount of €15,000 or 50% of the Benefit amount, whichever is lower, will be paid for adults and €7,500 for Children. Only one claim can be made under this provision. The Full Payment Specified Illness Benefit amount will be reduced by the amount of the Advance Benefit Payment and the balance of the Full Payment Specified Illness Benefit amount will become payable when the Insured Person actually undergoes the surgery.

### 3.5 Survival period

The Insured Person/Child who claims must survive for 14 days from the date the Specified Illness is diagnosed or surgery took place before a payment can be made. In the event of death within this period, no benefit is payable.

### 3.6 Related Specified Illnesses and Pre-Existing Conditions

Members can apply to join the Plan without providing any medical information if they join the Plan at the first available opportunity. However due to this concession, restrictions apply in relation to Related Specified Illnesses and Pre-Existing Conditions on the following basis (these restrictions will also apply to your Partner/Child, where applicable).

#### (I). Related Specified Illnesses

Where you have previously suffered, at any time prior to the Commencement Date of cover from one of the Specified Illnesses you will never be covered for that illness and cannot therefore claim for that illness.

The Related Specified Illnesses set out in this section are examples of Related Specified Illnesses which, in the opinion of the Insurer's Chief Medical Officer, result directly or indirectly from a Specified Illness. They do not limit the range of Related Specified Illnesses from which the Insurer's Chief Medical Officer can decide a Specified Illness has resulted from.

For example, if you underwent Coronary Artery By-pass Graft surgery in 2015 and you joined the Plan in 2016, you will never be covered for and cannot claim in respect of Heart Attack, Stroke, Cardiomyopathy, Coronary Artery By-pass Grafts, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Heart Valve Replacement or Repair and Balloon Valvuloplasty. You are covered for the remaining Specified Illnesses.

For Insured Persons who join the Plan on or after the 1st September 2017, the Related Specified Illness restriction applies from the date that they join the Plan.

The following are examples of Related Specified Illnesses, meaning that if you have suffered from or undergone any of the Specified Illnesses in each box prior to the Commencement Date of cover you cannot claim for any of the other Specified Illnesses in the same box.

- |  |
|--|
| <ul style="list-style-type: none"> <li>• Heart Attack</li> <li>• Stroke</li> <li>• Cardiomyopathy</li> <li>• Coronary Artery By-Pass Grafts</li> <li>• Angioplasty for coronary artery disease</li> <li>• Heart Transplant (under Major Organ Transplant)</li> <li>• Carotid Artery Stenosis (treated by endarterectomy or angioplasty)</li> <li>• Heart Valve Replacement or Repair</li> <li>• Balloon Valvuloplasty</li> </ul> |
| <ul style="list-style-type: none"> <li>• Muscular Dystrophy</li> <li>• Paralysis</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Stroke</li> <li>• Cerebral arteriovenous malformation - treated by craniotomy or endovascular repair</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Liver Failure</li> <li>• Liver Transplant (under Major Organ Transplant)</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Kidney Failure</li> <li>• Kidney Transplant (under Major Organ Transplant)</li> <li>• Systemic Lupus Erythematosus</li> </ul>   |

<ul style="list-style-type: none"> <li>• Bacterial Meningitis</li> <li>• Encephalitis</li> <li>• Brain Abscess</li> </ul>
<ul style="list-style-type: none"> <li>• Cancer</li> <li>• Carcinoma in Situ – Breast</li> </ul>
<ul style="list-style-type: none"> <li>• Cancer</li> <li>• Carcinoma in Situ – Oesophagus</li> </ul>
<ul style="list-style-type: none"> <li>• Cancer</li> <li>• Low Level Prostate Cancer with Gleason score between 2 and 6</li> </ul>
<ul style="list-style-type: none"> <li>• Alzheimer's disease</li> <li>• Dementia</li> </ul>
<ul style="list-style-type: none"> <li>• Chronic Lung Disease</li> <li>• Lung Transplant (under Major Organ Transplant)</li> </ul>
<ul style="list-style-type: none"> <li>• Aplastic Anaemia</li> <li>• Cancer</li> <li>• Bone Marrow Transplant (under Major Organ Transplant)</li> </ul>

## (II). Pre-Existing Conditions

If one of the Specified Illnesses covered occurs within two years of the Commencement Date of cover, and prior to the Commencement Date of cover you suffered from a related Pre-existing Condition (see sections 4 and 5), cover for that Specified Illness shall cease and no benefit shall be payable.

For example, a claim would not be paid and cover for heart attack will cease in the event of a heart attack occurring in the first two years of cover, if prior to the Commencement Date of cover you had suffered from diabetes.

Being a diabetic before the Commencement Date of cover means that if you suffer a Heart Attack, Stroke, Cardiomyopathy, Coronary Artery By-pass Grafts, Angioplasty for Coronary Artery Disease, Blindness, Coma, Kidney Failure, Major Organ Transplant, Loss of one Limb, Carotid Artery Stenosis or Loss of Hands or Feet in the first two years of cover, a claim will not be paid and cover for that Specified Illness will cease.

It should be noted that this limitation only arises if the event occurs within the first 2 years of cover. Thus a diabetic who first suffers a heart attack three years after the Commencement Date of cover will be eligible to claim.

For Insured Persons who join the Plan on or after the 1st September 2017, the Pre-Existing Condition restriction applies from the date they join the Plan.

The Pre-Existing Conditions set out in sections 4 and 5 are examples of Pre-Existing Conditions from which the relevant Specified Illness is regarded as resulting and do not limit the range of Pre-Existing Conditions from which the Insurer's Chief Medical Officer can decide a Specified Illness has resulted from.

