life options

with you every step of the way

Irish Life

more options for your future

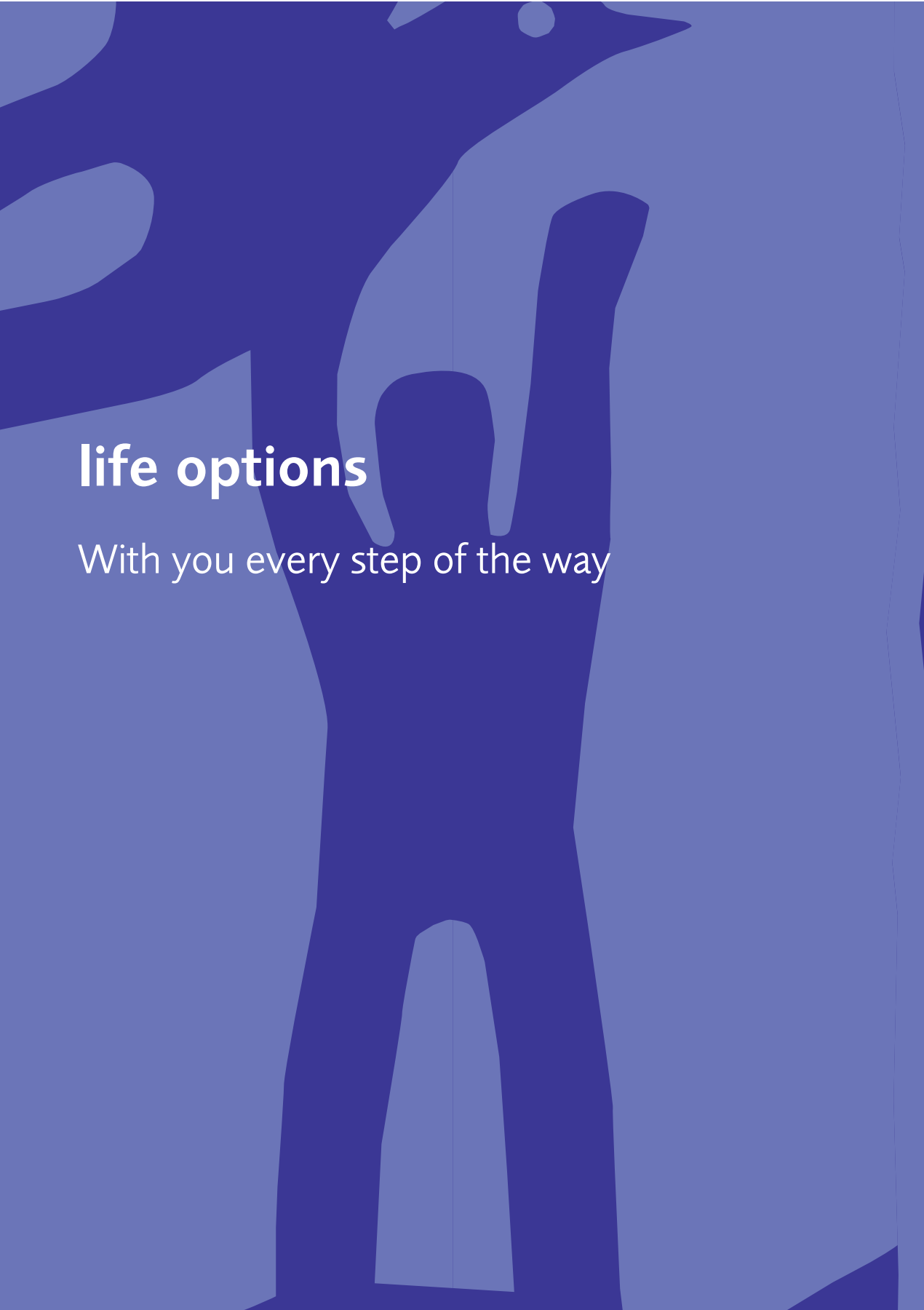
product snapshot

life options		
Aim		To offer you a wide range of cover that can help protect your families standard of living if you die or suffer a specified illness during the term of the plan
Cost of cover		The cost of your cover can change
Time period		Whole of life.
Jargon-free		Yes

Our guarantee to you

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

Plain English guaranteed.



life options

With you every step of the way

contents

1 introduction

You never know what lies ahead or what life will throw at you next.

All you can hope for is that you have a plan in place that will protect your family's standard of living if something goes wrong and you no longer have an income coming in. Life Options is that plan.

Four great reasons to choose a Life Options plan.

1

Life Options offers you a wide range of cover against things that could affect your family's future income. Life Options offers you financial cover against:

- death;
- specified illnesses, such as cancer, heart attack and stroke;
- vital long-term care;
- time spent in hospital;
- accidents; and
- problems making your payments.

2

Not only that, but this plan has the added flexibility to change as your needs change, so that you have the financial security you need at every stage of your life.

3

We also offer you a wide range of services including **'Phoneassist'**. This is a unique, free service that allows you to phone a team of trained nurses who can help you with any questions or concerns that you might have about your family's health.

4

Plus, when you buy a Life Options plan, you are buying the peace of mind of choosing the number one protection company in Ireland.

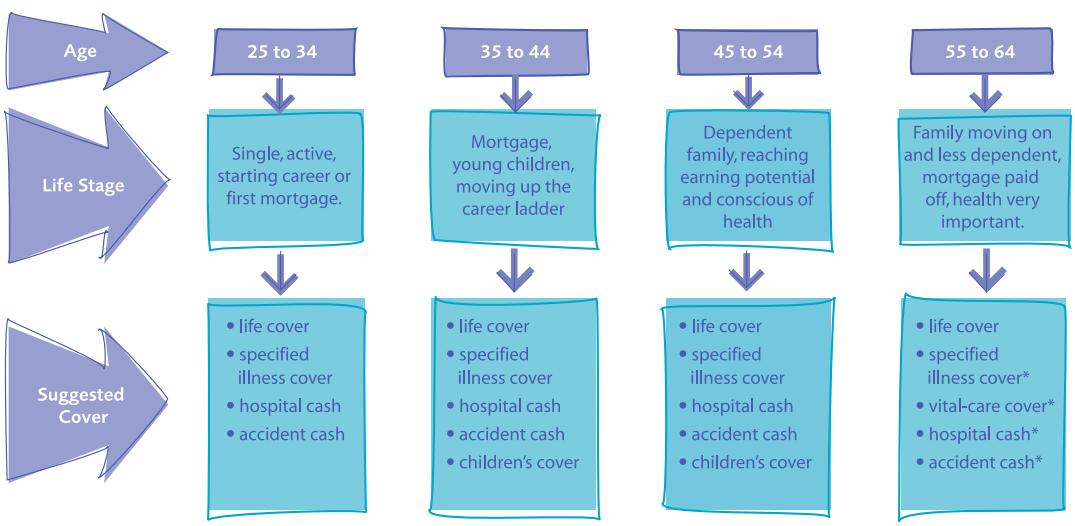
This booklet will give you details of life options. We will talk you through the services we offer, and it will answer some of the most common questions we are asked. It is only a guide that allows us to explain the product to you in simple terms. If you have any other questions, please speak to your financial adviser. There will be more specific details and rules in your terms and conditions booklet, which you should read carefully.

the **life options** plan

Life options aims to be the only protection plan you'll ever need.

Because everyone is different, you will have your own needs and priorities. As such, life options offers a wide range of benefits to suit all lifestyles. Plus you can protect yourself (single cover) or you and your partner (dual cover).

And as it is flexible, you can arrange the plan to suit your needs today and change the plan as your needs change tomorrow, for example, you may get married or have children. Below is a breakdown of some different life stages and the benefits that might suit individuals at each of these stages.



* You must be aged 18 - 54 to take out this cover.

Tailoring a Life Options plan to suit your changing needs

Choose from a wide range of benefits

With life options, you can create a plan for yourself by choosing from a wide range of benefits, including the following:

Life cover	Pays your family a lump sum if you die.
Specified illness cover	Pays you a lump sum if you suffer from one of the 26 conditions we have listed on page 19.
Vital care cover	Pays you a lump sum if you lose your independence and need long-term care.
Hospital cash cover	Pays you a daily amount while you are in hospital.
Accident cash cover	Pays you a weekly amount if you can't work because of an accident.
Children's cover	You automatically get children's benefits if you take out life cover, specified illness cover or hospital cash cover for yourself or your partner.
Contribution cover	If an illness or injury prevents you from doing your normal paid work for more than 26 weeks in a row, we will make your payments on your life options plan.
Phoneassist	Free 24-hour service allowing you to phone a team of trained nurses.

Five flexible ways to match your changing needs

You can decide how long you want to make payments for

Life Options will last you for as long as you choose, as long as you keep making the right payments. Because life options is a flexible protection plan, you can choose the period of cover and payment to suit your current financial position.

For example, you may have a mortgage or your children's education to pay for when you take out the plan. So it may suit you to take out a shorter period of cover with cheaper payments. However, it is important to point out that these payments are likely to increase a lot at the end of your period of cover, if you want to maintain the same level of cover. Your payments will increase because you are older.

In all cases, we will review the payments at the end of your chosen period of cover. This is to work out the new payments that you will need to pay to maintain your benefits. We may also have to increase your payment during your chosen period of cover if certain circumstances arise.

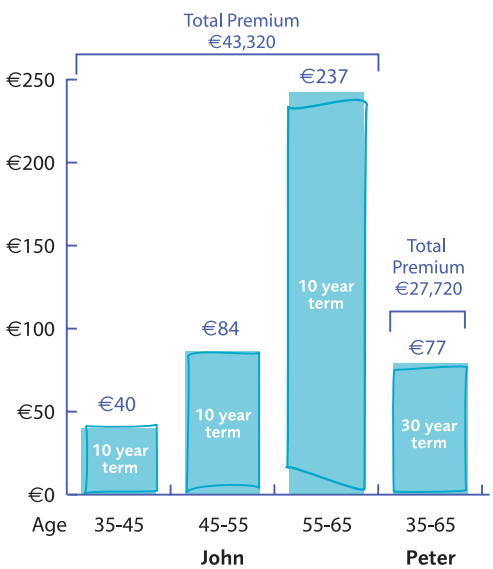
To find out more about these special circumstances, simply go to the 'Your questions answered' section on page 40 of this booklet.

2

You can choose how long you want the cover for.

In the following example, John chooses a 10-year period of cover and Peter chooses a 30-year period. At the end of each period of cover, the price will go up.

The cost of short-term plans compared to long-term plans



* costs based on male non-smoker

John takes out a 10 year term for €100,000 life cover and €75,000 specified illness cover.

- At age 35, the payments are €40 a month.
- At age 45, we will review his payments and his payments will increase to €84 a month.
- At age 55, we will once again review his payments and it will increase to €237 a month.

Peter takes out a 30-year period of cover for

- €100,000 life cover and €75,000 specified illness cover.
- At age 35, the payments are €77 a month.

