

Term Life Insurance

Protecting you and
your family

Helping people build
better futures



About us

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

Irish Life is committed to delivering innovative products backed by the highest standards of customer service and, as part of Great-West Lifeco, has access to experience and expertise on a global scale, allowing the company to continuously enhance its leading range of products and services.

Information correct as of July 2023.

For the latest information, please see www.irishlife.ie.

Term Life Insurance



Aim

To provide a lump sum if you die (if you choose life cover) or to provide a lump sum if you are diagnosed with a specified illness during the term of your plan (if you choose specified illness cover).



Cost of cover

The cost of your cover will stay the same throughout the term of your plan (unless you choose inflation protection for example).



Time period

Life cover:
Two to 50 years, up to age 85.

Specified illness cover:
Five to 40 years, up to age 75.



Jargon-free

Yes.

Committed to Plain English

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



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All information including the Terms and Conditions of your plan will be provided in English.

The information and figures quoted in this booklet are correct as at July 2023 but may change.





Introduction | 1

INTRODUCTION

This booklet will give you details of the benefits available on the Term Life Insurance plan. It is designed as a guide that allows us to explain the product to you in plain and simple terms. There will be more specific details and rules in your Terms and Conditions Booklet which you should read carefully.

Our service to you...

Putting you first

We are committed to providing excellent customer service to you at all times from the moment you apply for cover right throughout the life of your plan.

When you ring us, you will get straight through to our service team, based in Ireland, who will be on hand to listen to your queries and help you when you are looking for answers. Below is just a sample of the services we offer to make the protection process a little easier for you.

Taking out cover has never been easier

We want to make the process of applying for cover as simple and hassle-free as possible for you.

- > We have an electronic application form that your Financial Adviser can fill in with you. Once you apply for cover using this,

your adviser should know, within 24 hours, if we have accepted your application at normal rates and if not, what the next step is for you.

- > You can track where your application is at any time by contacting your adviser, or calling us on 01 704 1010.

You can change your mind

We want to make sure that you are happy with your decision to take out your plan. You can cancel your plan at any time if you decide it is not suitable. You need to contact us to let us know you want to cancel. If you cancel the plan within the first 30 days we guarantee to refund any payments you have made. The 30 day period starts from the day we send you your welcome pack. If you cancel your plan after the first 30 days we will not refund any payments you already made.

Keeping it simple - clear communication

Because financial products can be complicated and difficult to understand, we are committed to using clear and straightforward language on all our communications to you. As a result, we work with the Plain English Campaign to make sure all our customer communications meet the highest standards of clarity, openness and honesty.

Keeping you up to date

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

Online Services

We have a range of online services available for you.

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

You can sign up with your email address and you will get a code by text message to add your plan to your account. If you are having any issues, you can contact our customer service team on 01 704 1010.

Our online services helps you keep up to date with your plan. Depending on your plan type you can:

- > request updates to your address or direct debit details;
 - > make a card payment;
 - > view your annual benefit statements;
- and more.

Solvency and financial condition report

Irish Life's current Solvency and Financial Condition Report is available on our website at www.irishlife.ie

European Communities (Distance Marketing of consumer Financial Services) Regulation 2004

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

How to contact us...



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

Our lines are open:

8am to 8pm Monday to Thursday

10am to 6pm Friday

9am to 1pm Saturday

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

You can also contact us in the following ways.

Email: customerservice@irishlife.ie

Fax: 01 704 1900

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

Website: www.irishlife.ie

Any Problems?

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

Financial Services and Pensions Ombudsman,
Lincoln House,
Lincoln Place,
Dublin 2,
D02 VH29.

Tel: (01) 567 7000

Email: info@fspo.ie

Website: www.fspo.ie



Term Life Insurance | 2

TERM LIFE INSURANCE

Term life insurance – a simple guaranteed protection plan

With our Term Life Insurance protection plan, you can have peace of mind that if you die or are diagnosed with a specified illness, your family will not have to struggle to cope financially.

You can choose to take out life cover by itself to cover you if you die, or you can add any of the other benefits listed below.

Our Term Life Insurance protection plan offers you a range of cover against things that could affect your family's future income. It offers you financial cover against:

- > death;
- > specified illnesses, such as malignant cancer, diagnosed heart attack and stroke (permanent symptoms).

Below are the benefits available under a Term Life Insurance plan

A	Life cover	Pays your family or representatives a lump sum if you die. We also make an additional payment to you on a further 5 conditions. Please see page 15 for details.
B	Specified illness cover	Pays you a lump sum if you are diagnosed with one of the 48 conditions we cover. We will also make additional payments on a further 41 conditions. Please see section 4 for details.

C	Inflation protection (indexation)	This allows you to increase your cover every year in line with inflation.
D	Guaranteed cover again	This allows you to change your cover to another guaranteed plan, at any stage throughout your plan, without you needing to give us any new evidence of your health.

How do I pay?

We want to make paying as hassle-free as possible. As a result, with Term Life Insurance you pay by direct debit. You can choose to pay a set amount every month, every three months, every six months or every year.

How long will I be covered for?

If you take out Term Life Insurance, you decide how long you want to be insured for (between two and 50 years). However, Term Life Insurance cannot continue after your 85th birthday. At the end of the period of cover you have chosen, you will no longer be protected.

This plan will cover you for the term you choose. You must decide at the beginning what benefits and cover you will need after taking account of the level of payments you can afford to make.



If you feel the Term Life Insurance plan may not be suitable for you, please speak to your Financial Adviser about the excellent range of products we offer.



Important points you need to know about term life insurance

- > If you die within the term of the plan, we will pay out a lump sum.
- > You must be aged 18 to 82 to start this cover.
- > The maximum term is 50 years or up to age 85, whichever is earlier (some benefits end earlier than age 85).
- > The amount you pay is guaranteed to stay the same for the whole period you are insured for (unless you choose the inflation protection option).
- > If you stop making your regular payments, you will no longer be protected and we will not return your money to you.
- > If you choose 'guaranteed cover again', you can change your cover to another guaranteed plan. Please see the 'Extra benefits and other services' section on page 21 for more information on this.
- > We will not pay claims or will reduce the amount paid on a claim in certain circumstances – for example if you have not fully answered the questions in your application honestly and with reasonable care, including the questions about your health, occupation, smoking habits, hobbies or pastimes. You will see a summary of these situations in the 'Guide to making a claim' section later in this booklet.)
- > You cannot cash in a Term Life Insurance plan, it is not a savings plan.