No Full Payment or Additional Payment Specified Illness Benefit will be payable in respect of Cancer, Carcinoma in Situ-Breast, Carcinoma in Situ-Oesophagus or Low Level Prostate Cancer with a Gleason Score between 2 and 6 where any of these conditions is diagnosed within the first six months of the Commencement of cover under the Plan. In such circumstances cover in respect of Cancer, Carcinoma in Situ-Breast, Carcinoma in Situ-Oesophagus or Low Level Prostate Cancer with a Gleason Score between 2 and 6 ceases and no benefit shall be payable.

## 4. Full Payment Specified Illnesses and Pre-Existing Conditions

This section outlines the policy definition of the Full Payment Specified Illnesses that are covered under the Plan and information on Pre-Existing Conditions that preclude cover in the event of Full Payment Specified illness occurring within the first two years of the Commencement Date of cover.

If an Insured Person has been diagnosed with one of the Specified Illnesses below or suffered from the related Pre-Existing Conditions prior to the date they joined the Plan, the Insured Person can never claim for that Specified Illness under this Plan.

All Full Payment Specified Illnesses and Additional Payment Specified Illnesses require the definite diagnosis by a Consultant of a major Irish or United Kingdom Hospital, verified by the Insurer's Chief Medical Officer, of the first occurrence of any of the Specified Illnesses as defined in this section after the Commencement Date of cover.

Specified Illness	Policy Definition	Pre-Existing Conditions related to the Specified Illness
Alzheimer's disease – resulting in permanent symptoms	<p>A definite diagnosis of Alzheimer's disease by a Consultant Neurologist of a major Irish or United Kingdom Hospital. There must be permanent clinical loss of the ability to do all of the following:</p> <ul style="list-style-type: none"> <li>remember;</li> <li>reason; and</li> <li>perceive, understand, express and give effect to ideas.</li> </ul> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> <li>Alzheimer's Disease secondary to alcohol or drug abuse</li> </ul>	Amnesia or memory loss, cognitive impairment
Aorta Graft Surgery – for disease or traumatic injury	<p>The undergoing of surgery to the aorta with excision and surgical replacement of a portion of the aorta with a graft. The term aorta means the thoracic and abdominal aorta but not its branches.</p> <p>For the above definition, the following are not covered: Any other surgical procedure, for example the insertion of stents or endovascular repair.</p>	Aortitis, aortic aneurism or dissection, hereditary vascular disorders such as Marfan's syndrome, Ehlers-danlos syndrome -but not limited to these-, peripheral artery disease, diabetes, chronic hypertension or syphilis.
Aplastic Anaemia - of specified severity	<p>A definite diagnosis by a Consultant Haematologist of a major Irish or United Kingdom Hospital of permanent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia and requires as a minimum one of the following treatments:</p> <ul style="list-style-type: none"> <li>Blood transfusion;</li> <li>Bone-marrow transplantation;</li> <li>Immunosuppressive agents;</li> <li>Marrow Stimulating agents.</li> </ul> <p>All other forms of anaemia are specifically excluded.</p>	High dose radiation or chemotherapy treatment, exposure to environmental toxins such as gasoline, paint or industrial solvents.
Bacterial Meningitis - resulting in permanent symptoms	<p>A definite diagnosis of Bacterial Meningitis by a Consultant Neurologist of a major Irish or United Kingdom Hospital causing inflammation of the membranes of the brain or spinal cord resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms.</p> <p>All other forms of meningitis including viral meningitis are not covered.</p>	Osteomyelitis of the skull or Tuberculosis.
Balloon Valvuloplasty	The actual insertion, on the advice of a Consultant Cardiologist of a major Irish or United Kingdom Hospital, of a balloon catheter through the orifice of one of the valves of the heart, and the inflation of the balloon to relieve valvular abnormalities.	Any disease or disorder of the aortic, mitral, pulmonary or tricuspid valve(s); rheumatic fever, endocarditis, atrial or ventricular septal defect, patent ductus arteriosus, Fallot's Tetralogy, Epstein's anomaly or any congenital or acquired structural cardiac abnormality.



Specified Illness	Policy Definition	Pre-Existing Conditions related to the Specified Illness
Benign brain tumour - resulting in permanent symptoms or requiring surgery	<p>A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms. The diagnosis must be made by a Consultant Neurologist or Neurosurgeon of a major Irish or United Kingdom Hospital and must be supported by CT, MRI or histopathological evidence.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>● Tumours in the pituitary gland</li> <li>● Angiomas</li> </ul> <p>The requirement for Permanent Neurological Deficit with Persisting Clinical Symptoms will be waived if the benign brain tumour is removed by invasive surgery or treated by stereotactic radiosurgery.</p>	Epilepsy, unilateral neural deafness, fits or blackouts, double vision, Von Recklinghausen's disease or tuberous sclerosis.
Benign spinal cord tumour – resulting in permanent symptoms or requiring surgery	<p>A non-malignant tumour of the spinal canal or spinal cord, causing pressure and/or interfering with the function of the spinal cord which requires surgery or results in Permanent Neurological Deficit with Persisting Clinical Symptoms. The diagnosis must be made by a Consultant Neurologist or Neurosurgeon of a major Irish or United Kingdom Hospital and must be supported by CT, MRI or histopathological evidence.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>● Angiomas</li> <li>● Prolapsed or herniated intervertebral disc</li> </ul> <p>The requirement for Permanent Neurological Deficit with Persisting Clinical Symptoms will be waived if the benign spinal cord tumour is removed by invasive surgery or treated by stereotactic radiosurgery.</p>	Von Recklinghausen's disease or tuberous sclerosis.
Blindness – permanent and irreversible	Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.	Diabetes, glaucoma, hysteria, severe myopia, congenital nystagmus, retrobulbar or optic neuritis or retinitis pigmentosa

