

# Income Protection Claims Appeals Process:

## FAQ



The decisions on all claims are made after very careful consideration of all the facts of each case. Following a full review of all relevant information, we may have no choice but to decline to admit some claims or cease paying some claims that had been in payment.

Such decisions are made by senior members of the Income Protection Claims Team if the weight of the medical evidence received confirms that the insured person does not meet the definition of disablement or incapacity as required by the policy and is fit to carry out the main duties of their normal occupation. Any decisions of this nature can be appealed, and this leaflet sets out the appeals process.

## The Appeals Process

Once a decision to decline or cease a claim is made, the claimant has a three-month period from the date of our notification in which to begin the appeals process. As a first step in the appeals process, the onus is on the claimant to provide Irish Life with up-to-date medical evidence from a specialist/consultant which confirms that they are unable to carry out the main duties of their normal occupation and provides objective medical reasons why this may be the case and, where applicable, the results of any recent tests/investigations. If such evidence is produced, it will be reviewed in the context of the original decision made on the claim. Please note that a report from a claimant's GP alone will not be sufficient to invoke an appeal.

It is up to each claimant to decide on what grounds they wish to appeal the decision on their claim and what specialist/consultant evidence they wish to submit in support of their appeal. It would not be appropriate for Irish Life to prescribe in any way what supportive evidence the claimant submits from their specialist/consultant and very careful consideration will be given to any such evidence submitted. Unfortunately, benefit payments cannot be made or continue while an appeal is ongoing.

If no appeal is submitted and such evidence is not produced, our position on the claim will remain unchanged.

## Appeal Review

It is in the claimant's best interests to provide the appropriate appeal evidence at their earliest convenience, and this will ensure we carry out our review of the appeal as quickly as possible. For each appeal that is received a fresh review of the case will be carried out by senior members of the Income Protection Claims Team who will consider all of the medical evidence received before deciding on the next steps, which may include the following:

- The original decision may be overturned, and the claim may be admitted or reinstated based on a review of the evidence provided.

- The original decision may be unchanged following the review if the evidence submitted is not sufficient to support an appeal of the claim decision. If this is the case, we will clearly explain this to the claimant and outline that additional supportive evidence is required in order for an appeal to be considered further.
- If the appeal evidence submitted is sufficient to commence an appeal, and this evidence disagrees with the decision made on the claim, we may decide that more evidence is needed in order to consider the matter further. Typically, this would involve requesting further medical evidence in the form of an independent medical examination and/or other assessments. If such further evidence is required in order to consider an appeal this will be organised as soon as possible. Once this further evidence is received, the case will be reviewed again by senior members of the Income Protection Claims Team before a final decision on the appeal is made. A final decision on the case would typically be made within an additional two to three weeks of receipt of all of the additional medical evidence that was requested as part of the appeal.

As set out above, the appeal process has a number of different steps and can take various different forms, and it is therefore very important that if a claimant is unhappy with the decision on their claim, they submit an appeal as soon as possible so that the matter can be reviewed by Irish Life in a timely manner.

## Successful Appeals

If an appeal is successful, the claim will be immediately admitted or reinstated. When a claim is being admitted for the first time, the payments will be backdated to the commencement of our liability. For claims that were previously in payment, the benefits will be backdated to the date they originally ceased. For all successful appeals, we will reimburse the claimant for reasonable costs incurred in submitting medical evidence in support of their appeal.

## Unsuccessful Appeals

If an appeal is unsuccessful, we will write to the claimant with a full explanation of our position and we will outline all of the reasons behind our decision. We will also explain in this letter that the claimant has the right to submit a formal complaint if they remain unhappy with the outcome of the appeal. If any such formal complaint is submitted, this will be investigated by senior members of the Income Protection Claims Team and if the claimant remains unhappy with the outcome of this investigation, they will be informed of their right to refer the matter to the Financial Services and Pensions Ombudsman Bureau for an adjudication and we will provide them with a Final Response letter that can be used to initiate a referral to the Ombudsman.

## Contact Details

If you have any questions in relation to the Appeals Process, please telephone Income Protection Claims at 01 704 1802 or email us at the following address [incomeprotection@irishlife.ie](mailto:incomeprotection@irishlife.ie).

**Information correct as at November 2024.**

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## Contact us

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