Suitability snapshot



Term Life Insurance might suit you if you:

- ✓ are aged 18 to 82;
- ✓ want a guaranteed protection plan with payments that don't change – unless you choose the indexation option;
- ✓ can afford regular payments of at least €15 a month;
- ✓ want life cover for two to 50 years (to a maximum age of 85) and specified illness cover for five to 40 years (to a maximum age of 75);
- ✓ want other optional benefits including: indexation and guaranteed cover again;
- ✓ want extra benefits including life cover additional payments, children's cover, terminal illness cover and guaranteed insurability;
- ✓ are using it for mortgage protection and want mortgage cover that gives you some excess cover as your mortgage reduces.



Term Life Insurance might not suit you if you:

- ✗ are younger than 18 or older than 82;
- ✗ are looking for a plan with flexible payments;
- ✗ have less than €15 a month available to pay for cover; and
- ✗ are using it for mortgage protection and want the cheapest mortgage protection cover available.



Life Cover | 3

LIFE COVER



What is life cover?

You never know what's around the corner or what life will throw at you next. That's why planning ahead with protection is so important.

Life cover pays your family a lump sum if you die, giving them an income when they need it most. They can use this as they want, to pay bills, loans, or whatever matters most. Most importantly, life cover gives you peace of mind that your family will be secure financially when you are gone.

How much life cover do I need?

Your Financial Adviser can help you work out how much life cover is appropriate to suit your needs. You'll certainly need enough cover to:

- > pay off your mortgage;
- > pay off other loans and bills; and
- > cover the income your family will need to live on.

If you don't earn an income, but look after your children at home, you need enough cover to pay someone to do this.

How much do I pay?

The amount you pay will depend on:

- > your age;
- > your health;

- > whether you smoke;
- > how much protection you want; and
- > how long you want the cover for.

The minimum you can pay each month is €15. This includes the 1% government levy (July 2023).

Who will the life cover protect?

You can protect:

- > yourself (single cover), which means we could make the lump-sum life cover payment if you die within the term of the plan; or
- > yourself and your partner (dual cover), which means that we could make the payment twice, once if you die within the term of the plan and once if your partner also dies within the term of the plan.
- > If you take out life cover of €25,000 or more, you will also have life cover additional payments on your plan, see page 22 for more information. You must take out a minimum of €25,000 life cover to avail of life cover additional payments.

If you take out life cover, your children are automatically covered also. See page 24 for more information.



Specified Illness Cover

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SPECIFIED ILLNESS COVER



Specified illness cover is a benefit which pays you a lump sum if you are diagnosed with one of 48 conditions we cover. You can use this lump sum to help maintain your and your family's standard of living, pay for medical bills and help you cope during a difficult time. What's more, because you may have to adapt your house to make your day-to-day life easier, specified illness cover could help with these outgoings too.

Specified illness cover will also provide you with an additional payment for a further 41 conditions. The additional payment is €15,000 or half your specified illness benefit amount, whichever is lower. However, for coronary angioplasty the additional payment is €40,000, or 75% of your specified illness cover amount - whichever is lower. Please see page 16 for details.

How can I buy specified illness cover?

You can choose to buy specified illness cover in the following ways:

1. Stand-alone specified illness cover (by itself);
2. Independent specified illness cover (with life cover) or
3. Accelerated specified illness cover (which you have to take out with life cover).

If you choose to take out specified illness cover, you are also entitled to an independent additional payment on the 41 conditions listed on pages 16 and 17.

Specified illness cover protects

You can protect:

- > yourself (single cover),
- > you can protect you and your partner (dual cover),
- > you can also protect your children. If you take out specified illness cover, for as long as you are covered, we will cover each of your children up to age 25, for €25,000 or half your specified illness benefit amount, whichever is lower.

How long will I be covered for?

If you take out specified illness cover it has to be for at least 5 years but no longer than 40 years, up to your 75th birthday.

How much cover do I need?

If you take out specified illness cover, at the very least, you need enough cover to:

1. pay off your mortgage;
2. pay off other loans and bills; and
3. keep you going until you get back on your feet (on average we would recommend twice your yearly salary).

The illnesses we cover

We have identified 48 conditions that could change your life so much that you would need financial help. Within this we have a condition called 'loss of independence'. We include this condition to make your total cover more wide-ranging. It will be particularly valuable as you get older.

We have also identified a further 41 conditions that we will make additional payments on.



Listed below and overleaf are the 48 conditions we cover for full payment.

See your plan terms and conditions for a detailed description of these.

1. Alzheimer's disease - resulting in permanent symptoms
2. Aorta graft surgery - for disease or traumatic injury
3. Aplastic anaemia - of specified severity
4. Bacterial Meningitis - resulting in permanent symptoms
5. Benign brain tumour or cyst - resulting in permanent symptoms, surgery or radiosurgery
6. Benign spinal cord tumour or cyst - resulting in permanent symptoms or requiring surgery
7. Blindness – permanent and irreversible
8. Brain injury due to anoxia or hypoxia - resulting in permanent symptoms
9. Cancer - excluding less advanced cases
10. Cardiac arrest - with insertion of a defibrillator
11. Cardiomyopathy - resulting in a marked loss of ability to do physical activity
12. Chronic Pancreatitis - of specified severity
13. Coma - with associated permanent symptoms
14. Coronary artery by-pass grafts
15. Creutzfeldt-Jakob Disease - resulting in permanent symptoms
16. Crohn's disease - of specified severity
17. Deafness - total, permanent and irreversible
18. Dementia - resulting in permanent symptoms
19. Encephalitis - resulting in permanent symptoms
20. Heart attack - definite diagnosis
21. Heart valve replacement or repair
22. Heart structural repair