Specified Illness	Policy Definition	Pre-Existing Conditions related to the Specified Illness
Cancer – excluding less advanced cases	<p>Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>● All cancers which are histologically classified as any of the following: <ul style="list-style-type: none"> <li>» pre-malignant,</li> <li>» non-invasive,</li> <li>» cancer in situ,</li> <li>» having either borderline malignancy; or</li> <li>» having low malignant potential.</li> </ul> </li> <li>● All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.</li> <li>● Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.</li> <li>● Any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).</li> <li>● All forms of lymphoma in the presence of any Human Immunodeficiency Virus.</li> <li>● Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus.</li> </ul>	<p>Polypsis coli, familial polypsis of the colon, Crohn's disease, ulcerative colitis, Barrett's Oesophagus, Carcinoma in situ, a history of elevated prostate specific antigen (PSA) above 4.0 ng/ml, Bowen's disease or leukoplakia, chronic liver infection or disease.</p>

Specified Illness	Policy Definition	Pre-Existing Conditions related to the Specified Illness
Cardiomyopathy - of specified severity	<p>A definite diagnosis by a Consultant Cardiologist from a major Irish or United Kingdom Hospital of cardiomyopathy resulting in permanently impaired ventricular function such that the ejection fraction is 40% or less for at least 6 months when stabilised on therapy advised by the Consultant. The diagnosis must also be evidenced by:</p> <ul style="list-style-type: none"> <li>● electrocardiographic changes; and</li> <li>● echocardiographic abnormalities.</li> </ul> <p>The evidence must be consistent with the diagnosis of cardiomyopathy.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>● all other forms of heart disease and/or heart enlargement;</li> <li>● myocarditis; and</li> <li>● cardiomyopathy secondary to alcohol or drug abuse.</li> </ul>	<p>Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects. Any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, endocarditis, diabetes, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation or hypertension, Granulomatous disease e.g. sarcoidosis, Wegener's granulomatosis, Infiltrations, e.g. heart tumours (primary), scleroderma, inflammatory process, e.g. carditis, myocarditis, collagenosis, post-cardiotomy syndrome, post-myocardial infarction syndrome, metabolic disorders, e.g. malnutrition, nutritional disorders (beri beri), family storage disorders, myopathies, e.g. progressive muscular dystrophy, neuropathies, e.g. Friedreich's ataxia Obliterative (OCM) in conjunction with amyloidosis, endocardial fibrosis, fibroelastosis, Löffler's disease, haemochromatosis, hypothyroidism, chemotherapy or radiotherapy for cancer.</p>
Chronic Lung Disease - of specified severity	<p>Confirmation by a Consultant Physician of a major Irish or United Kingdom Hospital of chronic lung disease which is evidenced by all of the following:</p> <ul style="list-style-type: none"> <li>● The need for continuous daily oxygen therapy on a permanent basis. Evidence that oxygen therapy has been required for a minimum period of six months;</li> <li>● FEV1 being less than 40% of normal;</li> <li>● Vital Capacity less than 50% of normal.</li> </ul>	<p>Emphysema, Cystic Fibrosis, Pulmonary Fibrosis, Chronic Asthma, Chronic Bronchitis, fibrosing alveolitis (cryptogenic and allergic) emphysema, fibrosing lung disorders, other systemic disorders that produce pulmonary fibrosis such as sarcoid or pulmonary fibrosis as a result of exposure to extrinsic organic or inorganic agents.</p>
Creutzfeld-Jacob Disease (CJD) – resulting in permanent symptoms	<p>A definite diagnosis of Creutzfeld-Jacob disease by a Consultant Neurologist of a major Irish or United Kingdom Hospital resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms.</p>	<p>A history of involuntary movements, treatment with human growth hormone treatment prior to 1985.</p>

Specified Illness	Policy Definition	Pre-Existing Conditions related to the Specified Illness
Coma - resulting in permanent symptoms	<p>A state of unconsciousness with no reaction to external stimuli or internal needs which:</p> <ul style="list-style-type: none"> <li>requires the use of life support systems for a continuous period of at least 96 hours; and</li> <li>results in Permanent Neurological Deficit with Persisting Clinical Symptoms.</li> </ul> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> <li>Coma secondary to alcohol or drug abuse</li> </ul>	Physical head injury or concussion, epilepsy, diabetes mellitus, aneurysm, stroke or transient cerebral ischaemia, any obstructive or occlusive arterial or vascular disease, hepatic encephalopathy.
Coronary artery by-pass grafts - with surgery to divide the breastbone	<p>The undergoing of heart surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist of a major Irish or United Kingdom Hospital to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>balloon angioplasty;</li> <li>atherectomy;</li> <li>rotaablation;</li> <li>insertion of stents;</li> <li>laser treatment.</li> </ul>	Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects. Any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, diabetes, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation or hypertension.
Deafness – permanent and irreversible	<p>Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.</p>	Any disorder or disease of the inner or middle ear or the acoustic nerve including meniere's disease, labyrinthitis or tinnitus.
Dementia – resulting in permanent symptoms	<p>A definite diagnosis of dementia by a Consultant Neurologist of a major Irish or United Kingdom Hospital. There must be progressive and permanent clinical loss of the ability to do all of the following:</p> <ul style="list-style-type: none"> <li>remember;</li> <li>reason; and</li> <li>perceive, understand, express and give effect to ideas.</li> </ul> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> <li>Dementia secondary to alcohol or drug abuse</li> </ul>	Organic brain disease, circulatory brain disorder, disease of the central nervous system, epilepsy, amnesia or memory loss, cognitive impairment, aphasia or psychosis.
Encephalitis - resulting in permanent symptoms	<p>A definite diagnosis of Encephalitis by a Consultant Neurologist or Geriatrician of a major Irish or United Kingdom Hospital resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms.</p> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> <li>Myalgic Encephalomyelitis (ME)</li> <li>Encephalitis in the presence of any Human Immunodeficiency Virus</li> </ul>	Tuberculosis (TB)