You will see from this example that Peter's payments are higher at the younger age, but after 10 years they becomes less expensive than John's payments.

This clearly shows that over a longer period it costs less to take out a long-term plan.

Please remember that your payments may also increase during your chosen period of cover if certain circumstances arise. To find out more about these special circumstances, simply go to the 'Your questions answered' section on page 40 of this booklet.

3

You can add or remove benefits

You can change the protection benefits you have as your circumstances change.

For example:

- if you have children, you might want to add hospital cash cover; or
- if your children have grown up and left home, you might want to reduce your life cover.

If you want to increase your protection benefits, you will need to provide satisfactory medical evidence (initially in the form of a filled-in application form).

4

If your circumstances change

If you get married, have a child or buy a house, you can increase your life cover by up to €200,000 without having to provide any information about your health (as long as you are under 50).

5

You can be protected against inflation

Your cover and payments will increase every year to keep in line with the cost of living without the need to provide evidence of health. This option protects the real value of your cover as time passes. You can decide at any time to stop this.

This option is not available if you have arranged your cover under a mortgage providers' Group Mortgage Protection Plan. There are more details on page 45.

Remember, if you stop making your payments, you will no longer be protected.

Life cover

Life cover

What is life cover?

Life cover pays a lump sum to your family if you die. They can use this lump sum to pay off bills or the mortgage, and to help give them an income when they most need it.

Why do I need life cover?

In 2003 in Ireland, 6,224 people died before the age of 65. (This statistic comes from CSO 2004.)

It's important to protect your family's income if you die. State benefits are limited, and because the regular bills will still be rolling in, your family could suffer financial hardship if you die. We paid out over €49 million to thousands of families in 2005. But in many cases it was not enough to give a proper income because the cover was too low.

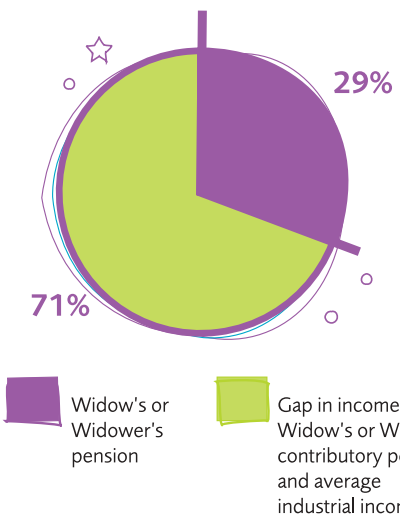
How much cover do I need?

You 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.

For example:

A State widow's or widower's contributory pension	**€165.80 each week**
B Average industrial wage (CSO 2004)	**€588.92 each week**
Shortfall	**€423.12 each week**



You'll need enough cover to make up some or all of the shortfall in your income. Your financial adviser will help you decide on a figure. If you don't earn an income, but look after your children or home, you need enough cover to pay someone to do this.

Added extras

1 Terminal illness cover

If you have life cover and are diagnosed as having a terminal illness, we will immediately pay half the amount you are insured for (up to a limit of €125,000). This is to help you get the care you will need. (A terminal illness is a condition which, in the opinion of the appropriate hospital consultant and our Chief Medical Officer, is highly likely to lead to your death within 12 months.)

2 Children's cover

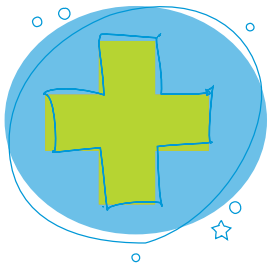
We also cover children for €4,000 – see page 32 onwards.

Important

- You must be aged between 18 and 74 to start this cover

4

Specified illness cover



Specified illness cover

What is specified illness cover?

Specified illness cover pays a lump sum if you suffer from one of the 26 common conditions we cover, such as cancer, heart attack and stroke. You and your family can use this lump sum to pay off bills or the mortgage, and to help provide an income at this distressing time.

Why do I need specified illness cover?

Serious illness can strike at any time. The effects can be catastrophic. Not only could you face increased medical bills on top of your regular bills, but you could face them when your income is reduced because you can't work.

The statistics are frightening.

- Men have a one in four chance of becoming seriously ill before the age of 65.
- For women, that figure is one in five.
- The average age of our customers who claim for specified illness cover is 41.
- The most common illnesses are cancer, heart attack and stroke.

(Based on our experience of claims).

But the good news is that it is likely that if you suffer a serious illness you will survive. However for many of those who survive*, life will never be the same again. Some become disabled and have to change their home and car, while others need ongoing medical care. If you take out specified illness cover, we will provide a lump sum to make sure you don't have to worry about financial security.

***Comments from our customers:**

'When you take out these policies you never think you will need them. Overall I was delighted to have had it, and it made life a little bit easier at a very difficult time.'

'I would just like to say Irish Life was brilliant, and I could not have coped without the lump sum.'

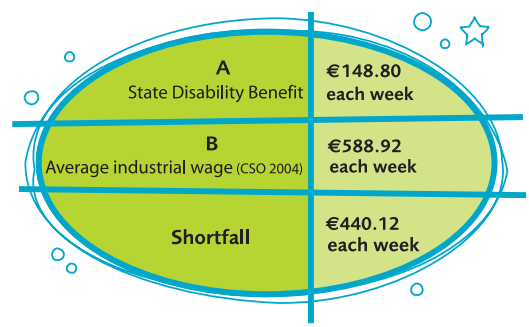
'The whole process was so quick, I couldn't believe I had a cheque written within a few weeks of my claim. Great service.'

How much cover do I need?

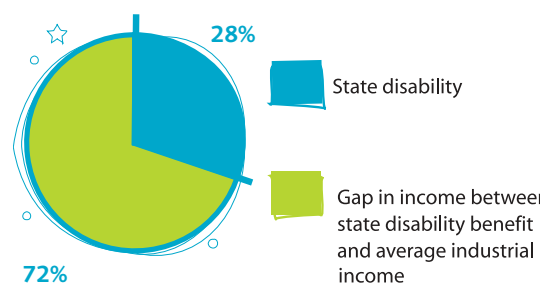
At the very least, you need enough cover to:

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).

For example:



Average industrial Income



You'll need enough cover to make up some or all of the shortfall in your income. Your financial adviser will help you decide on a figure. If you don't earn an income, but look after your children or home, you need enough cover to pay someone to do this.

The 26 conditions we cover

We have identified 26 common conditions that could change your life so much that you would need financial help. We have then added an extra condition which we have called loss of independence. We describe this on page 63. We have added this benefit to make your total cover more wide-ranging. And it will be particularly valuable as you get older.

We do not cover any other illnesses.

Your options

A Stand alone specified illness cover

You can take out specified illness cover on its own without taking out life cover.

B Life cover with independent specified illness cover

With this option, your life cover and specified illness cover are separate. So if you are diagnosed as having one of the 26 conditions we cover, we will pay all your specified illness cover, and your life cover will not be affected.

If you have independent specified illness cover, we will only pay a claim if you live for a certain length of time after surgery or after being diagnosed as having one of the 26 conditions we cover. You will find full details from page 52.

C Life cover with accelerated specified illness cover

With this option, you can choose to have all or part of your life cover paid if you are diagnosed as having one of the 26 conditions. If you do, we will reduce your life cover by the amount you receive.

This option is cheaper than life cover with independent specified illness cover.

Added extra

1 Paying surgery benefit immediately

We will pay:

- up to €20,000 of your cover immediately if you are diagnosed as needing coronary artery surgery, heart valve and structural surgery, or surgery to the aorta;
- up to €20,000 of your cover if you have a single-vessel angioplasty; and
- up to €40,000 of your cover if you lose one limb.

You can find details of these payments on page 51.

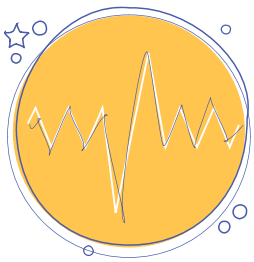
Important

- You must be aged between 18 and 54 to take out this cover.
- We will not pay the specified illness cover if you die – only if you have one of the 26 covered conditions.
- You can only receive one payment with this cover. For example, you cannot claim for a heart attack and then claim for a different illness.
- You can find more details of specified illness cover in the technical details from page 48.

2 Children's cover

When you take out specified illness cover, we will cover all your children between the ages of one and 21 for €20,000 for as long as you are covered. You can find details of these payments on page 33.

Vital-care cover



Vital-care cover

What is Vital-care cover?

This covers you against any medical condition (caused by illness or accident) that leaves you unable to look after yourself in the long term. It pays an extra tax-free amount equal to the amount of specified illness cover you have chosen.

Why do I need Vital-care cover?

Vital-care cover builds on your specified illness cover by giving you extra cover when you need it most. If you are not being paid while you are ill, you would use specified illness cover to pay off some of your mortgage and any unpaid bills and medical costs, and replace some of your income. You would use Vital-care cover to adapt your home if you needed to, or pay for long-term care costs such as nursing-home fees. Vital-care cover is all the more important because, for example, if you have a heart attack or stroke or become paralysed, you will not be able to get this kind of cover again.

What does it cover?

We will pay a claim in the following circumstances.

- You are permanently in a hospital or nursing home as a result of a medical condition.
- You are permanently in a wheelchair.
- You suffer from severe and permanent brain damage.

  You can't do any three of the following things without the help of another person.
  - Walk 100 metres.
  - Get into and out of a vehicle.
  - Dress and undress yourself.
  - Use normal cutlery to eat food that has already been prepared for you.
  - Wash yourself all over.
  - Climb stairs.

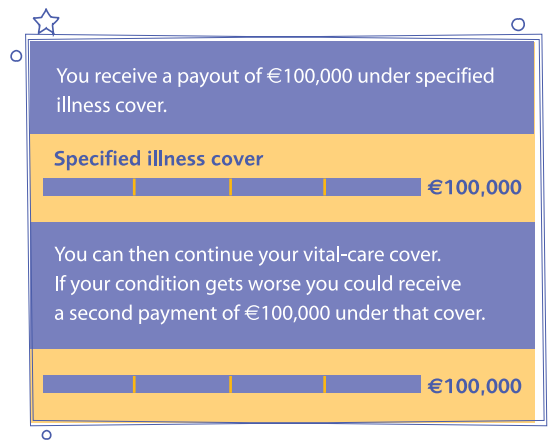
We will pay a claim when you have had the condition for six months in a row. If you die within the six months, we will not pay a claim.

How does it work?

Below are two examples of how this plan can work for you.

Example 1

Suppose you have €100,000 specified illness cover and Vital-care cover and you are diagnosed as having, for example, multiple sclerosis.

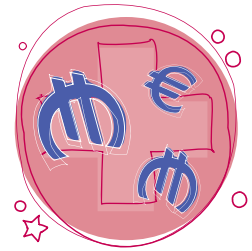


You could then use this to get full-time care or make necessary adaptations to your home.