23. HIV infection - caught in the European Union, United Kingdom, Norway, Switzerland, North America, Canada, Australia and New Zealand, from a blood transfusion, a physical assault or at work in the course of performing normal duties of employment.
24. Intensive Care - requiring mechanical ventilation for 10 consecutive days
25. Kidney failure - requiring permanent dialysis or transplant
25. Liver Failure - irreversible and end stage
27. Loss of Independence - permanent and irreversible
28. Loss of limb - permanent physical severance
29. Loss of speech - permanent and irreversible
30. Major organ transplant - specified organs from another donor
31. Motor neurone disease - resulting in permanent symptoms
32. Multiple sclerosis or Neuromyelitis optica (Devic's Disease) - with past or present symptoms
33. Necrotising Fasciitis
34. Paralysis of One limb - total and irreversible
35. Parkinson's disease (idiopathic) - resulting in permanent symptoms
36. Parkinson Plus Syndromes - resulting in permanent symptoms
37. Peripheral Vascular Disease - with bypass surgery
38. Pneumonectomy - the removal of a complete lung
39. Primary Sclerosing Cholangitis - of specified severity
40. Pulmonary Arterial Hypertension (idiopathic) - of specified severity
41. Pulmonary Artery Graft Surgery
42. Respiratory Failure of specified severity
43. Short Bowel Syndrome - requiring permanent parenteral nutrition
44. Spinal Stroke - resulting in permanent symptoms
45. Stroke - of specified severity
46. Systemic lupus erythematosus - of specified severity
47. Third Degree Burns of specified surface area
48. Traumatic brain injury - resulting in permanent symptoms



We do not make a full payment for any other conditions.

Once you claim for your full specified illness cover, your specified illness cover ends and you cannot make any further specified illness claims, including an additional payment claim.

Additional Payment

At the time of suffering an illness we know that the last thing you want to worry about is your finances. We have identified 41 conditions that we will make an extra separate additional payment on if you have specified illness cover. This additional payment is €15,000 or half of your specified illness cover amount, whichever is lower. For coronary angioplasty, the additional payment is €40,000 or 75% of your specified illness cover amount, whichever is lower. (We will pay €10,000 on a single vessel coronary angioplasty and a further €30,000 on an angioplasty to a second coronary artery. Please see your terms and conditions booklet for more information).

The additional payment on these illnesses is totally separate from your main specified illness cover benefit. That means it does not

generally affect the amount you could receive if you need to make a specified illness claim for one of the 48 conditions we cover on a full payment basis at a later date.

For example, if you were diagnosed as having one of the 41 conditions we cover for additional payment, and you received the additional payment, if at a later date you were diagnosed as having one of the 48 conditions we cover on the full-payment basis, you would still generally receive the full specified illness cover benefit.

We will only make one additional payment for each illness covered, for each person under any specified illness cover plan. The total amount of additional payments is limited to your specified illness benefit amount.

For serious accident cover only one additional payment will be paid resulting from the same accident.



Listed below are the 41 conditions we cover for additional payment.

See your plan terms and conditions for a detailed description of these.

1. Aortic Aneurysm with endovascular repair
2. Brain Abscess drained via craniotomy
3. Cancer in situ of the anus - treated by surgery
4. Cancer in situ of the cervix - with specified surgery
5. Cancer in situ of the colon or rectum - resulting in intestinal resection
6. Cancer in situ of the larynx - with specified treatment
7. Cancer in situ of the lung and bronchus - treated by specified surgery
8. Cancer in situ of the oesophagus, treated by specified surgery
9. Cancer in situ of the oral cavity or oropharynx - treated by surgery
10. Cancer in situ of the renal pelvis and ureter - of specified severity

11. Cancer in situ of the testicle - requiring surgery to remove at least one testicle
12. Cancer in situ of the urinary bladder
13. Cancer in situ of the uterus - with specified surgery
14. Cancer in situ of the vagina - with surgery
15. Cancer in situ of the vulva - with surgery
16. Ductal Carcinoma in situ Breast, treated by surgery
17. Cancer in situ - other (sites not already mentioned) - with surgery
18. Carotid Artery Stenosis treated by endarterectomy or angioplasty
19. Central retinal artery or vein occlusion (eye stroke) resulting in permanent visual loss
20. Cerebral or spinal aneurysm with surgery, radiotherapy or endovascular repair
21. Cerebral or spinal arteriovenous malformation with surgery, stereotactic radiosurgery or endovascular repair
22. Coronary Artery Angioplasty - of specified severity
23. Crohn's disease treated with surgical intestinal resection
24. Cystectomy - removal of the complete bladder
25. Gastrointestinal Stromal Tumour (GIST) - with surgery
26. Implantable cardioverter defibrillator (ICD) for primary prevention of sudden cardiac death
27. Liver resection
28. Low Level Prostate Cancer with Gleason score between 2 and 6 and with specified treatment
29. Neuroendocrine Tumour (NET) of low malignant potential - with surgery
30. Ovarian Tumour of Borderline Malignancy / Low Malignant Potential - with surgical removal of an ovary
31. Peripheral vascular disease treated by angioplasty
32. Permanent Pacemaker Insertion for heartbeat abnormalities
33. Pituitary tumour resulting in permanent symptoms or surgery
34. Serious Accident Cover resulting in at least 28 consecutive days in hospital
35. Severe Burns/3rd degree burns covering at least 5% of the body's surface
36. Significant visual impairment - permanent and irreversible
37. Single lobectomy - the removal of a complete lobe of a lung
38. Surgical removal of one eye
39. Syringomyelia or Syringobulbia - treated by surgery
40. Thyroid Cancer - early stage with surgery
41. Total colectomy, including colectomy for ulcerative colitis.



Mary's story

This is how specified illness cover can help you in your time of need.

Mary is aged 57 and has €100,000 of specified illness cover with us.

Mary is diagnosed with a brain abscess, which is one of the 41 conditions we cover for additional payment.

- > We pay out one additional payment to Mary and it will not affect the rest of her specified illness cover.
- > Mary receives €15,000 as an additional payment.

Mary is then diagnosed with malignant cancer, which is one of the 48 conditions we cover for full payment.

- > We pay Mary €100,000 in specified illness cover.
- > Once we have paid this, Mary has no specified illness cover left.

Paying surgery benefit immediately

If you are diagnosed as needing aorta graft surgery, coronary artery bypass graft or heart-valve replacement or repair or heart structural repair and you have given us the evidence we need about your condition, we will pay your specified illness cover (up to €30,000) immediately. We provide this benefit automatically with specified illness cover. It means that you will have a cash lump sum to help you decide when and where you will have your surgery. We will take the amount we pay from your total specified illness benefit.