Specified Illness	Policy Definition	Pre-Existing Conditions related to the Specified Illness
Heart attack - of specified severity	<p>Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:</p> <ul style="list-style-type: none"> <li>• Typical clinical symptoms (e.g. characteristic chest pain).</li> <li>• New characteristic electrocardiographic changes.</li> <li>• The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher; Troponin T&gt;1.0ng/ml AccuTnl&gt;0.5ng/ml or equivalent threshold with other Troponin I methods.</li> <li>• The evidence must show a definite acute myocardial infarction.</li> </ul> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>• Other acute coronary syndromes including but not limited to angina.</li> </ul>	Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects. Any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, diabetes, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation or hypertension.
Heart structural repair with surgery to divide the breastbone	<p>The undergoing of heart surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist of a major Irish or United Kingdom Hospital, to correct any structural abnormality of the heart.</p> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> <li>• Heart valve replacement or repair</li> </ul>	Any disease or disorder of the aortic, mitral, pulmonary or tricuspid valve(s); ventricular aneurysm, constrictive pericarditis, rheumatic fever, endocarditis, atrial or ventricular septal defect, patent ductus arteriosus, Fallot's Tetralogy, Epstein's anomaly or any congenital or acquired structural cardiac abnormality.
Heart valve replacement or repair - with surgery to divide the breastbone	<p>The undergoing of heart surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist of a major Irish or United Kingdom Hospital to replace or repair one or more heart valves.</p>	Any disease or disorder of the aortic, mitral, pulmonary or tricuspid valve(s); rheumatic fever, endocarditis, atrial or ventricular septal defect, patent ductus arteriosus, Fallot's Tetralogy, Epstein's anomaly or any congenital or acquired structural cardiac abnormality.



Specified Illness	Policy Definition	Pre-Existing Conditions related to the Specified Illness
HIV infection – Caught in an EU country, Australia, Canada, New Zealand, or the United States of America from a blood transfusion, a physical assault or at work	<p>Infection by Human Immunodeficiency Virus resulting from:</p> <ul style="list-style-type: none"> <li>• a blood transfusion given as part of medical treatment; or</li> <li>• a physical assault; or</li> <li>• artificial insemination or in-vitro fertilisation given as part of medical treatment; or</li> <li>• an incident occurring during the course of performing normal duties of employment after the Commencement Date of cover and satisfying all of the following: <ul style="list-style-type: none"> <li>• the incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures;</li> <li>• where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident;</li> <li>• there must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.</li> </ul> </li> </ul> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> <li>• HIV infection resulting from any other means, including sexual activity or drug abuse.</li> </ul>	Haemophilia (for blood transfusion only)
Kidney failure – requiring ongoing dialysis	<p>Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is necessary.</p> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> <li>• Kidney failure secondary to alcohol or drug abuse</li> </ul>	Hypertension, polycystic kidney disease, glomerulonephritis, diabetes, nephrotic syndrome, or pre-existing renal impairment with raised serum creatinine.
Liver Failure – Irreversible and End Stage	<p>Chronic liver disease, being end stage and irreversible liver failure due to cirrhosis and resulting in all of the following:</p> <ul style="list-style-type: none"> <li>• permanent jaundice,</li> <li>• ascites; and</li> <li>• hepatic encephalopathy.</li> </ul> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> <li>• Liver Failure secondary to alcohol or drug abuse.</li> </ul>	Fibrosis, primary biliary cirrhosis, Wilson's disease, chronic hepatitis, cirrhosis, liver tumours, thalassaemia major, immune deficiency diseases, sickle cell anaemia, sarcoidosis, sclerosing cholangitis, haemochromatosis, myeloproliferative disease (polycythaemia vera, thrombocythaemia), neutropenia, pancreatitis or chronic kidney disease.
Loss of hands or feet – permanent physical severance	Permanent physical severance of any combination of 2 or more hands or feet at or above the wrist or ankle joints.	Diabetes or peripheral vascular disease.
Loss of speech – permanent and irreversible	Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.	Stroke, transient ischaemic attack (TIA) or chronic laryngitis.

Specified Illness	Policy Definition	Pre-Existing Conditions related to the Specified Illness
Major organ transplant – specified organs	<p>The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official Ireland or United Kingdom waiting list for such a procedure.</p> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> <li>• Transplant of any other organs, parts of organs, tissues or cells.</li> <li>• Major Organ Transplant secondary to alcohol or drug abuse</li> </ul>	<p>Congestive cardiac failure, coronary artery disease, left ventricle failure, hypertensive heart disease, any congenital or acquired structural cardiac abnormalities, diabetes, cystic fibrosis, fibrosing alveolitis (cryptogenic and allergic) emphysema, fibrosing lung disorders, primary biliary cirrhosis, Wilson's disease, chronic hepatitis, cirrhosis, liver tumours, thalassaemia major immune deficiency diseases, sickle cell anaemia, ischaemic heart disease, sarcoidosis, sclerosing cholangitis, haemochromatosis, myeloproliferative disease (polycythaemia vera, thrombocythaemia), neutropenia, chronic liver disease, Budd-Chiari Syndrome, pancreatitis or chronic kidney disease.</p>
Motor neurone disease – resulting in permanent symptoms	A definite diagnosis of motor neurone disease by a Consultant Neurologist of a major Irish or United Kingdom Hospital. There must be permanent clinical impairment of motor function.	Muscle weakness in any limb.
Multiple sclerosis – with persisting symptoms	A definite diagnosis of Multiple Sclerosis by a Consultant Neurologist of a major Irish or United Kingdom Hospital. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.	<p>Any form of neuropathy, encephalopathy or myelopathy (disorders of function of the nerves) including but not restricted to, abnormal sensation (numbness) of the extremities, trunk and face, weakness or clumsiness of a limb, double vision, partial blindness, ocular palsy, vertigo (dizziness) or difficulty of bladder control.</p> <p>Retrobulbar or optic neuritis, facial paraesthesia, numbness or tingling of upper or lower limbs, trigeminal neuralgia, diplopia, unilateral weakness of lower limbs or incoordination of movement or speech.</p>
Muscular Dystrophy – resulting in permanent symptoms	A definite diagnosis by a Consultant Neurologist of a major Irish or United Kingdom Hospital of muscular dystrophy resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms.	Muscle weakness in any limb, family history of Muscular Dystrophy in a biological parent or sibling.
Paralysis of limbs – total and irreversible	Total and irreversible loss of muscle function to the whole of any 2 limbs.	Spinal cord injury, stroke or transient ischaemic attack (TIA), multiple sclerosis, neurodegenerative diseases such as amyotrophic lateral sclerosis, progressive supranuclear palsy.