Important

- You must be aged between 18 and 54 to take out this cover.
- You can only take out Vital-care cover if you have specified illness cover.
- The level of your Vital-care cover is the same as your specified illness cover (up to a limit of €200,000). So if you have €100,000 specified illness cover, you can add €100,000 of Vital-care cover.
- For the cover to apply, the condition must be present for six months before we would pay a claim. If you die within this six months, we would not pay any benefit.

Hospital cash cover



Hospital cash cover

What is hospital cash cover?

Hospital cash cover helps to pay some of your day-to-day bills if you are in hospital for at least three days (72 hours). This cash is yours tax-free to spend in any way you want. You are covered for 365 days over the period of the cover, which ends on your 60th birthday.

Why do I need hospital cash cover?

Each year over 250,000 people end up in hospital for at least three days. Source: Eastern Regional Health Authority, December 2003.

How does it work?

We can cover you for a daily amount of between €70 and €260 – you choose. We pay 95% of all claims within three days of receiving the claim form. What's more, you can claim under this cover as well as under any other health insurance cover you may have.

Example…

Your hospital stay	If you have chosen €150 a day, you will receive:
Two days	0
Three days (72 hours)	€450
Seven days	€1050

Added extra

Children's cover

Children have a quarter of the cover each adult has. We increase this to a half if they are in hospital for more than two weeks. See page 33 onwards for more details.

Important

- You must be aged between 18 and 54 to take out this cover.
- You are not covered if you are in hospital to be treated for mental illness, a psychiatric disorder, alcoholism, or any surgery that is not medically necessary.
- We will not pay a claim in the first two years of your cover if you are in hospital because of any illness or condition which you had, or knew about, before your cover started.
- There are some other reasons we will not pay a claim. You will find them in the 'Your protection questions answered' section on page 40.
- For pregnancy, cover begins nine months after you have taken out the plan.
- We will not pay a claim if you leave hospital in less than 72 hours.

Accident cash cover

Accident cash cover

What is accident cash cover?

If you are out of work for more than two weeks because of an accident, our accident cover will pay you a weekly amount of between €120 and €400. We will pay you from the start of the third week for up to one year, or until you go back to work. And, the amount is tax-free. You can cover yourself for up to 40% of your earnings before deductions.

Why do I need accident cash cover?

No matter how careful we are, accidents can happen at any time - in the home, in the garden, playing sport, out and about or at work. Almost half of all accidents happen to people when playing a sport. A broken bone, even a minor break, could keep you off work for months. Because of this, it makes sense to be prepared and insure your income against accidents.

How does it work?

If you earn €300 a week, you can cover yourself for up to €120 a week. We will then pay you this for up to 52 weeks. The cover ends on your 60th birthday.

To make things easier for you, for some specific injuries we will pay a number of weeks upfront without you having to prove that you are off work.

We pay 95% of upfront payments within three days of receiving the claim form.

Here is a list of those injuries and how many weeks we will pay upfront. You can find definitions of these on page 49.

We will pay four weeks upfront for:

- fractured vertebrae, ribs, collarbone, jaw or skull; or
- a dislocated hip, ankle, elbow or shoulder (dislocated shoulders are only covered for one claim in any two-year period).

We will pay six weeks upfront for:

- fractured wrist or foot.

We will pay 10 weeks upfront for:

- a fractured arm, ankle or leg below the knee.

We will pay 12 weeks upfront for:

- a fractured leg above the knee; or
- an open fracture of the skull.

If you are still off work when these upfront payments run out, you can then apply for normal weekly payments. But don't forget that you are not covered for your first two weeks off work.

So, if you choose cover of €200 a week and break your leg above the knee, we'll pay you €2,400 upfront. This is for the first 14 weeks (that is, 12 weeks plus the first two weeks that aren't covered). If you still can't work after 14 weeks, we'll then start paying you €200 a week for each further week that you can't go back to work. This 12-week period counts towards the 52-week limit over the lifetime of your plan.

Important

- You must be aged between 18 and 54 to take out this cover.
- You must have at least €25,000 life cover to take out accident cash cover.
- You are only covered if you can't work as the direct result of an injury you have received in an accident. There must be no other cause. In particular we will not cover mental illnesses, including post-traumatic stress.
- If you are unemployed when you make a claim, we will reduce your cover.
- You are not covered for accidents involving a motorcycle that you are driving.
- There are some other reasons we will not pay a claim. You will find them in the 'Your protection questions answered' section on page 40.
- If you claim, the most we will pay is 40% of your earnings before deductions less any other disability or incapacity cover you have from any other source.

8 Children's benefits

Children's benefits

When you take out life cover, specified illness cover or hospital cash we automatically cover all your children aged between one and 21 too. If you have a baby, please phone our customer service department to let us know. We can then add them on to your plan – at no extra cost.

Life cover

When you take out life cover, we cover all your children under 21 for €4,000 life cover for as long as you are covered. During the first six months we only cover them for accidental death.

Specified illness cover

When you take out specified illness cover, we will cover all your children between the ages of one and 21 for €20,000 for as long as you are covered. We will cover them for the same illnesses you are covered for, apart from HIV and AIDS caused by an injury at work. We also cover them for bacterial meningitis.

We will pay only one claim for each child. And they must live for at least 14 days after they have been diagnosed or have had surgery.

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 that arises as a result of any medical condition they have had since birth or any medical condition you knew about before they reached the age of one or before the specified illness cover started.

Hospital cash cover

When you take out hospital cash cover, all your children between the ages of one and 21 get a quarter of your cover if they are in hospital for 72 hours or more, for as long as you are covered. This goes up to a half if they are in hospital for two weeks or more. This increase applies from the 15th day. As we don't ask for any medical details about your children before we include them in your plan, we will not pay a claim that:

- arises as a result of a condition they have had since birth; or
- is caused by a condition you knew about before the age of one or the start of the hospital cash cover.

So if one parent has cover of €200 a day and your child stays in hospital for:

Hospital stay	We will pay
Two days	nothing
Three days	€150
14 days	€700
15 days	€800
20 days	€1300

If both parents have cover of €200 a day, we will double these figures.

Contribution cover

Contribution cover

What is contribution cover?

If you take out contribution cover and an illness or injury prevents you from doing your normal paid work for 26 weeks in a row, we will make your payments on your life options plan for you.

How does it work?

We will make your payments until:

- you are fit enough to return to your normal work or another job;
- all life cover, specified illness cover and Vital-care cover under your plan ends;
- you die; or
- you reach the age of 60; whichever happens first.

Important

- You must continue to make payments yourself for the first 26 weeks.
- We will not cover you if you become unemployed.
- For plans which cover two people (dual life plan), contribution cover only applies to the first person named on the application form.
- We provide a summary of the circumstances in which we will not pay your benefits in 'Your protection questions answered' section on page 40 of this booklet.

10

Our **service** to you

When taking out your plan

Taking out cover has never been easier.

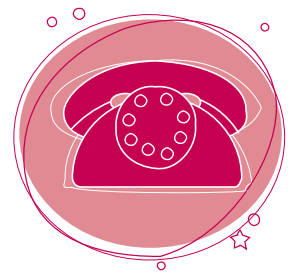
- When applying for protection cover, we want to make this process as simple and hassle-free as possible.
- We have an electronic application form that your financial adviser can fill in with you. And, once you apply for cover using the electronic application form, your adviser should know within 24 hours, if we have accepted you at normal rates and if not what the next step is for you.
- You can then track where your application is at any time by contacting your adviser, or calling us on 01 704 1010.

Your money-back guarantee

If, after taking out this plan, you feel that it is not suitable, we guarantee to pay all your money back within the first 30 days of taking out your plan.

To help improve customer service will record or monitor calls.

Throughout your plan



Our commitment to clear communications

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 Plain English Campaign to make sure all our customer communications meet the highest standards of clarity, openness and honesty.

Keeping you informed

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.

If you want to talk to us

If you want to talk to us, just phone 01 704 1010. We're here to answer questions about your plan.

Our lines are open:

8am to 8pm	Monday to Thursday
8am to 6pm	Friday
9am to 1pm	Saturday.

You can contact us in the following ways.

Phone: 01 704 1010
E-mail: customerservice@irishlife.ie
Fax: 01 704 1900
Write to: Customer Service Dept
1 Lower Abbey Street
Dublin 1.
Website: www.irishlife.ie

If you experience any problems?

If you experience any problems, please call your financial adviser, or contact our customer service department at the address shown above.

We monitor our complaint process to make sure it is of the highest standard. However, if for any reason you are not satisfied with how we have dealt with your complaint, you can contact the Financial Services Ombudsman at:
32 Upper Merrion Street, Dublin 2.
This does not affect your right to take legal action.

If you claim on your plan

How to claim?

Please call your financial adviser, or contact our customer service department. We will then send you a claim form, tell you what you need to do and what documents we need. Once we have all the documents we need, we aim to pay all claims within five days. Please see page 43 for more details.

Bereavement Counselling Service

We have been working with the Bereavement Counselling Service since 1999 to make sure we achieve the highest standards in our claims process. And if you make a life cover claim on your plan, we can offer to put you in touch with one of their experienced counsellors.

Added extra

Phoneassist 1850 22 88 33

This unique, free service allows you to phone a team of trained nurses with your health queries who can help you with a full range of queries or concerns that you might have about your family's health. This can range from:

- medical information, including information on medicine and drugs;
- information on social services, self-help groups and other services;
- symptom-screening for minor illnesses;
- counselling services for bereavement, trauma and illness; and
- information on the legal and financial aspects of bereavement.

This service is available 24 hours a day. Phoneassist is an advisory service. It is not designed to replace your doctor. The team of nurses will not have access to your plan details or application form. If you have any questions about your plan, you should ring our customer service department.

You can call Phoneassist on **1850 22 88 33** at any time of day or night. You will need to give them your member number, which is the same as your plan number.

Your questions answered

What happens when I apply for cover?

We will assess your application to see if we think you are an acceptable risk. Your answers to the questions on our application give us the information we need to decide whether or not to accept your application. For this reason it is important to tell us everything relevant when you answer those questions.

We accept most applications after assessing the application form alone. However, if you have a history of ill health or you want a high level of cover, we may need a report from your doctor.

Once you have signed the application, you have given us your permission to ask for this report. We will pay the fee for this report, which is filled in using your medical records and will include details of your visits, results of any investigations, current medication and habits such as smoking, drinking or taking drugs. The fact that we may get a report does not mean that you must not give us full information on the application form. In a small number of cases, you may also need to have a medical examination by an independent doctor. All the information we receive is kept strictly confidential.

If we accept your application, we will send you:

- your terms and conditions booklet (which gives you detailed information about your plan);
- a schedule (which sets out how much you need to pay and what cover you have);
- a client-specific customer information notice, which highlights some of the important details about this plan; and
- a photocopy of your application or a summary of the medical information in it.