In addition if you are diagnosed as needing a major organ transplant, we will pay out your full specified illness cover amount up front. You must be on the official waiting list programme of a major Irish or UK hospital to receive the specified illness cover payment. You will find full definitions of the surgery we cover in your terms and conditions booklet.



Important points about specified illness cover

- > You must be aged between 18 and 64 to take out specified illness cover.
- > We will not pay the specified illness cover if you die during the term of your plan, only if you are diagnosed with one of the 48 conditions we cover.
- > At the start of your plan we may not agree to cover you against all these illnesses. If this is the case, we will tell you and we will refer to it in your plan schedule.
- > If you suffer from an illness we do not cover, we will not make any payment.
- > If you have children, they are also covered for one additional payment of €7,500 or half your specified illness benefit amount, whichever is lower. For more information, please see your terms and conditions.
- > The additional payment is totally separate from your main specified illness cover benefit. However, you cannot claim under both the additional payment specified illness cover benefit and a full specified illness cover benefit for related conditions if the diagnoses or events leading to a claim are within 30 days of each other. In these circumstances, the total amount we pay will be the full payment specified illness cover benefit. Please see your terms and conditions for details.
- > You can only receive one additional payment for each illness. If you suffer more than one of the conditions we pay additional benefit for, we will pay the benefit for each one until we reach the maximum for your specified illness cover. If the claims are from a single event or diagnosis, we will only make one additional payment.
- > However, we will pay €10,000 on a single vessel coronary angioplasty and a further €30,000 on an angioplasty to a second coronary artery. (Payment may be less in some situations – see terms and conditions for details).
- > Once you claim your full specified illness cover payment, you will have no specified illness cover left and no option to claim for an additional payment.
- > We guarantee the rates we charge won't change over the lifetime of your plan. This means your payment will not change (apart from any indexation changes you choose) so you will always know how much your regular payments will be.
- > If you stop making your payments, you will no longer be protected and we will not return any money to you. You cannot cash in your plan. It is not a savings plan.
- > If you are diagnosed as needing one of the four types of surgery we cover under our pre-payment of surgery benefit, we will pay €30,000 straight away or your specified illness cover amount, whichever is lower.
- > If you have independent specified illness cover, we will only pay a claim if you survive for at least 14 days after having the surgery or being diagnosed as having one of the illnesses. This is longer for certain illnesses. You will find more details on each of the illnesses in your terms and conditions booklet.

- > We will not pay claims or will reduce the amount paid on a claim in certain circumstances – for example if you
- > have not fully answered the questions in your application honestly and with reasonable care, including the questions about your health, occupation, smoking habits, hobbies or pastimes. You will see a summary of these situations in the 'Guide to making a claim' section later in this booklet.
- > If you choose guaranteed cover again, you can convert your cover to another guaranteed plan. Please see the 'Extra benefits and other services' section for more information on guaranteed cover again.
- > We do make a charge if you choose the specified illness cover option.
- > The maximum term for specified illness cover is 40 years.
- > Specified illness cover will end on the plan anniversary before your 75th birthday.
- > This applies even if you have chosen life cover until your 85th birthday.
- > For serious accident cover, we will only pay one amount, full or additional, that arises from the same event.



Extra benefits
and other services

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EXTRA BENEFITS AND OTHER SERVICES

There is a wide range of additional benefits and optional benefits that are available with Term Life Insurance. We have explained them in this section.



Additional benefits

These benefits are automatically available to you, at no extra charge, when you take out Term Life Insurance.

Life cover additional payment

If you take out life cover and are diagnosed by a Consultant Obstetrician as having one of the following five conditions we will make a payment of €5,000 to you. This payment is totally independent of your main life cover benefit which means that you can make a claim for one of these conditions, without affecting your life cover amount.

1. Disseminated Intravascular Coagulation (DIC)
2. Ectopic Pregnancy
3. Hydatidiform Mole
4. Placental Abruption
5. Eclampsia (Under this condition, the following is not covered: Pre-eclampsia.)

Other points to note on this benefit:

We will only pay out once in any one pregnancy, but we will pay out up to 3 times on any one plan.

- > For full definitions of the conditions, please see page 23.
- > This benefit is only available to the people named on the contract for life cover.
- > You must have a minimum of €25,000 life cover to be covered for this benefit.
- > The benefit is available up to age 45 only.
- > There is a waiting period of 12 months. In other words we cannot consider claims for any events within the first 12 months of the plan.

Protection flexibility

We know that when you take out one of our plans, sometimes your needs and circumstances can change. So, up to the fifth plan anniversary, we have a flexibility option on our Term Life Insurance plans.

This allows you to make significant changes to your level of benefits or the term of your benefits without going through the hassle of cancelling your existing plan and taking out a new one. There are no extra costs for this flexibility option. However, when you change the benefits or term of your plan we will work out a new payment at that time. This means the cost of your plan could go up or down.

With this flexibility option you can:

- > reduce or increase the term of your plan; and
- > reduce or increase your existing cover.

The main rules applying to the flexibility option are as follows:

- > You can only change the term if the original term you chose was more than 10 years.
- > To increase a benefit or extend the term:
 - you must be aged under 50;
 - your current life cover must not be more than €500,000 for each life covered, and €300,000 for specified illness cover.
- > You cannot increase your benefit by more than 20% of the current benefit.

- > You cannot extend the term by more than five years.
- > You can only increase a benefit, or extend its term, or a combination of both, once.

There are detailed rules, restrictions and requirements related to this flexibility option set out in your terms and conditions.

Guaranteed Insurability

This benefit is available on both life and specified illness cover plans.

If you start life cover and before the age of 55 you then get married, have a child, take out a new or extra mortgage or get an increase in salary, you can ask us to set up a new life cover plan for:

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

whichever is lower.

You won't have to provide any information about your health.

This option is only available twice. Please see your terms and conditions booklet for detailed information.

Early payment if you are diagnosed with a terminal illness

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

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

Life cover

If you have life cover and are diagnosed as having a terminal illness, we will pay up to your full life cover benefit straight away.

Specified illness cover

If you have stand-alone specified illness cover (which means you have no life cover on this plan) and you are diagnosed as having a terminal illness, we will pay €15,000 of your specified illness cover straight away or half your specified illness benefit amount, whichever is lower.