Specified Illness	Policy Definition	Pre-Existing Conditions related to the Specified Illness
Parkinson's disease (idiopathic) – resulting in permanent symptoms	<p>A definite diagnosis of idiopathic Parkinson's Disease by a Consultant Neurologist of a major Irish or United Kingdom Hospital.</p> <p>There must be permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability.</p> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> <li>● Parkinson's Disease secondary to alcohol or drug abuse</li> </ul>	Tremor
Primary Pulmonary Hypertension – of specified severity	<p>A definite diagnosis of Primary Pulmonary Hypertension by a Consultant Cardiologist of a major Irish or United Kingdom Hospital. There must be substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classifications of functional capacity*.</p> <p>* NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.</p>	None specified
Progressive Supra-nuclear Palsy – resulting in permanent symptoms	A definite diagnosis by a Consultant Neurologist of a major Irish or United Kingdom Hospital of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.	Organic brain disease, circulatory brain disorder, disease of the central nervous system, epilepsy, amnesia or memory loss, aphasia, psychosis, muscle weakness in any limb, double vision, partial blindness.
Pulmonary Artery Graft Surgery - with surgery to divide the breastbone	The actual undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiothoracic Surgeon of a major Irish or United Kingdom Hospital for a disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.	None specified
Systemic Lupus Erythematosus – of specified severity	<p>A definite diagnosis of systemic lupus erythematosus by a Consultant Rheumatologist of a major Irish or United Kingdom Hospital resulting in either of the following:</p> <ul style="list-style-type: none"> <li>● Permanent Neurological Deficit with Persisting Clinical Symptoms and disability, or</li> <li>● Permanent impairment of kidney function tests as follows: <ul style="list-style-type: none"> <li>» Glomerular Filtration Rate (GFR) below 30ml/min</li> <li>» Abnormal urinalysis showing proteinuria or haematuria</li> </ul> </li> </ul> <p>Headaches, fatigue, lethargy or any symptoms of psychological or psychiatric origin will not be accepted as evidence of permanent deficit of the neurological system.</p>	Anti-phospholipid syndrome, Discoid Lupus, scleroderma, polyarteritis nodosa, dermatomyositis, mixed connective tissue disease, Wegener's Granulomatosis.

Specified Illness	Policy Definition	Pre-Existing Conditions related to the Specified Illness
Stroke – resulting in permanent symptoms	<p>Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>• Transient ischaemic attack.</li> <li>• Traumatic injury to brain tissue or blood vessels.</li> </ul>	Any valvular disorder of the heart, diabetes, aneurysm, atrial fibrillation, coronary heart disease, thrombotic disorders e.g. primary phospholipid syndrome, hyperviscosity states (polycythaemia), peripheral vascular disease, transient cerebral ischaemia, hypertension or any obstructive or occlusive arterial or vascular disease.
Third degree burns – covering 20% of the body's surface area	Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area.	None specified
Traumatic head injury – resulting in permanent symptoms	<p>Death of brain tissue due to traumatic injury resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms. The diagnosis must be confirmed by a Consultant Neurologist of a major Irish or United Kingdom Hospital and agreed by the Insurer's Chief Medical Officer.</p> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> <li>• Traumatic Head Injury secondary to alcohol or drug abuse</li> </ul>	Physical head injury, epilepsy, aneurysm, any obstructive or occlusive arterial or vascular disease e.g. stroke or transient ischaemic attack.

## 5. Additional Payment Specified Illness Benefits and Pre-Existing Conditions

This section outlines the policy definition of the Additional Payment Specified Illnesses that are covered under the Plan and information on the related Pre-Existing Conditions that preclude cover in the event of Specified illnesses occurring within the first two years of Commencement Date of cover.

All Additional Payment Specified Illnesses require the definite diagnosis by a Consultant of a major Irish or United Kingdom Hospital, verified by the Insurer's Chief Medical Officer, of the first occurrence of any of the Specified Illnesses as defined in this section after the Commencement Date of cover.

The Additional Payment Specified Illness Benefit is totally separate from your Full Payment Specified Illness Benefit (See Section 4) except in the following circumstances:

If an Additional Payment Specified Illness Benefit is paid, you cannot claim the Full Benefit under a related Full Payment Specified Illness which occurs or is diagnosed within 180 days of the occurrence or diagnosis of the Additional Payment Specified Illness. If an admissible

claim arises within 180 days for a Related Specified Illness, the Full Payment Specified Illness Benefit will be paid less the amount previously paid under the Additional Payment Specified Illness Benefit definition. Once 180 days has elapsed since the occurrence or diagnosis of the Additional Payment Specified Illness, any admissible claim for a related condition under the Full Payment Specified Illness Benefit will be assessed and paid independently.

Examples of Related Specified Illnesses are:

- Carcinoma in Situ-Oesophagus & Cancer of the Oesophagus,
- Carotid Artery Stenosis treated by Angioplasty & Heart Attack
- Angioplasty for Coronary Artery Disease & Heart Attack
- Cerebro Arteriovenous Malformation treated by Craniotomy & Stroke
- Ductal Carcinoma in Situ-Breast & Cancer of the Breast
- Low Level Prostate Cancer &  $\geq$ T2 Cancer of the Prostate

Once a Full Payment Specified Illness Benefit is paid in respect of an Insured Person/Child the Additional Payment Specified Illness Benefit ceases immediately in their respect.