When you receive these items you should make sure that the details in them are correct and that you are happy with the plan. Remember that a life options plan is a long-term commitment.

You have 30 days after we send you this information to cancel the plan. If you decide to do this, we will refund any payments you have made. (This is not available if you have arranged cover under a mortgage providers' Group Mortgage Protection Plan.)

Do I need a medical?

You may need a medical before we accept your application for this plan, especially if you have a history of ill health, want to take out a lot of cover or are older. We will tell you if you need a medical. All you need to do is make an appointment in our medical centre in Lower Abbey St, Dublin 1. Or we can arrange for you to have a medical near your home or work. The medical will be free of charge.

Are there any situations in which I would not receive my benefit?

Yes, you would not receive benefit in the situations we have explained below.

If when you first took out the plan, you gave us incorrect information or did not tell us something that would have affected our decision to accept your application. You must tell us everything relevant about your health on your application form. If you do not and you then make a claim, we may not pay your benefit. When we accept your application form we will send you a photocopy of your application form or a summary of the medical information in it. You should check this to make sure that you have answered all the health questions accurately.

We will not pay benefit for life cover if your death is caused by suicide or execution within a year of the plan starting (unless the plan is linked to your mortgage).

We will not pay benefit for hospital cash cover, accident cover, contribution cover, Vital-care cover or specified illness cover for coma, loss of independence, loss of limbs, paralysis of limbs or loss of one limb, in the following situations.

- If the injury or condition resulting in the claim has been caused by war, riot, revolution or any similar event, or by you committing a crime.
- If the injury or condition resulting in the claim was self-inflicted or caused by you drinking alcohol or taking drugs, or failing to follow reasonable medical advice.
- If the injury or condition resulting in the claim was caused by you taking part in any of the following activities. Abseiling, bobsleighing, boxing, caving, flying (except as a passenger on a public airline), hang-gliding, horse racing, motor-car and motorcycle racing or sports, mountaineering, parachuting, potholing, powerboat racing, rock climbing or scuba diving.

We will only pay benefit for terminal illness, specified illness cover, Vital-care cover, hospital cash cover, accident cover and contribution cover if you are living in the European Union, Australia, Canada, New Zealand, Norway, South Africa, Switzerland or the USA. If you move to live outside any of these countries, you must let us know immediately so that we can decide whether your benefits should continue. These situations are on top of any exclusion explained above.

How do I make a claim?

If you need to make a claim, contact your financial adviser or our customer service department.

Life cover – we will send you a claim form and tell you what you need to do. You must fill in the claim form and send it in along with the plan schedule and the original death certificate. If the person who has died made a will, we may also need a certified copy of the will and grant of probate. If there is no will, we may need letters of administration. When we receive all the documents and information we need, we normally make a payment within five days. If our payment is delayed, we will pay interest from the date the person died.

Specified illness cover – 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 about your condition within six months of it being diagnosed or you having 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.

Other benefits - please contact your financial adviser or our customer service department.

What should I do if I am not happy with my plan?

If you feel that the plan you have taken out is not right for you, or if you have any questions or complaints, please contact your financial adviser or phone our customer service department. We will arrange an appointment to speak to you or visit you and do whatever we can to sort out your problem.

If you feel that we have not dealt with your complaint properly, you can contact the Financial Services Ombudsman. This will not affect your right to take legal action.

For more information, contact the Financial Services Ombudsman at:
32 Upper Merrion Street
Dublin 2.

What happens to my payments each month, and what charges do I pay?

When your plan starts, we will invest your payments in our cash fund. Once your plan has built up value, we will invest your payments in a fund called the Consensus Fund. We do not always invest all of your payment. Any part of your payment that we do not invest is a charge we have made. The table below shows what we invest. This charge goes towards the cost of setting up and managing the plan, including sales and commission costs.

We charge 0.075% of the fund each month to cover our investment management expenses. Each month, we will then take an amount equal to the total cost of providing protection benefits from your Consensus fund value. The plan fee is €4.41 each month in 2006. We will increase the plan fee each year by:

- the increase in the Consumer Price Index for the previous year; or
- 5%;

whichever is higher.

If you buy the plan in January 2007, our plan fee will be higher than €4.41 a month.

	During the first 24 months of the payment	During further months
Your starting payments	We don't invest any of your payment	We invest 95% of your payment
Any payment increase	We don't invest any of your payment	We invest 95% of your payment

How does the Consensus fund work?

The Consensus fund is based on the combined wisdom of all the top Irish investment managers. The fund matches their average investments in shares, property, bonds and cash. Rather than trying to do better than equivalent funds, the Consensus fund aims to provide performance that is consistently in line with the average of all funds in the market.

The main advantages of this fund are:

- it gets rid of the risk of choosing the wrong investment manager; and
- it is more cost-effective than actively managed funds, which should mean better long-term performance.

Will I have to pay any tax on my protection benefits?

You do not usually have to pay tax on life or specified illness benefits. However, in some circumstances, you may have to pay tax. For example, if you die and we pay your life cover to your estate, your estate may have to pay inheritance tax. You should ask your financial adviser to tell you about the tax situation.

Can I cash in all or part of my plan?

You can cancel your protection plan at any time, but it will have no value in the first three years. If your plan has enough funds, you can cash in part of your plan (at least €300 after tax), after the third year.

If you cash in part of your plan, we will review your cover and your payment. This may mean increasing your payment if you want to keep the same level of cover.

Will my cover increase in line with inflation every year?

On the first anniversary of your plan, we will give you the chance to increase your cover to keep it in line with the cost of living. At the moment this increase is 5% a year. This increase of 5% is not guaranteed and may be greater than this. If you do increase your cover, the payment you make will also go up each year to reflect the extra cover and the fact that you are older. The increase in your payment is likely to be greater than the increase in your cover. The likely rate of increase is shown on your plan schedule.

This option will apply automatically to your plan and protects the real value of your cover as time passes. However, you can choose not to take this option at the start of the plan (or when it is offered on each anniversary). Your cover will stay the same. If you refuse this option two years in a row, you will need to give us evidence of your health if you want to increase your cover in future. These increases end at age 75.

(*Indexation is not available when cover is arranged under a mortgage providers' Group Mortgage Protection Plan.)

Your payment questions answered

Will you ever review the amount I pay?

Yes, we may review your payment at certain times and under certain circumstances. When we review your plan, we will look at the amount you are paying, the value of your fund, any options under your plan, and current rates of deaths and illnesses.

Based on these factors, and any others which are relevant, we will work out the highest death benefit, specified illness benefit, Vital-care cover benefit or other benefits that we will be prepared to provide for the amount you are paying.

At any time we review your payment, if the benefits are more than the new maximum we have set, we will reduce your benefits to this new amount. If you want, you may increase the amount you pay to maintain your current level of benefits. However, if we have to review your plan because you have reached an end date for any extra benefit, we will reduce the amount that we charge for providing that extra benefit.

We will review your payments at the end of your chosen term of cover. We may also have to increase your payment during your chosen term of cover if certain circumstances arise. This is to make sure that you are contributing the amount necessary to maintain your benefits.

When we review your plan, external events could cause us to change your maximum level of cover. These would include if:

- our cost of claims for any of the benefits you have chosen changes;
- there is a significant difference arising between the cost of maintaining existing plans and the costs we are taking from these plans; or
- there is a different investment return from the level we assumed you would get at the start of your plan.
- you change the amount you pay except in line with inflation each year;
- you stop making your payment for a while;
- you change your benefit levels;
- you cash in all or part of your protection fund,
- you add any extra benefits; or
- you reach a relevant end date for an extra benefit.

The amount you pay will also change in the following circumstances.

- If you change your benefit levels.
- If you add any extra benefits.
- If you reach a relevant end date for an extra benefit.

However, the amount you pay for the benefits you already have will not change.

Each year we will offer you the opportunity to increase your cover to keep in line with inflation (unless you have refused two increases in a row). If you take up this offer to increase your benefit, your payment will also increase.

Can I increase my payment?

The minimum amount you can increase your payment by is €13 a month. You can reduce your cover and the amount you pay as long as your payments don't fall below the minimum payment of €30 a month.

If I have index-linked (inflation protected) my plan, do I still need a review?

Yes. Although your plan may be index-linked, you still need to review it.

Why?

If your plan is index-linked, this protects your life cover against the effects of inflation. Every year we increase your payments and life cover so your life cover stays in line with inflation levels. This means that if you were to claim on your life cover today, the amount you would receive would be comparable to the amount of life cover you chose when you took out your plan. However, index-linking is separate from the review process.

We have designed this to make sure that your payments will cover the cost of insurance cover until the next time we review your plan.

Technical information

Technical details of accident cover

These are the definitions of the fractures and dislocations we referred to on page 30 for which we will make upfront payments.

- Fracture of upper leg (above the knee) means breaking the femur or hip.
- Fracture of lower leg (below the knee) or ankle means breaking the tibia, fibula, patella or tarsus (ankle bone).
- Fracture of arm means breaking the humerus or upper two thirds of the radius or ulna.
- Fracture of the wrist means breaking any of the carpal bones or lower one third of the radius or ulna.
- Fracture of vertebrae, shoulder blade or sternum means breaking any of the vertebrae, scapula or sternum.
- Fracture of jaw or cheekbone means breaking the mandible, maxilla or cheekbone (the nasal bones are not included).
- Fracture of foot means breaking the oscalcis, talus, the tarsal bones or metatarsal bones (we do not include the toes (phalanges).
- Fracture of ribs or collarbone means breaking of any of the ribs or clavicle.
- Open fracture of skull means a compound fracture where the bone ends have pierced the overlying skin with significant damage to surrounding tissues (we do not include the nasal bones).
- Closed fracture of skull means a simple fracture (includes hairline fracture) with little damage to surrounding tissues and no break in the overlying skin (we do not include the nasal bones).
- Dislocation of hip means displacing the femur from the acetabulum.
- Dislocation of ankle means displacing the talus bone from the socket formed by the lower end of the tibia and fibula.
- Dislocation of elbow means displacing the ulna or radius bone in relation to the lower end of the humerus.
- Dislocation of shoulder means displacing the head of the humerus from the glenoid fossa.

We will not make upfront payments for any other fractures, dislocations or injuries.

Technical details of specified illness cover

This section lists the technical details of specified illness cover. We will only pay benefit if you are diagnosed as having one of the 26 conditions listed. You are not covered for any other illness or condition. We may not cover you against all these conditions. If this is the case, we will tell you and it will be referred to in your plan schedule.

If you have single life cover, all specified illness cover under the plan will end once we have paid a claim.

- You can only receive one specified illness payment with this cover. For example, you cannot claim for a heart attack and then claim for a separate illness.
- Your cover will only apply if the person whose life is insured by the plan has their main home in a member state of the European Union, Australia, Canada, New Zealand, Norway, South Africa, Switzerland or the United States of America. If you or your representatives make a claim, you must provide evidence that your main home is in one of these countries.
- When we refer to a 'major hospital', we mean an institution in a member state of the European Union, Australia, Canada, New Zealand, Norway, South Africa, Switzerland or the United States of America which has facilities for diagnosis, treatment and major surgery. It does not include a long-term nursing unit, a geriatric or pre-convalescent ward or an extended-care facility for convalescence, rehabilitation or other similar function.