This is an accelerated benefit, so the specified illness cover you have left will reduce by this amount. We will pay this benefit only if the terminal illness does not arise from one of the 48 conditions we cover on a full-payment basis.

Please see your terms and conditions booklet for detailed information.

Accidental death benefit

This is a temporary automatic benefit available while you are in the process of taking out life cover. We will pay the death benefit (up to €150,000) if you die as a result of an accident.

It covers you from the time we receive your filled-in application form, until any one of the following happen:

- > We accept your application.
- > We offer special terms.
- > We refuse your application.
- > We postpone your application.
- > 30 days have passed.

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

Children's life and specified illness cover

Life cover

- > If you take out life cover, we also automatically cover each of your children up to age 25 for €7,000 life cover for as long as you are covered.
- > We will only pay one claim for each child no matter how many plans you have with us.

Specified illness cover

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

- > We will cover them for the same illnesses you are covered for.
- > If you have more than one plan with us, we will pay only one claim for each child.
- > They must also live for at least 14 days after they have been diagnosed or have had surgery.
- > Your children are also covered for an additional payment of €7,500 or half your specified illness benefit amount, whichever is lower, for the 41 illnesses shown on pages 11 and 12.
- > We will pay only one additional payment for each child, even if you have more than one plan with us. If at a later date the child is diagnosed with one of the 48 conditions we cover, we would still pay the full child specified illness cover amount.

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

- > where symptoms first arose, the underlying condition was first suspected or the underlying condition was diagnosed or either parent received counselling or medical advice in relation to the condition before:
 - the commencement date
 - your legal adoption of the child
- > For brain injury due to anoxia or hypoxia and intensive care requiring mechanical ventilation for 10 consecutive days, before the age of 90 days old.

For more information, please see your terms and conditions booklet.

Optional benefits

Remember: 

**You will pay extra if you choose one of these benefits.
Please speak to your Financial Adviser for more information.**

Inflation protection (indexation)

This option allows you to increase your cover every year (to keep in line with the cost of living). And, you do not have to provide evidence of your health. This is often called 'indexation'.

Why do I need inflation protection?

This option protects the real value of your cover as time passes. If you do not take this option, your cover will stay the same throughout the term of your plan.

How inflation protection works

- > You will have to pay an extra charge for this benefit. This extra charge will depend on your age and the term of your plan.
- > At the moment the amount you are covered for will increase by 3% a year. Your payment will go up by 4.5% each year to reflect the extra cover and the fact that you are older.
- > If you refuse this option two years in a row, we will not offer you any further increases.

Guaranteed cover again (conversion option)

Guaranteed cover again, also known as a conversion option allows you to convert your cover to another plan at any stage throughout the term of your plan.

You have the choice of two types of plan when you exercise this option, assuming we have such products available at that time:

- > Take out another fixed term protection plan which will provide cover for a specified term, after which your cover will cease.
- > Take out a whole of life protection plan with Irish Life which will provide life cover for the remainder of your life, as long as you continue to pay the premiums. There is no Specified Illness Cover available on a whole of life plan.

If you wish to avail of Guaranteed Cover again, you must take it at the start of your plan. When you use the conversion option you will not have to provide any new evidence of health for the new plan you convert to. You can avail of this option more than once. The payments you make will reflect this. Please see your plan terms and conditions for this plan for full details, including any restrictions or exclusions which may apply to this option. Depending on the option you choose, the plan you convert to will be subject to the terms and conditions of that plan. The benefits on whole of life protection plans may be different to the benefits on fixed term protection plans..

Why do I need guaranteed cover again?

In future years you can get cover without providing evidence of your health.

How guaranteed cover again works

- > If you want to convert your cover, you can take out a new plan with guaranteed regular payments.
- > The option to convert cover does not include any inflation protection on the extended cover. The payments you make will reflect this.
- > You will have the option to add guaranteed cover again to the new term plan you convert into, once you are aged between 18 and 65 at the time of setting up the plan you are converting into.
- > Guaranteed Cover Again applies to a life cover sum assured of no more than €5,000,000 and a specified illness sum assured of no more than €1,000,000 for conversion to another fixed term protection plan. The maximum sum assured limit available on a fixed term protection plan available at the time your convert your cover may be different to the limit available on a whole of life protection plan. These limits apply to the total cover extended across all the plans you have with us. The payments you make will reflect this. Please see your terms and conditions for more details.

Other services

Comprehensive range of services through LifeCare

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



NurseCare – someone to help when you're not sure what to do

Medical Information & Triage

- > NurseCare is a helpline service provided by Crisis24 which gives you and your family 24/7 access to experienced nursing professionals.

Women's Health Centre

- > With the helpline, you have access to professional nurses and midwives who can give you guidance on medical queries, and provide support on health issues specific to women such as fertility and menopause.



ClaimsCare – support if you need to claim

- > If you need to make a claim, a dedicated claims assessor will help you through the process.
- > You can also avail of three counselling sessions provided by the Clanwilliam Institute, at no extra cost, if you need to make a life cover claim.

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

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



A guide to
making a claim

| 6

A GUIDE TO MAKING A CLAIM

We are committed to taking care of claims as quickly as possible in a professional, polite, sensitive and sympathetic way.

In the unfortunate event that you or your family have to make a life or specified illness cover claim, take a look below at the best way to go about it.



How to make a life cover claim

- > When your family or personal representatives need to make a claim, they should contact your Financial Adviser or our customer service team on 01 704 1010.
- > We will send them a claim form and explain what to do. We will always need a filled-in claim form, the plan schedule, and the original death certificate.
- > In some circumstances, we will need a certified copy of the will and grant of probate. If there is no will, we may need letters of administration. It is our policy to start paying interest on any life cover claim from two months after the date of death. This is in line with industry standards.
- > When we receive all the documents and information we need, we will normally make a payment within five days. If our payment is delayed, as a gesture of goodwill, we will pay interest from the date of death rather than from two months after the date of death.

- > If your benefit has been legally transferred to your mortgage lender, we will pay the benefit to the lender. We do not pay any extra claim amount to cover the level of interest built up on a mortgage between the date of your death and the date we settle the claim.



How do I make a specified illness cover claim?

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

- > If your benefit has been legally transferred to your mortgage lender, we will pay the benefit to the lender. We do not pay any extra claim amount to cover the level of interest built up on a mortgage between the date you are diagnosed with a specified illness and the date we settle the claim.