Specified Illness	Policy Definition	Pre-Existing Conditions related to the Specified Illness
Angioplasty for coronary artery disease of specified severity	<p>We will pay an Additional Payment Specified Illness Benefit if an Insured Person undergoes treatment for severe coronary artery disease, of any of the following:</p> <ul style="list-style-type: none"> <li>● balloon angioplasty</li> <li>● atherectomy</li> <li>● rotablation</li> <li>● laser treatment</li> <li>● and / or insertion of stents</li> </ul> <p>to treat the narrowing or blockage in 2 or more Main Coronary Arteries. This procedure must have been carried out on the advice of a Consultant Cardiologist of a major Irish or United Kingdom Hospital.</p> <p>Angiographic evidence to support the necessity for the procedure will be required.</p> <p>The intervention must be to treat at least 70% diameter narrowing in each vessel and must be carried out as a single procedure.</p> <p>For the purposes of this definition Main Coronary Arteries are defined as being:-</p> <ul style="list-style-type: none"> <li>» Right Coronary Artery</li> <li>» Left Main Stem</li> <li>» Left Anterior Descending</li> <li>» Circumflex</li> </ul> <p>Two or more procedures in the same artery or procedures to any of the branches of the above arteries are specifically excluded.</p>	Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects. Any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, diabetes, hypercholesterolaemia, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation or hypertension.
Brain abscess drained via craniotomy	We will pay an Additional Payment Specified Illness Benefit if an Insured Person undergoes the surgical drainage of an intracerebral abscess within the brain tissue through a craniotomy by a Consultant Neurosurgeon of a major Irish or United Kingdom Hospital. There must be evidence of an intracerebral abscess on CT or MRI imaging.	Tuberculosis, head injury, chronic sinusitis.
Carcinoma in Situ – Oesophagus, treated by specific surgery	<p>We will pay an Additional Payment Specified Illness Benefit if an Insured Person has a definite diagnosis of a carcinoma in situ of the oesophagus by a Consultant Physician of a major Irish or United Kingdom Hospital, which has been treated surgically by removal of a portion or all of the oesophagus. A carcinoma in situ is a malignancy that has not invaded the basement membrane but shows cytologic characteristics of cancer. Histological evidence will be required.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>● Treatment by any other method is specifically excluded.</li> </ul>	Barrett's Oesophagus



Specified Illness	Policy Definition	Pre-Existing Conditions related to the Specified Illness
Carotid Artery Stenosis - treated by Endarterectomy or Angioplasty	We will pay an Additional Payment Specified Illness Benefit if an Insured Person undergoes endarterectomy or therapeutic angioplasty with or without stent to correct symptomatic stenosis involving at least 70% narrowing or blockage of the carotid artery. Angiographic evidence will be required.	Any valvular disorder of the heart, diabetes, hypercholesterolaemia, aneurysm, atrial fibrillation, coronary heart disease, peripheral vascular disease, transient cerebral ischaemia, hypertension or any obstructive or occlusive arterial or vascular disease.
Cerebral arteriovenous malformation - treated by craniotomy or endovascular repair	<p>We will pay an Additional Payment Specified Illness Benefit if an Insured Person undergoes surgical treatment via craniotomy by a Consultant Neurosurgeon of a major Irish or United Kingdom Hospital of a cerebral AV fistula or malformation. Alternatively, we will pay an Additional Payment Specified Illness Benefit if an Insured Person undergoes endovascular treatment by a Consultant Neurosurgeon or Radiologist of a major Irish or United Kingdom Hospital using coils to cause thrombosis of a cerebral AV fistula or malformation.</p> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> <li>● Intracranial aneurysm</li> </ul>	Aneurysm
Ductal Carcinoma in Situ – Breast, treated by surgery	We will pay an Additional Payment Specified Illness Benefit if an Insured Person has a definite diagnosis of a ductal carcinoma in situ of the breast, which has been removed surgically by mastectomy, partial mastectomy, segmentectomy or lumpectomy. A carcinoma in situ is a malignancy that has not invaded the basement membrane but shows cytologic characteristics of cancer. Histological evidence will be required.	Lumpy breast(s) (including mastitis, fibroadenosis, fibrocystic disease and mammary dysplasia), Cystosarcoma phyllodes.
Loss of one limb	We will pay an Additional Payment Specified Illness Benefit if an Insured Person permanently loses a hand from above the wrist or a foot from above the ankle joint. Permanent loss does not include loss of use or function only. It means having a hand or foot completely severed.	Diabetes, peripheral vascular disease, osteomyelitis, chronic regional pain syndrome, compound fracture.
Low Level Prostate Cancer with Gleason score between 2 and 6 – and with specific treatment	<p>We will pay an Additional Payment Specified Illness Benefit if an Insured Person is diagnosed with a prostate cancer by a Consultant Physician of a major Irish or United Kingdom Hospital which has been histologically classified as having a Gleason score between 2 and 6 provided:</p> <ul style="list-style-type: none"> <li>● The tumour has progressed to at least clinical TNM classification T1N0M0; and</li> <li>● The Insured Person has undergone treatment by prostatectomy, external beam or interstitial implant radio- therapy.</li> </ul> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>● Treatment with cryotherapy, transurethral resection of the prostate, ‘experimental’ treatments or hormone therapy.</li> </ul>	A history of elevated prostate specific antigen (PSA) above 4.0 ng/ml, Carcinoma in Situ of the Prostate.