If you have accelerated specified illness cover
The amount of accelerated specified illness cover you choose may be less than the amount of life cover so that the plan will continue if we make a payment for accelerated specified illness cover. The amount of life cover you have left will be the amount of life cover after taking off the amount of accelerated specified illness cover payment.

If your life cover and accelerated specified illness cover are the same, when we pay the accelerated specified illness benefit all cover for that person will end.

If you have independent specified illness cover
We will only pay a claim if you survive for a certain period after having the surgery or being diagnosed as having any of the conditions we cover. This period is 14 days for all surgery we cover and most of the conditions we cover. For some conditions the period is longer (such as six months and 14 days for Alzheimer's disease and 12 months and 14 days for loss of speech). We give full details in each plan definition. We will not make any payment under specified illness cover if you die within these periods.

Paying surgery benefit immediately

If you are diagnosed as needing surgery to the aorta, coronary artery surgery or heart valve and structural surgery and you have given us the evidence we need of your condition, we will pay your specified illness cover (up to €20,000) 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 have your surgery. We will take the amount we pay from your total specified illness benefit.

You will find full definitions of the surgery we cover in your terms and conditions booklet.

Limited payment for single-artery angioplasty

If you have a balloon angioplasty to treat a 70% narrowing in just one artery (see angioplasty plan definition), we will pay your specified illness cover (up to €20,000). We provide this benefit automatically with specified illness cover. If you have independent specified illness cover, we will only make a payment under this condition if you survive for 14 days after the procedure. We will take the amount we pay from your total specified illness benefit.

Limited payment for loss of one limb

If you lose one limb above the wrist or ankle joint (see loss of two or more limbs plan definition), we will pay your specified illness cover (up to €40,000). We provide this benefit automatically with specified illness cover. If you have independent specified illness cover, we will only make a payment under this condition if you survive for 14 days after losing the limb. We will take the amount we pay from your total specified illness benefit.

The conditions **you are protected** for

The 26 conditions that you are protected for are defined on the following pages.

A Alzheimer's disease

Plan definition

A global failure of brain function resulting in significant reduction in mental and social functioning requiring the continuous supervision of the life assured. The diagnosis must be confirmed by a consultant neurologist or consultant geriatrician of a major hospital who is satisfied that there is no other discernible cause and, if Irish Life so requires, this confirmation must be supported by one or more consultant neurologists or consultant geriatricians nominated by Irish Life. The condition must be present for a continuous period of at least six months.

In simpler terms

Alzheimer's disease occurs when the nerve cells in the brain deteriorate over time and the brain shrinks. There are various ways in which this can affect someone, for example, severe loss of memory and concentration and mental ability gradually failing.

You can claim if you have been diagnosed by a consultant neurologist or consultant geriatrician as having Alzheimer's disease and you need to be continuously supervised because your judgement, understanding and rational thought processes have been seriously affected and you cannot perform daily tasks such as preparing food, dressing yourself and washing yourself. You must have the condition for 6 months following diagnosis before you can claim this benefit.

B Angioplasty

Plan definition

The undergoing, on the advice of a consultant cardiologist of a major hospital, of balloon angioplasty, atherectomy or laser treatment to treat a 70% narrowing of two or more coronary arteries. Irish Life shall be entitled to require that angiograms be produced. Such a procedure to one artery only is not covered.

In simpler terms

Balloon angioplasty involves a surgeon passing a fine balloon catheter (a flexible plastic tube) down one of the arteries to the heart (a coronary artery). When the balloon reaches the place where the artery has narrowed, it is inflated to force the walls of the artery apart.

'Atherectomy' and 'laser treatment' are also techniques which involve passing a catheter into the blocked artery. Unlike bypass surgery, these procedures do not involve open heart surgery.

If you have balloon angioplasty, atherectomy or laser treatment, you can claim if the treatment is to correct a 70% narrowing of at least two

coronary arteries. We do not cover this treatment if only one artery is involved. However we may pay some limited benefits in these circumstances. Investigations (such as angiograms) into blocked arteries are also not covered.

We may need to see 'angiograms' to confirm that your claim qualifies. Angiograms are carried out by passing a catheter into the artery, injecting a liquid into the area and taking rapid x-ray pictures. An angiogram is the only real way of seeing how badly an artery is narrowed or blocked. It will always be done before a bypass or balloon angioplasty is carried out.

Benign brain tumour

Plan definition

A non-malignant tumour in the brain that has required surgical removal or has resulted in permanent neurological deficit. Tumours or lesions in the pituitary gland are not covered.

In simpler terms

A benign brain tumour is a non-cancerous but abnormal growth of tissue. It can be very serious as the growth may be pressing on areas of the brain.

These growths can be life-threatening and may have to be removed by surgery.

You can claim if you are diagnosed as having a benign tumour of the brain and have had surgery to have it removed or are suffering from permanent neurological problems as a result of the tumour. Examples of tumours covered include gliomas, acoustic neuromas and meningiomas. We do not cover tumours or lesions in the pituitary gland. By neurological problems we mean definite symptoms of damage to the central nervous system. Examples of these symptoms include numbness, paraesthesia (an abnormal tingling sensation), paralysis, localised weakness, dysarthria (difficulty speaking), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty walking, problems with co-ordination, tremor, seizures (fits), dementia, delirium (for example, hallucinations) or coma. These neurological problems must be permanent.

D Cancer

Plan definition

Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. The term cancer includes leukaemia and Hodgkin's disease but the following are excluded:

- All tumours which are histologically described as pre-malignant, as non-invasive or as cancer in-situ.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least TNM classification T2N0M0.
- All forms of lymphoma in the presence of any human immunodeficiency virus.
- Kaposi's sarcoma in the presence of any human immunodeficiency virus.
- Any skin cancer other than malignant melanomas which have been histologically classified as having progressed to a Clark's level 2 or higher i.e. have invaded beyond the epidermis.

In simpler terms

The term 'cancer' is used to refer to all types of malignant tumours (tumours which can spread) as opposed to benign tumours (which do not spread). A tumour results when the process of constructing and repairing body tissue goes out of control leading to an abnormal mass of tissue. The tumour may grow faster than and independently of the adjoining normal tissues.

A malignant tumour:

- may grow quickly;
- often invades nearby tissue as it expands;
- often spreads through the blood or the lymph vessels to other parts of the body; and
- usually continues to grow and is life threatening unless it is destroyed or removed.

You can claim if you are diagnosed as suffering from a malignant tumour which has invaded surrounding tissue, unless the type of cancer or tumour is specifically excluded. The claim must be supported by a microscopic examination of a sample of the tumour cells - this is known as 'histology'. The histology examination is performed on tissue removed during surgery or by biopsy (a procedure to remove a sample of the tumour for examination).

Leukaemia (cancer of the white blood cells and Hodgkin's disease (a type of lymphoma) are both covered.

Cancers 'in situ' (cancers in a very early stage that have not spread in any way to neighbouring tissue) as well as pre-malignant and non-invasive tumours are not covered. These are well recognised conditions and cancers detected at

this stage are not likely to be life-threatening and are usually easily treated. An example of this would be carcinoma (cancer) in situ of the cervix (neck of the womb) which is easy to treat and cure.

With increased and improved screening prostate cancer is being detected at an earlier stage. At early stages these tumours are treatable and the outlook is good. It is not possible to provide cover against these early prostate cancers. The TNM classification system is internationally recognised and used as a method of staging or measuring a tumour. The T element relates to the primary tumour and it reports on a scale of 1 to 4 with 1 representing a small tumour restricted to the organ. We will not pay a claim for a T1 prostate cancer unless the tumour has a Gleason score (a method of measuring differentiation of cells) of greater than 6 or there is lymph node involvement or metastases as measured by the N and M elements of TNM.

Most forms of skin cancer are relatively easy to treat and are rarely life threatening. This is because they do not spread out of control and do not produce growths in other parts of the body. The only form of skin cancer that is covered is malignant melanoma which has been classified on histology as being a Clark level 2 or greater. Clark's system is an internationally recognised method of classifying skin melanomas and uses a scale of 1 to 5. A Clark level 1 reflects a very early melanoma which carries a favourable outlook.

If you are HIV (human immunodeficiency virus) positive you will not be covered for lymphoma or Kaposi's sarcoma as these tumours are directly related to the virus.

E Cardiomyopathy

Plan definition

The unequivocal diagnosis by a Consultant Cardiologist of cardiomyopathy resulting in permanent impaired ventricular function and permanent marked limitation of physical activity with the insured unable to progress beyond stage two of a treadmill exercise test using the standard Bruce protocol. Acute myocarditis is excluded unless there is subsequent development of cardiomyopathy as above. Cardiomyopathy directly related to alcohol or drug misuse is excluded.

In simpler terms

Cardiomyopathy is a serious heart condition, often of unknown cause, in which the heart muscle can no longer effectively receive or pump blood through the body. In general it is the lower chamber of the heart that is most affected. While it can be a temporary condition, in some cases it goes on to be a permanent condition. When the condition is permanent, it cannot be cured and usually deteriorates over time. The symptoms of cardiomyopathy include shortness of breath on moderate exercise, chest pain and fainting.

You can claim if you suffer cardiomyopathy which is permanent and causing symptoms which

significantly hinder your normal everyday activities. This will be measured by a treadmill exercise test which involves recording electrical impulses while you are exercising. To qualify for payment your ability to exercise must be measurable and limited to a specific degree (Stage 2 of Standard Bruce Protocol).

Acute myocarditis (inflammation of the heart muscle) is not covered as sufferers usually make a full recovery. Cover is not provided for cardiomyopathy resulting from alcohol or drug abuse.

F Coma

Plan definition

Unrousable unconsciousness arising as a result of illness or injury continuing for at least 96 hours and resulting in permanent neurological deficit. Life supporting systems including assisted ventilation must be required throughout the period of unconsciousness.

In simpler terms

A coma is a state where a person is unconscious and cannot be brought round. Someone in a coma will have little or no response to any form of physical stimulation and will not have control of their bodily functions. Comas are caused by brain damage, most commonly arising from a head injury, a stroke or lack of oxygen.

You can claim if:

- you are unconscious (as a result of injury or illness) for at least 96 hours;
- you need a life-support machine for that 96-hour period; and
- you suffer permanent brain or nerve damage as a result. Examples of permanent brain or nerve damage are paralysis of the right or left side of the body or disturbed speech or vision.

G Coronary artery surgery

Plan definition

The undergoing on the advice of a consultant cardiologist of a major hospital of open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts in persons with limiting anginal symptoms.