Please see www.irishlife.ie for more information on claims.

Situations where we will not pay a claim

We have listed a summary of these situations on this page.

We may refuse to pay a claim or reduce the amount to be paid if you have given incorrect information or did not tell us something in response to a question in your application that would have affected our assessment of your application when you first took out the plan. You must, in your application, answer our questions honestly and with reasonable care, including the questions about your health, occupation, smoking habits, hobbies and pastimes. If you do not and you make a claim, we may not pay your benefit or may reduce the benefit. We will send you a summary of the information in the main completed application for cover. You should check this to make sure that you have answered all the questions accurately.

We will not pay life cover benefit if:

- > your death is caused by suicide, or execution in a foreign country, within a year of the plan starting.

We will only pay specified illness and terminal illness claims if:

- > you are living in the European Union, Australia, United Kingdom, Canada, New Zealand, Norway, South Africa, Switzerland or

the United States of America. If you move outside of these countries, you must let us know immediately so that we can decide whether your benefits should continue.

We will not pay specified illness cover benefit for:

coma, loss of limb, loss of independence, brain injury due to anoxia or hypoxia and intensive care requiring mechanical ventilation for 10 consecutive days, paralysis of a limb, severe burns/3rd degree burns (5% body) - 3rd degree burns (20% body/20% face/50% hands) or traumatic head injury, and will not pay limited payments for surgical removal of an eye, severe burns/3rd degree burns covering at least 5% of the body surface in the following situations:

- > if the injury has been caused directly or indirectly by war, riot, revolution, civil commotion or any similar event or by you taking part in a criminal act;
- > if the condition was self-inflicted or caused directly or indirectly by you drinking alcohol (if there is a history of alcohol abuse) or taking illegal drugs, or if you failed to follow reasonable medical advice, medically recommended therapies, treatment or surgery;
- > the injury was caused by you taking part in any of the following hazardous pursuits: abseiling, bobsledding, boxing, caving, flying (taking part in any flying activity, other than as a passenger in a commercially licensed aircraft on a regular public airline), hang-gliding, horse racing (but not general equestrian activities), motor-car and motor-cycle racing or sports, mountaineering, mixed martial arts, parachuting, potholing, powerboat racing, rock climbing or scuba diving.

In respect of life, specified illness and terminal illness, Irish Life reserves the right to refuse to accept medical or other required evidence, produced in any country other than in Ireland or the United Kingdom.

Any claim forms, medical reports or other claim related evidence should be submitted in the English language. If this is not possible, certified English language translations (by a professional translation service) and the original documents must be provided by the claimant. Any associated costs incurred by Irish Life in relation to the translation or the verification of claim related documents will be deducted from any claim benefits payable.

Will any tax have to be paid on the benefits?

Usually tax does not have to be paid on life or specified illness benefits. In some circumstances tax may have to be paid on life cover. For example, if you die within the term of the plan and your life cover is paid to your estate, your beneficiaries may have to pay inheritance tax on the proceeds from the plan. You should ask your tax adviser or your accountant to tell you about the tax situation.

We will collect any levies or taxes imposed by the Government. The current government levy on life assurance payments is 1% (July 2023).



Life cover additional
payment definitions

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LIFE COVER ADDITIONAL PAYMENT DEFINITIONS



Plain English Campaign's Crystal Mark does not apply to the following text.

The conditions we make a life cover additional payment on

	Definition of life cover additional payment	In simpler terms
1.	Disseminated Intravascular Coagulation (DIC) We will make a limited payment of €5,000, if the life insured has a definite diagnosis by a Consultant Obstetrician of Disseminated Intravascular Coagulation (DIC) secondary to complications of pregnancy.	Disseminated intravascular coagulation (DIC) is a complex systemic thrombohaemorrhagic (clotting and bleeding) disorder involving an over-activation of clotting factors and fibrinolytic enzymes. This can result in thrombosis (clotting), tissue necrosis (death of tissue) and haemorrhaging (bleeding) from many sites. We cannot consider a claim for disseminated intravascular coagulation unless it has been directly caused by complications of pregnancy.
2.	Ectopic Pregnancy We will make a limited payment of €5,000, if the life insured has a definite diagnosis by a Consultant Obstetrician of ectopic pregnancy which requires emergency surgery.	An ectopic pregnancy happens when a fertilised egg has implanted outside the uterus. You can claim if you need immediate surgery for ectopic pregnancy.
3.	Hydatidiform Mole We will make a limited payment of €5,000, if the life insured has a definite diagnosis by a Consultant Obstetrician of hydatidiform mole.	Hydatidiform mole is a benign growth that forms around a fertilized egg inside the uterus during pregnancy. Tissue that would normally have developed into the placenta instead develops as an abnormal cluster of cells. (This is also called a molar pregnancy.)

<p>4. Placental Abruption.</p> <p>We will make a limited payment of €5,000, if the life insured has a definite diagnosis by a Consultant Obstetrician of placental abruption which requires medical intervention.</p>	<p>The placenta is a temporary organ that joins the mother and the foetus. It transfers oxygen and nutrients from the mother to the baby and releases carbon dioxide and waste products from the foetus.</p> <p>Placental abruption is when the placenta separates from the wall of the uterus before the birth of the baby.</p>
<p>5. Eclampsia</p> <p>We will make a limited payment of €5,000, if the life insured has a definite diagnosis by a Consultant Obstetrician of eclampsia that has resulted in all of the following:</p> <ul style="list-style-type: none"> • Tonic-clonic seizure(s); and • Pregnancy related hypertension; and • Proteinuria. • For the above condition, the following is not covered: <ul style="list-style-type: none"> - Pre-eclampsia. 	<p>Eclampsia is a severe complication of pregnancy, where the mother has raised blood pressure, protein in her urine and suffers convulsions or coma.</p> <p>A diagnosis of eclampsia must be made by a consultant obstetrician.</p>



Customer information notice

| 8

CUSTOMER INFORMATION NOTICE

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

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Introduction

This notice is designed to highlight some important details about the plan and, along with the Term Life Insurance booklet, is a guide to help you understand your plan. Full details on the specific benefits and options that apply to you will be contained in your plan schedule (or certificate of membership, if applicable), Terms and Conditions booklet and personalised customer information notice which you will receive when the contract is in place. It is important that you should read these carefully when you receive them as certain exclusions and conditions may apply to the benefits and options you have selected.