Specified Illness	Policy Definition	Pre-Existing Conditions related to the Specified Illness
Third Degree Burns covering at least 5% of the body's surface	We will pay an Additional Payment Specified Illness Benefit if an Insured Person suffers burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 5% and less than 20% of the body's surface area or at least 25% of the surface area of the face which for the purpose of this definition includes the forehead and the ears.	None specified
Surgical removal of one eye	We will pay an Additional Payment Specified Illness Benefit if an Insured Person undergoes surgical removal of a complete eyeball for disease or trauma.	Glaucoma, eye tumour, uveitis, thyroid disease.

## 6. General Exclusions

The Insurer is not liable to pay claims arising directly or indirectly from:

- Congenital and/or hereditary conditions;
- Iatrogenic conditions;
- Abuse of alcohol / drugs;
- Participation in any illegal act;
- Service in any armed force, including any police force of a country;
- Exposure to nuclear, biological or chemical hazard, including toxins such as industrial solvents, gasoline, paints, herbicides or pesticides;
- High doses of radiation or chemotherapy treatment.

The Insurer will not pay claims for:

- Any illness not included in the list of Specified Illnesses;
- Any Specified Illness for which the Insured Person has not survived the 14 day survival period from the date of diagnosis or following a required surgical procedure.

## 7. How to make a claim

In the event of a claim under the Plan, it should be notified to the Insurer as soon as is reasonably possible. First notification of a claim should be submitted in writing or by telephone to:

Halligan Insurances  
William Norton House  
575 North Circular Road  
Dublin 1  
Telephone: 01 -879 7100  
E-mail:- info@halligan.ie

## Claims settlement conditions

1. Claimants must do the following
  - tell the Insurer's authorised advisor in writing or by telephone as soon as is reasonably possible after any event which may give rise to a claim under the policy
  - fully complete and sign a claim form
  - provide any medical reports, test results and other reasonable evidence to support the claim.

If the information supplied is insufficient we will identify what further information is required to properly assess the claim. In this case, provided we have your consent to do so, we will contact your GP/ Specialist to request any additional reports. The cost of obtaining any additional supporting documentation will be paid by the Insurer.

2. The Insured Person, or their representative in the event of their death, must give us permission to obtain medical reports or records from any medical practitioner who has treated them and, if necessary, for a post-mortem examination to be undertaken.
3. If required, an Insured Person must undergo as many medical examinations in connection with a claim as required by the Insurer, at the Insurer's expense.
4. The Insurer will pay relevant benefits to the Insured Person unless they are deceased in which case the benefits will be paid to the executor/ administrator of their estate.
5. Benefits related to Children will be paid to the Member.
6. Any benefit paid to you will be paid tax-free.

## 8. When cover starts and ends

Cover for an Insured Person will start on the Commencement Date of cover which is the date that you first joined the Plan.

Unless this Plan is cancelled earlier by you or by the Insurer, cover will continue whilst you continue to pay premiums. Cover will end automatically when you:

- cease to be a Member of the CWU, or
- reach age 65, or
- are paid a claim for the Full Payment Specified Illness Benefit under the Plan, or
- die, or
- fail to pay premiums when due.

Your Partner (where applicable) shall cease to be covered once:

- they reach age 65, or
- a claim for the Full Payment Specified Illness Benefit has been paid under the Plan in their respect, or
- they die, or
- you fail to pay premiums when due, or
- you cease to be a Member of the CWU.

If you claim for the Full Payment Specified Illness Benefit then your Partner can still be covered and vice versa once satisfactory arrangements are made to continue paying premiums when due.

Each of your Children (over the age of 1) is no longer covered once:

- they reach the age of 21, or
- a claim for the Full Payment Specified Illness Benefit has been paid under the Plan in their respect, or
- they die, or
- you fail to pay premiums when due, or
- you cease to be a Member of the CWU.

If you have more than one Child then please note that if one Child claims the others are still covered. In addition, if one or more Children claims, you and your Partner remain covered.

### Early Retirees

In-Benefit CWU Members who retire are eligible to remain in the scheme once they join the Retired Members Section and in accordance with the retired Members Benefits described in Section 3 until the age of 65 once the following conditions are met:

- They were in-Benefit Members of the CWU Plan whilst employees, and
- They elect to maintain their cover within three months of early retiring, and

- Their premiums are paid to the Insurer either by deduction from their pension or collection by direct debit, and
- Cover will cease for either Insured Person once that Insured Person reaches the age of 65.

### Reinstatements

Should you for whatever reason cease to pay the insurance premiums your policy cover will end at the end of the period for which premiums have been paid. You may be entitled to reinstate your policy, in accordance with the following terms:

- If less than 3 months have passed since your policy lapsed your cover can be reinstated with no additional information required
- If more than 3 months but less than 9 months have passed, your cover may be reinstated subject to the completion of a Declaration of Health Form.
  - » The insurer will decide to accept the reinstatement or not based on the information in the health declaration.
  - » If the insurer rejects the reinstatement you may apply for a new policy and all terms and conditions will refer to your new start date.
  - » If there is sufficient evidence that the reason for the lapse in cover was due to an administrative error beyond the control of the insured person, the insurer may accept a reinstatement without a Declaration of Health.
- If more than 9 months have passed there is no option to reinstate your cover and you must apply for a new policy.

All outstanding premiums must be paid before any policy reinstatement will become effective.

## 9. Cancellation & Cooling Off

If, on joining the Plan and on receiving the documentation, you feel that it is not suitable for your needs then you may cancel your Membership by instructing Halligan Insurances using the contact details as follows:

### Authorised Advisor:

Halligan Life & Pensions Ltd  
T/A Halligan Insurances  
William Norton House  
575 North Circular Road  
Dublin 1  
Tel: 01-879 7100  
Email: info@halligan.ie

Your Membership of the Plan will terminate immediately on receipt of this instruction at Halligan Insurance's Head Offices. If it is received not later than 30 days after you pay your first premium (the cooling-off period) then the premium remitted to the Insurer will be refunded in full.