In simpler terms

Coronary artery surgery may be necessary if one or more coronary arteries (the arteries which supply blood to the heart) are narrowed or blocked. The surgery is done to relieve the pain of angina or if the blocked artery is life threatening.

Coronary artery bypass surgery is carried out by taking a vein, normally from the thigh, and using it to direct blood past the diseased or blocked artery. This is a major operation which involves opening the chest wall to reach the heart.
You will be able to claim if you have coronary artery bypass surgery for arterial disease as long as you have a history of angina (chest discomfort while walking uphill or climbing stairs).

H Heart attack

Plan definition

The death of a portion of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- typical chest pain;
- new characteristic electrocardiographic changes;
- the characteristic rise of cardiac enzymes, troponins or other biochemical markers;

where all of the above shows a definite acute myocardial infarction. Other acute coronary syndromes, including but not limited to angina, are not covered under this definition

In simpler terms

A heart attack (myocardial infarction) happens when an area of heart muscle dies because it does not get enough blood containing oxygen. It is usually caused by a blocked artery and causes permanent damage to the part of the heart muscle affected. The blockage is usually caused by a clot (thrombosis) where the artery has already grown narrow. You can claim if you are diagnosed as having suffered death of heart muscle.
Your claim must be supported by:

- new characteristic ECG changes (ECG stands for electrocardiogram which is a record of the electrical impulses that make the heart beat); and;
- a characteristic increase in cardiac enzymes, troponins or other biochemical markers (which are released into the blood stream from the damaged heart muscle) ; and
- chest pains which are typical of a heart attack.

The ECG would confirm that you suffered a heart attack. Increased levels of cardiac enzymes, troponins or other biochemical markers found in blood tests will support this diagnosis and confirm that the heart attack was recent.

Your benefit does not cover angina or other acute coronary syndromes where there is an absence of ECG changes together with blood tests that support the diagnosis of heart attack.

I Heart valve and structural surgery

Plan definition

The undergoing of open heart surgery to repair or replace one or more heart valves or to correct structural abnormalities.

In simpler terms

If one of the four heart valves is not working properly, an operation may be necessary to repair or replace the valve. Structural abnormalities include openings in the wall separating the left and right chambers of the heart.

You will be able to claim if you have open heart surgery:

- to repair or replace a heart valve; or
- to correct a structural abnormality of the heart.

J HIV infection or AIDS as a result of a blood transfusion

Plan definition

Infection by any human immunodeficiency virus (HIV) acquired from a transfusion of blood given as part of medical treatment administered in any member state of the European Union, Australia, Canada, New Zealand, Norway, South Africa, Switzerland or the United States of America by registered medical practitioners after the start date of specified illness cover under this plan. There must be clear evidence satisfactory to Irish Life's Chief Medical Officer that the infection was acquired in this way. Such infection shall be deemed to have occurred where tests, including blood, urine or other tests, indicate in the professional opinion of Irish Life's Chief Medical Officer either the presence of any human immunodeficiency virus or antibodies to such a virus.

In simpler terms

Human immunodeficiency virus (HIV) is generally recognised as the virus that causes Acquired Immune Deficiency Syndrome (AIDS). The virus can be passed on in several ways including through contaminated blood.

You can claim if you are infected with HIV or get AIDS from a blood transfusion which is medically necessary and which is carried out in any member state of the European Union, Australia, Canada, New Zealand, Norway, South Africa, Switzerland or the United States of America. The transfusion must have taken place after specified illness cover starts under the plan. There must be proof that the transfusion was the source of the infection.

K HIV infection or AIDS as a result of an occupational injury

(available to certain occupations only)

Plan definition

Infection by any human immunodeficiency virus (HIV) acquired by a life assured whose occupation is one of those listed below where Irish Life's Chief Medical Officer is satisfied that the infection was caused by an accidental injury by a sharp instrument or by exposure to blood or blood stained body fluid which occurred in Ireland or the UK during the twelve months preceding diagnosis but after the start date of specified illness cover under this plan and that it occurred while the life assured was following the normal duties of that occupation. In addition to the

general condition above, it shall be a particular condition of the validity of a claim that the following sequence of events took place:

(i) The accident was reported in accordance with the established occupational procedures for such an accident.
(ii) Within seven days of the accident the relevant life assured underwent a blood test and this blood test indicated the absence of any HIV or antibodies to such a virus.
(iii) Within fourteen days of the accident, the circumstances of the accident were reported in full to Irish Life at its head office and it was reported that the blood test referred to in (ii) above, had been undergone.
(iv) The accident was followed up in accordance with the established occupational procedures.
(v) A further blood test, within 12 months of the accident, indicated the presence of HIV or of antibodies to such a virus, which supports the diagnosis of HIV infection.

Occupations covered:

- Ambulance workers
- Dental nurses
- Dental surgeons
- District nurses
- Dublin Bus employees
- Hospital doctors/surgeons/consultants
- Hospital laboratory technicians
- Fire brigade and fire fighters
- Members of the Gardai
- Hospital laundry workers
- Hospital nurses
- General practitioners and nurses employed by them
- Hospital porters
- Midwives
- Hospital caterers
- Hospital cleaners
- Paramedics
- Prison officers
- Taxi drivers

Such infection shall be deemed to have occurred where tests, including blood, urine or other tests, indicate in the professional opinion of Irish Life's Chief Medical Officer either the presence of any human immunodeficiency virus, or antibodies to such a virus.

In simpler terms

Human immunodeficiency virus (HIV) is generally recognised as the virus that causes Acquired Immune Deficiency Syndrome (AIDS). The virus can be passed on in several ways including through contaminated blood, blood-stained

bodily fluids and infected needles. This benefit is designed to cover people who are in special danger of getting HIV or AIDS through their work. You can claim if you work in one of the jobs listed above and you are infected with HIV or get AIDS as a result of an accidental injury which happens while you are working. The injury giving rise to the infection must occur after the specified illness cover under your plan starts. We will only pay a claim under the following circumstances.

- The accident must be reported to the relevant authorities.
- Within 7 days of the accident you must take a blood test and this must show that you do not have any HIV or antibodies to it.
- Within 14 days of the accident, the circumstances of the accident, and confirmation of the blood test, must be reported to us at our head office.
- After the accident, the usual procedures for your occupation must be followed.
- Within 12 months of the accident a further blood test must show the presence of HIV or antibodies to it.

HIV infection or AIDS as a result of a physical assault

Plan definition

Infection by any human immuno-deficiency virus (HIV) acquired by a life assured where such infection was caused by a physical assault on the life assured in the Republic of Ireland.

The assault must have occurred at least 26 weeks after the start date of specified illness cover under this plan. There must be evidence that the infection occurred as a result of the assault on the life assured and the assault must have been reported to the Garda Siochana within 24 hours of its occurrence.

The life assured must have undergone a blood test within seven days of the assault which caused the infection indicating the absence of HIV or antibodies to such a virus and a further blood test within twelve months of the assault indicating the presence of HIV or antibodies to such a virus. Such infection shall be deemed to have occurred where tests, including blood, urine or other tests, indicate in the professional opinion of Irish Life's Chief Medical Officer either the presence of any human immunodeficiency virus, or antibodies to such a virus. All blood tests must be processed by a recognised hospital laboratory in the Republic of Ireland.

In simpler terms

Human immunodeficiency virus (HIV) is generally recognised as the virus that causes Acquired Immune Deficiency Syndrome (AIDS). The virus can be passed on in several ways including through contaminated blood, blood-stained bodily fluids and infected needles. In some circumstances, there is a risk of becoming infected as a result of a physical assault. For this reason, you can claim if you are infected with HIV or get AIDS as a result of a physical assault in the Republic of Ireland. The assault giving rise to the infection must occur at least 26 weeks after the specified illness cover starts under your plan and have been reported to the Garda Síochana. Separate tests carried out within 7 days and then 12 months of the assault must establish that the physical assault was the source of the infection.

 Kidney failure

Plan definition

End stage renal failure due to chronic irreversible failure of both kidneys to function. This must be evidenced by the life assured undergoing regular peritoneal dialysis or haemodialysis or having had renal transplantation.

In simpler terms

The kidneys act as filters which remove waste materials from the blood. When the kidneys do not work properly, waste materials build up in the blood. This may lead to life-threatening problems. The body can function with only one kidney, but if both kidneys fail completely, dialysis (kidney machine treatment) or a kidney transplant will be necessary. In some circumstances it is possible for the kidneys to fail temporarily and recover following a period of dialysis.

You will be able to claim if both your kidneys fail completely and permanently and you need regular long-term dialysis or a kidney transplant.

 Loss of hearing

Plan definition

Total and irreversible loss of hearing in both ears before the 65th birthday of the life assured. Irish Life can require confirmation that the loss of hearing is total and irreversible from an appropriate consultant physician of a major hospital and, if Irish Life so requires, this confirmation must be supported by one or more consultant physicians nominated by Irish Life. The condition must be present for a continuous period of at least twelve months.

In simpler terms

You can claim if before reaching age 65 you have total and irreversible loss of hearing in both ears. Although it is possible to be partially deaf, we will not pay unless the loss of hearing is complete and permanent in both ears. The condition must continue for 12 months following diagnosis before you can claim benefit.

Loss of independence

Plan definition

(i) Permanent confinement to a wheelchair, or

(ii) being permanently hospitalised or resident in a nursing home as a result of a medical impairment on the advice of a registered medical practitioner, or

(iii) being permanently unable to fulfill THREE of the following activities unassisted by another person:

- Walk 100 metres,
- Get into and out of a vehicle,
- Put on or take off all necessary items of clothing,
- Eat food that has already been prepared, using normal cutlery,
- Wash yourself all over,
- Climb stairs, or

(iv) Suffering from severe and permanent intellectual impairment which must

(a) result from organic disease or trauma, and

(b) be measured by the use of recognised standardised tests.

The diagnosis must be confirmed to the satisfaction of the professional opinion of Irish Life's Chief Medical Officer, by a consultant physician, neurologist or geriatrician of a major hospital in Ireland or the UK.

Permanent means that after having undergone appropriate treatment there is no reasonable expectation of recovery with current medical knowledge. Many disabilities take time to stabilise and no benefit will be paid until the condition has stabilised. This process could take six months or even longer. Benefit will be paid once it becomes obvious that the conditions for a claim have been satisfied.

In simpler terms

This benefit is intended to make your total cover more wide-ranging and will be particularly valuable as you get older. By focusing on the disability rather than the specific illness, extra cover is provided for a variety of events which may radically change your life.

You will be able to claim if any of the following apply.

- You are permanently confined to a wheelchair.
- You are a permanent patient in hospital or resident in a nursing home as a result of a medical condition.
- You are permanently unable to do three of the following without the help of another person.
  - Walk 100 metres
  - Get into and out of a vehicle
  - Get dressed or undressed
  - Use normal cutlery to eat food that has already been prepared for you
  - Wash yourself all over
  - Climb the stairs.