Any questions?

If you have any questions on the information included in this customer information notice you should contact your Financial Adviser or your insurer Irish Life, who will deal with your enquiry at our Customer Services team, Irish Life, Irish Life Centre, Lower Abbey Street, Dublin 1.

A. Information about the policy

1. Make sure the policy meets your needs!

The Term Life Insurance plan is a regular payment term assurance plan. The plan provides protection benefits only i.e. life cover, specified illness cover and also a number of optional protection benefits over a fixed term. If you opt for the indexation option the level of benefits will automatically increase each year. The payment you make will also increase each year. Currently, the rate of increase for benefits is 3% each year and the rate of increase for the payment is 4.5% each year.

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

Your Financial Adviser must indicate whether paragraph a) or paragraph b) below applies.

- a) This plan replaces in whole or in part an existing plan with Irish Life, or with another insurer. Your Financial Adviser will advise you as to the financial consequences of such replacement and of possible financial loss as a result.

You will be asked at the beginning of your application form to confirm this in writing. Please ensure that you have completed this section of the form and that you are satisfied with the explanations provided by your Financial Adviser before you complete the rest of the application form.

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

2. What happens if you want to cash in the policy early or stop paying premiums

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

If you stop making payments, all cover under the plan will end and we may refund a portion of your most recent monthly payment so that you will only be charged for the number of days that have passed since that payment. Any payments before your most recent payment will not be refunded.

3. What are the projected benefits under the policy

The following payment and benefit details are for a typical Term Life Insurance plan. The figures will obviously vary based on each individual's personal details and choice of protection benefits. The payment quoted below is correct as at July 2023. Figures for your specific plan details will be shown in your customer information notice in your welcome pack. The figures below are based on the following details.

Protection Benefits	Life cover of €160,000
	Accelerated specified illness cover of €50,000
	Cover is on a dual life basis.
Lives Covered:	Male, non-smoker aged 38 next birthday. Female, non-smoker aged 37 next birthday.
Payments:	€64.79 a month payable by direct debit. This plan has guaranteed cover again. No indexation option has been selected.
Term	The term of the plan is 19 years.

All figures are exclusive of the 1% government levy.

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

Illustrative table of projected benefits and charges

	A	B	C	D	E = A + B - C - D
Year	€	€	€	€	€
	Total amount of premiums paid into the policy to date	Projected investment growth to date	Projected expenses and charges to date	Projected cost of protection benefits to date	Projected policy value after payment of taxation
1	777	-	344	433	-
2	1,555	-	655	900	-
3	2,332	-	930	1,403	-
4	3,110	-	1,165	1,945	-
5	3,887	-	1,358	2,530	-
6	4,665	-	1,505	3,160	-
7	5,442	-	1,601	3,841	-
8	6,220	-	1,639	4,580	-
9	6,997	-	1,639	5,358	-
10	7,775	-	1,639	6,135	-
11	8,552	-	1,639	6,913	-
12	9,330	-	1,639	7,690	-
13	10,107	-	1,639	8,468	-
14	10,885	-	1,639	9,245	-
15	11,662	-	1,639	10,023	-
16	12,440	-	1,639	10,800	-
17	13,217	-	1,639	11,578	-
18	13,995	-	1,639	12,355	-
19	14,772	-	1,639	13,133	-

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

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

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

4. What intermediary/sales remuneration is payable?

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

Illustrative table of intermediary/sales remuneration

Year	€	€
	Premium payable in that year	Projected total intermediary/ sales remuneration payable in that year
1	777	737
2	777	155
3	777	155
4	777	155
5	777	155
6	777	23

Year	€	€
	Premium payable in that year	Projected total intermediary/ sales remuneration payable in that year
7	777	23
8	777	23
9	777	23
10	777	23
15	777	23
19	777	23

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

5. Are the returns guaranteed and can the premium be reviewed?

The payment is guaranteed to provide protection cover for a fixed term, assuming no changes to your payment or benefits (other than indexation increases).

6. Can the policy be cancelled or amended by the insurer?

We may cancel your plan if you stop making payments.

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

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

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

If we end your cover for this reason, you will lose all rights under the plan and we may not refund your payments. We will send you a copy of the main application form that you have filled in for us.

7. Information on taxation issues

Under current Irish tax law (July 2023), tax does not usually have to be paid on life cover or specified illness cover benefits, but in some circumstances tax may be due. For example, if the life cover is paid to your estate, your beneficiaries may have to pay inheritance tax (there is no inheritance tax due on an inheritance between married couple or registered civil partners).

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

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

Please contact your Financial Adviser or Irish Life if you do not fully understand the likely tax treatment of any benefits payable in connection with your Term Life Insurance plan.

However, we recommend that you seek independent tax advice in respect of your own specific circumstances.

8. Additional information in relation to your policy

What are the benefits and options provided under this plan?

You may select benefits from the following options in order to meet your particular needs.

Life cover

We will pay the life cover you select plus any increases due to indexation in the event of the death of one of the lives covered during the term of the plan. If there is more than one life covered, this benefit can be paid on the death of either or both of the lives covered. If, at any stage, you choose to reduce your benefits and payments, the amount we pay in the event of death will be reduced accordingly.

Independent specified illness cover

If this benefit applies we will pay the independent specified illness cover plus any increases due to indexation if either, or both, of the lives covered is diagnosed during the term of the plan as having one of the 48 specified illnesses listed in the Terms and Conditions booklet, and survives for a certain period after having the surgery or being diagnosed as having any of the conditions covered. If one or more of those illnesses or conditions is not covered, this will be referred to in the plan schedule (or certificate of membership, if applicable).

No other illnesses or conditions are covered.

Independent specified illness cover is not payable in the case of death.

If, at any stage, you choose to reduce your benefits and payments, the amount we pay in the event of illness will be reduced accordingly.

Accelerated specified illness cover

If this benefit applies we will pay the accelerated specified illness cover plus any increases due to indexation if either, or both, of the lives covered is diagnosed during the term of the plan as having one of the 48 specified illnesses listed in the Terms and Conditions booklet. If one or more of those illnesses or conditions is not covered, this will be referred to in the plan schedule (or certificate of membership, if applicable).