## 10. General Policy Conditions

### Payment of premiums

Each premium paid purchases cover for the month it is paid. If a premium is not paid on the date it is due, the insured has 30 days in which to pay it. If it is not paid during that period, the insurance will be cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date. In accordance with Section 93 of the Insurance Act 1936, all amounts due under this policy will be paid in the Republic of Ireland. The premiums payable include Stamp Duty and Government Levy.

If you stop paying your premiums or cancel your membership of the Plan, your membership of the Plan, and the Benefit it provides, will cease immediately.

### Changes of premium and conditions

The Insurer can change premium and terms and conditions of the Plan on the review date. The Insurer reserves the right, in the event of changes in legislation affecting the Plan, to make such amendments as are necessary to take account of such changes.

### Transferring this policy

The Insured Person cannot transfer the benefit of this Plan to anyone else or use this policy or the benefits in this policy as a mortgage or guarantee of any kind.

### Failure to comply with policy conditions

Where the Insured Person does not comply with any obligation to act in a certain way specified in this policy, the Insurer may not pay a claim.

### Fraud

If any claim is in any respect fraudulent or if any fraudulent means, including inflation or exaggeration of the claim or submission of forged or falsified documents, are used to obtain benefit by an insured person or anyone acting on their behalf, all benefit under the policy shall be forfeited.

### Sanctions Clause

The Insurer shall not be deemed to provide cover and we shall not be liable to pay any claim or provide any benefit

hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us, our parent Company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union.

### Jurisdiction

This contract will be governed by the laws of the Republic of Ireland unless otherwise agreed.

### Insurance Compensation Fund

AmTrust International Underwriters DAC is a member of the Insurance Compensation Fund. Further information about the fund is available here: <https://www.centralbank.ie/regulation/industry-market-sectors/insurance-reinsurance/solvency-ii/insurance-compensation-fund>.

## 11. Privacy and data protection notice

### Data protection

AmTrust International Underwriters DAC (the Data Controller) is committed to protecting and respecting your privacy in accordance with the current Data Protection Legislation ("Legislation"). Below is a summary of the main ways in which we process your personal data, for more information please visit our website at [www.amtrustinternational.com](http://www.amtrustinternational.com)

### How we use your personal data and who we share it with

We may use the personal data we hold about you for the purposes of providing insurance, handling claims and any other related purposes (this may include underwriting decisions made via automated means), for offering renewal terms, research or statistical purposes and to provide you with information, products or services that you request from us or which we feel may interest you. We will also use your data to safeguard against fraud and money laundering and to meet our general legal or regulatory obligations.

### Sensitive personal data

Some of the personal information, such as information relating to health or criminal convictions, may be required by us for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for us to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes set out in our notice.

## Disclosure of your personal data

We may disclose your personal data to third parties involved in providing products or services to us, or to service providers who perform services on our behalf. These include our group companies, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external auditors and accountants, regulatory authorities, and as may be required by law.

## International transfers of data

We may transfer your personal data to destinations outside the European Economic Area ("EEA"). Where we transfer your personal data outside of the EEA, we will ensure that it is treated securely and in accordance with the Legislation.

## Your rights

You have the right to ask us not to process your data for marketing purposes, to see a copy of the personal information we hold about you, to have your data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask us to provide a copy of your data to any controller and to lodge a complaint with the local data protection authority.

## Retention

Your data will not be retained for longer than is necessary, and will be managed in accordance with our data retention policy. In most cases the retention period will be for a period of seven (7) years following the expiry of the insurance contract, or our business relationship with you, unless we are required to retain the data for a longer period due to business, legal or regulatory requirements.

If you have any questions concerning our use of your personal data, please contact The Data Protection Officer, AmTrust International Underwriters DAC: [dpo.dublin@amtrustgroup.com](mailto:dpo.dublin@amtrustgroup.com) or by telephone to +353 31 775 2900.

# 12. Complaints Procedure

We are dedicated to providing a high quality service. If the Insured Person feels that the Insurer or another party connected with this insurance contract has not offered them a first class service please use the contact details as follows:

Halligan Insurances  
William Norton House  
575 North Circular Road  
Dublin 1  
Tel: 01-879 7100  
Email: [info@halligan.ie](mailto:info@halligan.ie)

The Insured Person will be contacted within 5 business days of receiving the complaint to inform them of what action is being taken. We will try to resolve the problem within 4 weeks. If it will take longer than 4 weeks we will tell the Insured Person by when they can expect an answer. If we are not able to resolve the complaint satisfactorily within 8 weeks, the Insured Person may take their complaint to the Irish Financial Ombudsman Service for review.

Please note: The Financial Ombudsman Service will not consider a complaint if the Insured Person has not provided us with the opportunity to resolve it first.

Financial Services and Pensions Ombudsman  
Lincoln House  
Lincoln Place  
Dublin 2, D02 VH29  
LoCall: 1890 88 20 90  
Tel: +353 1 567 7000  
Email: [info@fspo.ie](mailto:info@fspo.ie)  
Website: [www.fspo.ie](http://www.fspo.ie)

Following this complaints procedure does not affect the Insured Person's right to take legal action.

# 13. Contact Details

If you have any queries about the Plan or your benefits please contact the Insurer's authorised advisor:

Halligan Insurances  
William Norton House  
575 North Circular Road  
Dublin 1  
Tel: 01-879 7100  
Email: [info@halligan.ie](mailto:info@halligan.ie)





AmTrust International Underwriters  
An AmTrust Financial Company

**The CWU Serious Illness Group Scheme** is underwritten by AmTrust International Underwriters Designated Activity Company registered in Ireland (number 169384) at 6-8 College Green, Dublin 2, D02 VP48, authorised and regulated by the Central Bank of Ireland with reference number C33525.

This scheme is arranged by Halligan Insurances, William Norton House, 575 North Circular Road, Dublin 1. Halligan Life & Pensions Limited trading as Halligan Insurances, Good Insurance is regulated by Central Bank of Ireland.