- You suffer from severe and permanent brain damage as a result of disease or injury. Standard tests will measure elements of brain function such as awareness of time and place, language, behavioural changes, personality changes, concentration and short-and long-term memory loss. If you fail the standard tests, you would probably have difficulty with everyday activities such as handling basic household finances, taking prescribed medication and being able to answer the phone and take a message. The damage must be severe and be diagnosed by an appropriate specialist.

In all of the above, permanent means that even with the best treatment available, you are not expected to recover. The condition must continue for at least six months following diagnosis before you can claim benefit.

P Loss of sight

Plan definition

Total, permanent and irreversible loss of sight in both eyes. Irish Life can require confirmation that the loss of sight is total and irreversible from an appropriate consultant physician of a major hospital and, if Irish Life so requires, this confirmation must be supported by one or more consultant physicians nominated by Irish Life. The condition must be present for a continuous period of at least six months.

In simpler terms

You can claim only if you have total and irreversible loss of sight in both eyes. It is possible to be 'registered blind' (as certified by an eye specialist) even though the loss of sight may only be partial. Even if you are registered blind, your claim will only be met if the loss of sight is complete and cannot be corrected. The condition must continue for at least 6 months following diagnosis before you can claim benefit.

Q Loss of speech

Plan definition

Total and irreversible loss of the ability to speak because of physical damage to or disease of the vocal cords. Irish Life can require confirmation that the loss of speech is total and irreversible from an appropriate consultant physician of a major hospital, and, if Irish Life so requires, this confirmation must be supported by one or more consultant physicians nominated by Irish Life. The condition must be present for a continuous period of at least 12 months.

In simpler terms

You will be able to claim only if you suffer from total and permanent loss of speech as a result of physical damage to or disease of the vocal cords.

R Loss of two or more limbs

Plan definition

The irreversible severance of two or more limbs from above the wrist or ankle joint.

In simpler terms

You will be able to claim if you have lost two or more of your limbs above the wrist or ankle joint either by injury or because they have had to be removed. This loss must be permanent. We may pay limited benefit if only one limb is lost.

S Major organ transplant

Plan definition

The actual undergoing in a major hospital of, or confirmation of acceptance onto the official programme waiting list of a major hospital for, a necessary transplantation as a recipient of a heart, lung, liver, pancreas or bone marrow.

In simpler terms

Serious disease or injury can severely damage the heart, lungs, liver or pancreas. The only form of treatment available may be to replace the damaged organ with a healthy organ from a donor. This is a major operation and the tissues of the donor and patient must be matched accurately. For this reason a patient could be on a waiting list for a long period waiting for a suitable organ.

You can claim if:

- your condition is life-threatening; and
- you have had a transplant of any of the above or are on an official Irish or UK programme waiting list for a transplant.

T Motor neurone disease

Plan definition

Unequivocal diagnosis of motor neurone disease by a consultant neurologist of a major hospital where there are obvious neurological signs. If Irish Life so requires, the diagnosis must be supported by one or more consultant physicians nominated by Irish Life.

In simpler terms

Motor neurone disease is a rare disease which affects the central nervous system that controls movement. As the nerves deteriorate, the muscles weaken. The cause is not known. You can claim if there is a definite diagnosis by a consultant neurologist that you are suffering from motor neurone disease.

U Multiple sclerosis

Plan definition

Unequivocal diagnosis of multiple sclerosis by a consultant neurologist of a major hospital following more than one episode of well defined neurological symptoms with persisting signs of involvement of either the optic nerves, brain stem or spinal cord. The diagnosis must be confirmed by modern investigative techniques such as image scanning.

In simpler terms

Multiple sclerosis is a disease of the central nervous system which destroys the protective covering (myelin) of the nerve fibres in the brain and spinal cord. The cause is not known and at present there is no cure but the search for one continues. The symptoms depend on which areas of the brain or spinal cord have been affected. They include temporary blindness, double vision, loss of balance and lack of co-ordination.

It can be difficult to diagnose multiple sclerosis but a neurologist can carry out various tests such as:

- CT scanning (computerised tomography which is a computer and x-ray technique which produces images of the body from different angles);
- Lumbar puncture (a process which tests the spinal fluid); and
- MRI (magnetic resonance imaging which forms images by putting the patient in a strong magnetic field).

You can claim if:

- you are diagnosed by a consultant neurologist as suffering from multiple sclerosis;
- there is supporting evidence from the tests described above; and
- you have ongoing, well-defined symptoms of the disease.

V Paralysis of two or more limbs

Plan definition

The total and irreversible loss of the use of two or more limbs. Irish Life has the right to require confirmation of the total and irreversible nature of the paralysis from an appropriate consultant physician of a major hospital and can require that such confirmation be supported by one or more appropriate consultant physicians nominated by Irish Life.

In simpler terms

The brain controls the movement of muscles in the body by sending messages through the spinal cord and nerves. Paralysis is normally caused by an injury to the spinal cord. You will be able to claim if you suffer complete and permanent loss of the use of two or more limbs.

W Parkinson's disease

Plan definition

The unequivocal diagnosis by a consultant neurologist of a major hospital of idiopathic Parkinson's disease resulting in the need for permanent supervision and assistance. If Irish Life so requires, this diagnosis must be supported by one or more consultant neurologists nominated by Irish Life. The condition must be present for a continuous period of at least six months.

In simpler terms

Parkinson's disease is a disease of the central nervous system which affects voluntary movement. It is characterised by uncontrollable shuffling, slow movements and shaking of the limbs and head. It normally takes hold gradually and at present there is no known cure.

You can claim if you have 'idiopathic' Parkinson's disease to a degree where you need permanent supervision and help to carry out daily tasks such as dressing and eating. 'Idiopathic' means that the cause of the disease is not known, so any form of Parkinson's disease brought on by a known cause such as certain drugs, toxic chemicals or alcohol is not covered. The condition must continue for six months following diagnosis before you can claim benefit.

X Severe burns

Plan definition

Burns affecting no less than 20% of the body surface area to a depth of full thickness (i.e. third degree).

In simpler terms

There are three levels (degrees) of burns. The degree of burning depends on how badly the skin has been damaged. They are medically known as 'first', 'second' and 'third' degree. First-degree burns damage the upper layer of skin (a common example of this is sunburn). Second-degree burns go deeper into the layers of skin, but can heal without scarring. Third-degree burns are the most serious as they destroy the full thickness of the skin. You will be able to claim if you have suffered third-degree burns covering 20% or more of the surface area of your body.

Stroke

Plan definition

Any cerebrovascular incident producing neurological sequelae lasting more than 24 hours and including infarction of brain tissue, haemorrhage and embolisation from an extracranial source. There must be evidence of permanent neurological deficit. Transient ischaemic attacks are specifically excluded.

In simpler terms

The brain controls all the functions of the body, so damage to the brain can have serious effects. A stroke happens when there is severe damage to the brain caused by internal bleeding (haemorrhage) or when the flow of blood in an artery has been blocked by a piece of tissue or a blood clot (a thrombus or embolus).

You will only be able to claim if you suffer a stroke that leaves evidence of permanent damage to the nervous system. Examples of this evidence may be paralysis of the right or left side of the body, or disturbed speech or vision.

This benefit does not cover 'transient ischaemic attacks' (also known as mini-strokes) where there is a short-term interruption of the blood supply to part of the brain, the main symptoms tend to be dizziness and temporary weakness or loss of sensation in part of the body or face.

Surgery to the aorta

Plan definition

The undergoing of surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta.

In simpler terms

The aorta is the main artery of the body and the source of all others. It supplies blood containing oxygen to other arteries. The aorta can become narrow (often because of a build-up of fatty acids on its walls) or it may become weakened because of a split (dissection) in the internal wall.

The aorta may also weaken because of an 'aneurysm', which means that the artery wall becomes thin and expands. A graft might be necessary to bypass the narrowed or weakened part of the artery.

You can claim if you have had surgery to the aorta to correct narrowing or weakening. Only the parts of the aorta in the chest and abdomen (thoracic and abdominal aorta) are covered because these are the parts which are closest to the heart and so are where any blockage or weakness is more serious. The branches of the aorta are less critical and damage to these is not usually life-threatening.

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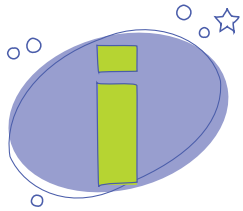
Your Customer Information Notice



Introduction

This notice is designed to highlight some important details about the plan and, along with the Life Options booklet, is meant to be 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 terms and conditions booklet, personalised customer information notice and plan schedule or certificate of membership (the "schedule") 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.

A copy of the terms and conditions booklet is available on request.

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 Department, Lower Abbey Street, Dublin 1.

The Plain English Campaign Crystal Mark does not apply to this Customer Information Notice as the wording cannot be changed for legal reasons.

Contents

A - INFORMATION ABOUT THE POLICY

1. MAKE SURE THE POLICY MEETS YOUR NEEDS!

The Life Options plan is a regular payment unit linked protection plan that can provide life cover, specified illness cover and a number of optional protection benefits.

You have the option to include indexation in the plan, which means that the level of benefits will automatically increase each year. The payment you make will also increase each year. Currently, the likely rate of increase for benefits is 5% each year. The rate of increase for the payment is likely to be above 5% each year. These rates **are not guaranteed**. The plan conditions describe how the company will set the rates.

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, which has been or is to be cancelled or reduced. 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 on 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 which has been or is to be cancelled or reduced.

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

You may cash in the plan at any time. The plan will have no value in the first three years. The cash value at any time is likely to be significantly less than the payments made. If you cash in part of the plan we will review the payment, and this may need to be increased to maintain your benefits in the future. If you do not increase payments in these circumstances then benefits will be reduced or even cancelled.

If you stop making payments and the plan has no cash value, all cover under the plan will end and we will not refund any of your payments.

If you stop making payments and the plan has a cash value, the cost of the cover will be deducted from the cash value of your plan until you resume making payments. If you do not resume payments all cover will end when there is no cash value left in your fund.

It is possible to temporarily suspend payments under this plan. This is called a payment skip.
As long as you have made three years payments and your fund value has built up, you may choose to stop making payments for a period of 6 months (12 months if you pay a yearly payment). Before allowing the skip it is necessary to ensure that there are sufficient units attaching to cover all charges for the duration of the skip. If your fund runs out, cover under the plan ends. When you start making payments again, we may have to review your plan to see if the payments are adequate to maintain your cover. Skip start and end dates should coincide with payment renewal dates.
You must request a payment skip in writing. If this plan has been taken out as security for your mortgage, your lending arrangements may be affected by any changes you make to this plan.

3. WHAT ARE THE PROJECTED BENEFITS UNDER THE POLICY?

The following payment and benefit details are for a typical Life Options plan. The figures will vary based on each individual's personal details and choice of protection benefits. The figures below are based on the following details.