No other illnesses or conditions are covered.

The amount of life cover for a person will be reduced by the amount of any accelerated specified illness cover payment.

If, at any stage, you choose to reduce your benefits and payments, the amount we pay in the event of illness will be reduced accordingly.

Additional payment illness benefit

If specified illness cover applies, as well as the 48 specified illnesses mentioned above, we will pay €15,000 (or 50% of your specified illness cover amount, whichever is lower) if you are diagnosed with one of 41 other illnesses. This is separate from your main specified illness benefit. The total amount we will pay through additional payments is limited to the amount of

your specified illness cover as shown on your plan schedule (or your certificate of membership, if applicable). You are only allowed to claim once for each of the 41 illnesses. For details, please see your Terms and Conditions booklet.

Accidental death benefit

This is an automatic additional benefit. We will pay the death benefit (to a maximum of €150,000) on accidental death between the time the application is received by Irish Life (together with a completed direct debit) and the earlier of the following:

- > the day of the final underwriting decision if terms are being offered,
- > the day of the underwriting decision if we are declining or postponing cover,
- > 30 days from the date we receive the application.

or this benefit, “Accidental Death” means death caused solely and directly as a result of an accident caused by violent, visible and external means and independently of any other cause.

There are the following restrictions:

- > The benefit payable is subject to the lower of the life sum assured or €150,000.
- > The benefit is subject to a maximum entry age of 55.
- > Exclusions apply around the nature of the death e.g. suicide or intentional self-inflicted injury causing death are excluded. There are further details of the exclusions in the Terms and Conditions booklet.

We will only pay once under Accidental Death Benefit in respect of any life, regardless of the number of plans or applications a person has with Irish Life.

Guaranteed cover again

This valuable option allows you to take out another Irish Life protection plan with the same level of cover provided under this plan and at any stage throughout the term of your plan, without having to provide medical evidence. This option will be subject to the plan conditions and the benefits we offer at the time the option is exercised. This option will apply to a maximum life cover sum assured of €5,000,000 and a maximum specified illness cover sum assured of €1,000,000 when converting to another fixed term protection plan.

You have the choice of two types of plan when you exercise the guaranteed cover again option, assuming we have such a product option available at that time:

1. Take out another fixed term protection plan which will provide cover for a specified term, after which your cover will cease. To avail of this option you must apply in writing before the expiry date of the relevant benefit, subject to the plan conditions and benefits we offer at that time.
2. Take out a whole of life protection plan with Irish Life which will provide life cover for the remainder of your life, as long as you continue to pay the premiums. To avail of this option you must apply in writing before the expiry date of the life cover benefit, subject to the plan conditions and benefits we offer at that time. The plan conditions and benefits for a

whole of life protection plan may be different to a fixed term protection plan. Please see your plan terms and conditions for full details, including any restrictions or exclusions which may apply. There is no Specified Illness Cover available on a whole of life plan.

The cost of the new plan will be based on terms applying at the time the new plan is taken out. This option ends if the plan has been cancelled for any reason before the expiry date e.g. as a result of not making payment or the payment of a benefit. If this plan is assigned to someone else, for example to a lender as security on a mortgage, you will need the approval from the party to which this plan is assigned before this option can be exercised. Please read your Terms and Conditions booklet for details applying to this option.

Guaranteed insurability option

This is an automatic additional benefit. If cover has not ended, you can ask us to set up a new Term Life Insurance plan for the lesser of

- > 50% of your life and/or specified illness cover benefit; or
- > €125,000

without having to provide evidence of health, within three months of:

- > being granted a new mortgage or an increase in an existing mortgage (the increase in cover cannot be higher than the mortgage or increase in mortgage), where the new or increased mortgage arises from a move to a new house

or significant improvements to the existing house. The mortgage must be drawn down

- > getting married; or
- > having or adopting a child; or
- > an increase in the life insured's salary, as a result of a change in job or getting a promotion. In this instance, the percentage increase in the sum assured is limited to the percentage increase in salary. Your employment status must be employee / employed. This is not available where your employment status is self-employed, company director or partner.

You must be aged 55 or under in order to exercise this option.

The maximum number of times you may exercise this option is twice.

The cost of the new plan will be based on terms applying at that time.

You will need to provide independent proof of the mortgage, marriage, birth, adoption or salary increase before we can set up a new plan. You must ask for a new plan under this paragraph within three months of the marriage, birth, adoption or salary increase, or the date of the mortgage drawdown. Please refer to your Terms and Conditions booklet for more details.

If you want to take out additional specified illness cover, you must take out the plan before the specified illness cover benefit comes to an end.

What is the term of the contract?

The plan provides protection benefits for a fixed term. The specified illness cover may stop before the end of your plan term. Specified illness cover cannot continue past the policy anniversary before your 75th birthday.

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

We may cancel your plan if you stop making payments

Is there an opportunity to change your mind?

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

Law applicable to your plan

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

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

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

Financial Services and Pensions Ombudsman

Lincoln House,
Lincoln Place,
Dublin 2, D02 VH29.

Tel: (01) 567 7000

Email: info@fspo.ie

Website: www.fspo.ie

B. Information on service fee

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

C. Information about the insurer/ insurance intermediary/sales employee

Insurer

The Term Life Insurance plan is provided by Irish Life Assurance plc, a company authorised in Ireland. Irish Life Assurance plc is regulated by the Central Bank of Ireland. You can contact us at Irish Life Centre, Lower Abbey Street, Dublin 1, by telephone at 01 704 1010, by fax at 01 704 1900, and by e-mail at customerservice@irishlife.ie.

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

Insurance Intermediary / Sales Employee

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

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

D. Information to be supplied to the policyholder during the term of the insurance contract

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

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

Contact us

Phone 01 704 1010
8am to 8pm Monday to Thursday
10am to 6pm on Fridays
9am to 1pm on Saturdays

Fax 01 704 1900

Email customerservice@irishlife.ie

Website www.irishlife.ie

Write to Irish Life Assurance plc, Irish Life Centre, Lower Abbey Street, Dublin 1.

Irish Life Assurance plc, trading as Irish Life, is regulated by the Central Bank of Ireland.
In the interest of customer service we will monitor calls.
Irish Life Assurance plc, Registered in Ireland number 152576, VAT number 9F55923G.