Protection Benefits	Life cover of €85,000 Independent specified illness cover of €60,000 Cover is on a dual life basis.
Lives covered	Male, non-smoker aged 40 next birthday. Female, non-smoker aged 39 next birthday.
Payments	€104.56 per month payable by direct debit. The payment is assumed to increase by 7.2% each year.
Target term	The payment is designed to provide cover for a target term of 19 years.

ILLUSTRATIVE TABLE OF PROJECTED BENEFITS AND CHARGES

Year	A € Total amount of premiums paid into the policy to date	B € Projected investment growth to date	C € Projected expenses and charges to date	D € Projected cost of projection benefits to date	E=A+B-C-D € Projected policy value before payment of taxation	E(ii) € Projected policy value after payment of taxation
1	1,255	-	795	460	-	-
2	2,600	-	1,617	983	-	-
3	4,042	-	2,467	1,575	-	-
4	5,587	-	3,349	2,239	-	-
5	7,244	13	3,787	2,985	485	-
10	17,500	609	5,996	8,551	3,562	-
15	32,020	1,963	9,154	19,617	5,211	-
19	47,874	2,903	12,475	36,545	1,757	-

Important: These illustrations assume a return of 6% per annum. This rate is for illustration purposes only and is not guaranteed. Actual investment growth will depend on the performance of the underlying investments and may be more or less than illustrated.
The charges shown in Column C include the cost of intermediary/sales remuneration incurred by Irish Life, as described in Section 4.

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

The payment is designed to provide protection benefits for a target term of 19 years, based on the stated investment assumptions and the continuation of current expense charges and claims assumptions. An increased payment would be required to sustain the cover beyond the target term. In the example above we have included the option to increase protection benefits by 5% each year. Taking this increase into account, at the end of the target term, the value of the protection benefits will have increased substantially, for example, life cover will have increased to €204,563, at which stage we estimate the increased monthly payment will have increased to €365.49.

At the end of the target term in order to continue the plan, with the level of benefits that would apply if indexation continued, the required monthly payment to maintain cover for a further 10 years is estimated at €1,401.21.

An increase in the payment may also be required in the circumstances set out in Section 5.
A breakdown of the cost of the benefits you have selected will be shown on your schedule.

The surrender value of the fund will be reduced to zero on the payment of a life cover, specified illness cover or vital care cover claim. It is possible that the reduction of the fund surrender value to zero on the payment of a specified illness claim or a vital care cover claim will result in the need to increase the payment to keep the remaining plan benefits in force.

The projected plan value after payment of tax (Column E (ii)) shows the amount that will be paid out (based on the assumed return) if you cash in your plan in full at that stage. An exit tax, currently at a rate of 23%, is charged on any profit element of the surrender value. The exit tax rate is made up of the standard rate of income tax plus 3%.

Where the charge applies Irish Life will deduct any tax due and pay out the net amount. You have no further tax liability.

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.

ILLUSTRATIVE TABLE OF INTERMEDIARY/SALES REMUNERATION

Year	€ Premium payable in that year	€ Projected total intermediary/ sales remuneration payable in that year
1	1,255	1,299
2	1,345	131
3	1,442	141
4	1,546	151
5	1,657	162
10	2,346	229
15	3,321	324
19	4,386	428

The projected intermediary/sales remuneration shown above includes the costs incurred by Irish Life in relation to the provision of sales advice, service and support for the plan. These costs are included in the plan charges set out in Column C of the Illustrative Table of Projected Benefits and Charges in Section 3.

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

The payment may be reviewed during, or at the end of, the planned term of cover in the following circumstances:

- if our investment return, expense or cost of claims is different to that assumed;
- if you change the benefits or the payment on your plan, if you stop making payments for any period or if you cash in part of the cash value of your fund; and
- following the payment of a life cover, specified illness cover or vital care cover claim.

At a review the payment may have to be increased to maintain your protection benefits in the future. If you do not increase your payment in these circumstances, then benefits will be reduced or even cancelled.

The surrender values illustrated are not guaranteed. What you get back depends on how your investments grow. You could get back more or less than these projected benefits.

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

Where you stop making payments and your plan has no cash value, all cover under your plan will end.

Your cover and or payment may be amended at a review as outlined above.

We may also increase the plan fee or any other charges if there is a significant difference between the costs of maintaining existing plans and the charges that we take from these plans.

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

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

7. INFORMATION ON TAXATION ISSUES

All investment returns made within the plan grow without deduction of tax. If you take a full or partial withdrawal from the surrender value of your plan, an exit tax is charged on any profit element of the amount withdrawn. Where the charge applies, we will deduct any tax due and pay out the net amount.

In certain circumstances, tax may be due after death. The amount shown as the benefit is the amount you will receive after deducting any tax. In some circumstances, where ownership of the plan is transferred to someone other than the original owner tax may be payable at the date of transfer. We will deduct this tax. You must tell us if you transfer ownership of the plan to someone else.

Tax legislation imposes an obligation on Irish Life to deduct the correct amount of exit tax. Irish Life retains absolute discretion to determine, in accordance with all relevant legislation and guidelines, the tax treatment of this plan.

Where tax is due, we will calculate this using the rules set out in the law which applies at the relevant time. We will pay tax at the rate which applies for customers of life assurance companies. This is currently 23%. The rate of exit tax is currently made up of the standard rate of income tax plus 3%.

In some circumstances, additional tax may be due. For example, if the life cover is paid to your estate, your beneficiaries may have to pay inheritance tax (there is no inheritance tax due on an inheritance between a married couple). In certain circumstances, inheritance tax may be reduced by any tax paid on the death benefits under this plan.

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 Life Options Plan.

8. ADDITIONAL INFORMATION IN RELATION TO YOUR POLICY

What are the Benefits and Options provided under this plan?

Your Life Options plan provides valuable protection benefits. Full details of the benefits you have chosen are set out in your schedule and plan conditions you should study these documents carefully. All of the options which may be available to you are described below.

Life cover

We will pay life cover in the event of the death of one of the lives covered during the term of the plan.

Independent specified illness cover

If this benefit applies we will pay the independent specified illness cover if either of the lives covered is diagnosed during the term of the plan as having one of the 26 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 schedule.

No other illnesses or conditions are covered.

Where a life covered has independent specified illness cover but no life cover, and he or she dies without a claim being made for independent specified illness cover, we will pay the fund value or 5% of the amount of independent specified illness cover, whichever is higher.

Accelerated specified illness cover

If this benefit applies we will pay the accelerated specified illness cover if either of the lives covered is diagnosed during the term of the plan as having one of the 26 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 schedule.

No other illnesses or conditions are covered. The amount of life cover for a life covered will be reduced by the amount of any accelerated specified illness cover payment.

Vital care cover

If this benefit applies we will pay the vital care cover, if six months after a life covered is diagnosed as requiring vital care as defined in the terms and conditions booklet the life covered is still alive. We will not pay any benefit under vital care cover if the life covered dies within this six month period.

Hospital cash cover

If this benefit applies we will pay a daily benefit if you are in hospital for more than 72 hours (3 days). You are covered for a maximum of 365 days in total over the duration of the plan. Hospital cash cover ends on your 60th birthday.

Accident cover

If this benefit applies we will provide a specified cash payment if the life covered is unable to work as a direct result of an injury sustained in an accident. We will pay the benefit from the start of the third week out of work until the life covered is

fit enough to return to work. Throughout the term of the plan we will pay a maximum of 52 weeks benefit. Where the life covered suffers one of 10 named fractures or 4 dislocations we will immediately pay a fixed number of weeks benefit. The maximum we will pay is 40% of your gross earnings less any similar insurance the life covered may have. This cover ends at age 60.

Children's life cover

If this benefit applies we will pay the children's life cover shown on your schedule in the event of the death of your child during the term of the plan if they are under the age of 21.

Children's hospital cash cover

If this benefit applies we will pay the 25% of each parent's benefit if your child (under the age of 21) is in hospital for more than 72 hours (3 days). This benefit doubles after 14 consecutive days if the child is still in hospital. They are covered for a maximum of 365 days in total over the duration of the plan.

Children's specified illness cover

If this benefit applies we will pay the children's specified illness benefit if your child (under the age of 21) is diagnosed during the term of the plan as having one of the 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 schedule.

No other illnesses or conditions are covered.

Contribution cover

If this benefit applies and before age 60, you cannot carry out your normal occupation for six months in a row because of illness or injury, we will make the payments on your plan for you after the six months are up. We will continue to make the payments until you return to work, or reach age 60, or until all life cover, specified illness cover and vital care cover under your plan stop, whichever happens first. If there are two lives covered, contribution cover applies only to the first life covered named in the schedule.

What is the term of the contract?

There is no specified term. Your Life Options plan is an open-ended protection contract and will remain in force while you are alive until you decide to end it. However, your payment may need to increase in the future if you wish to maintain the same level of benefits.

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

We may cancel your plan if you stop making payments.

How are the payments invested?

Your Life Options plan is a unit-linked plan. In return for your money we allocate units to your plan from the fund(s) as will be listed on your schedule. The value of your plan is linked to the value of these units.

Customer Information Notice

The value of a unit will rise or fall over time, depending on how the underlying assets perform. You do not own the units. Unit-linking is simply a method of working out the value of your plan at any date. The value of your plan at any date will be equal to the total of the number of units allocated to your plan from each fund multiplied by the price for units of that fund on that date. The value of your plan will therefore rise and fall over time as the unit prices change to reflect the value of the underlying assets.

Is there an opportunity to change your mind?

If this plan is taken out under a mortgage providers' group mortgage protection plan with Irish Life, no payments are refunded if the plan is cancelled.

Otherwise, if you take out the plan yourself, 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 the Customer Services Department at Irish Life within 30 days of receiving details of your plan. On cancellation all benefits will cease and Irish Life will refund your payment.

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 Irish Life Customer Services Department, Lower Abbey Street, Dublin 1 who will deal with your enquiry. Our Customer Services Department also operate an internal complaints procedure and any complaints you may have will, in the first instance, be fully reviewed by them. If you feel we have not dealt fairly with your complaint, you should contact the Financial Services Ombudsman at 32 Upper Merrion Street, Dublin 2. Taking your complaint to the Financial Services Ombudsman will not affect your right to take legal action against us.

B - INFORMATION ON SERVICE FEE

There is no service charge payable to Irish Life additional to the payment.

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

Insurer

The Life Options plan is provided by Irish Life Assurance plc, a company authorised in Ireland. Irish Life Assurance plc is regulated by the Financial Regulator. 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.

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

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

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

We at Irish Life are obliged by law to tell you if any of the following 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.

To help improve customer service will record or monitor calls.

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We offer investment, protection, pension and savings products.

Contact us

phone: 01 704 1010
8am - 8pm Monday to Thursday
8am - 6pm Friday
9am - 1pm Saturday
fax: 01 704 1900
email: customerservice@irishlife.ie
website: irishlife.ie
write to: Irish Life Assurance plc, Lower Abbey Street, Dublin 1.

ILA 1860 (REV 03-06)