

life home cover

The value for money mortgage protection plan



Irish Life

More options for your future



About us

Founded in 1939, we have been taking care of our customers' financial futures for over 60 years. We are proud to be part of the Irish Life & Permanent group of companies, one of Ireland's largest and most successful financial organisations.

As the leading life assurer in Ireland, our vision for the future is to be your first and best choice for all your savings, investment, pensions and protection needs. We understand that your lifestyle and financial circumstances are specific to you and so we aim to offer you, over your lifetime, a better combination of choice, value and service than any other company. We will do our best to provide you with the flexibility to manage your finances and the freedom to live your life the way you want to.

Because financial products can be complicated and difficult to understand, we are committed to using clear and straightforward language in all our customer communications. We work with Plain English Campaign, an independent company who specialise in testing the text and layout of our documents to make sure that all our customer communications meet the highest standards of clarity, openness and honesty. Irish Life is the first financial company in Ireland to sign the Plain English Campaign's declaration of honesty. This means we make certain everything you need to know is included in this booklet and is written in language you can easily understand.

Irish Life Assurance plc is regulated by the Irish Financial Services Regulatory Authority.

Customer information notice

For your convenience, we have included your customer information notice at the back of this booklet. This is an important legal document that gives you all the details of:

- how your plan works;
- what the costs and benefits are; and
- what options are open to you as your circumstances change.

After you take out a plan, we will send you a personal customer information notice and the terms and conditions. You should read them and store them safely for future reference.



Life home cover

A plan to protect your mortgage if you die or suffer from a specified illness before it is paid off.

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introduction





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

You want to have peace of mind that if you die or become seriously ill, you or your family will not have to worry about repayments on your mortgage.

Three great reasons to choose a life home cover plan

1

Life home cover gives you peace of mind that if you die during your mortgage term, you should be able to pay off whatever is left of your mortgage. You can also add specified illness cover so if you suffer one of a list of illnesses shown on page 22, it can help with payments on your mortgage.

2

This plan is great value for money. We keep the cost of your cover as low as possible, by reducing your cover each year to reflect the decreasing amount you owe on your mortgage.

3

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

This booklet will give you details and benefits of the life home cover plan. We talk you through the service we offer to you, and will answer some of the most common questions that we are asked. It is only a guide that allows us to explain the product to you in simple terms. There will be more specific details and rules in your terms and conditions booklet, which you should read carefully.

the life home cover plan





The life home cover plan

You want to have peace of mind that if the worst happens, your family will not have to struggle to pay off your mortgage.

How does the life home cover plan work?

If you die during the term of your plan, we will pay off whatever is left of your mortgage, as long as your mortgage repayments are up to date and your mortgage interest rate has not, on average, risen above the interest rate assumed.

Normally, you will transfer ownership of your life home cover plan to your mortgage lender. And, as you pay off your mortgage, your cover will fall to reflect the reducing amount you owe on your mortgage. This helps keep the cost of this plan lower than other forms of life assurance.

The payments and benefits under this plan are guaranteed. That means you will always know how much you are paying and how much you will receive.

The amount you need and the length of time you should be protected for will depend on the amount of your mortgage and how long you have left to pay it off.

Who will the life home cover protect?

You can protect:

- yourself (single cover), which means we will make the payment if you die during the term of the plan; or
- you and your partner (joint cover), which means that we will make the payment if you or your partner die during the term of the plan. However, we will only make the payment once.

Added extras



An early pay-out if you suffer a terminal illness

If you are diagnosed as having a terminal illness, we will pay your benefit straight away. A terminal illness is a condition that, in the opinion of the appropriate hospital consultant and our Chief Medical Officer, is highly likely to lead to your death within 12 months.



Children's cover

We automatically include life cover of €4,000 for your children between the ages of one and 21.

How does the life home cover plan work?

Term: 20 years
Mortgage interest rate: 6% a year
Interest rate we assume on life home cover plan: 6%
Mortgage amount: €100,000

Beginning of year	Mortgage left to pay €	Level of Life/ Specified Illness Cover under Life Home Cover €
1	100,000	100,000
2	97,282	97,282
3	94,400	94,400
4	91,346	91,346
5	88,108	88,108
6	84,676	84,676
7	81,038	81,038
8	77,182	77,182
9	73,094	73,094
10	68,761	68,761
11	64,169	64,169
12	59,300	59,300
13	54,140	54,140
14	48,670	48,670
15	42,871	42,871
16	36,725	36,725
17	30,210	30,210
18	23,305	23,305
19	15,984	15,984
20	8,225	8,225
21	0	0

In this example, we are assuming a mortgage interest rate of 6% a year. We will print the interest rate we have assumed for your plan on your table of protection benefits. If interest rates are lower than we have assumed, the level of cover you have may be worth more than the amount you still owe on your mortgage. In this case, once we have paid off all your mortgage lender's costs, the lender will usually pay any extra amount to your legal beneficiary.

If, on average, mortgage interest rates are higher than the rate we have assumed, your cover may not be enough to pay off your mortgage. In this case, we will reduce your mortgage by the amount of cover you have.

Consumer Credit Act 1995

You can get details of the proposed mortgage loan, including a statement of the Annual Percentage Rate (APR), from your lender. If the interest rate for your mortgage is variable, your lender may change the payment rates on the mortgage.

Warning: Your home is at risk if you do not keep up payments on a mortgage or any other loan secured on it.



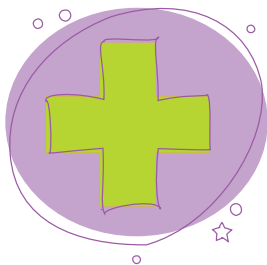
Important points about life home cover

- The amount you pay is guaranteed to stay the same for the whole of the period you are insured for.
- If you stop making payments, you will no longer be protected and we will not return any money to you. You cannot cash in your plan. We will only pay out if you die during the term of the plan (or if you choose the specified illness option and suffer one of the 25 conditions listed while your specified illness cover is in force). It is not a savings plan.
- We will not pay claims in certain circumstances. For example, if you have not given us full information about your health. You will find a summary of these situations in the 'Your questions answered' section.
- You cannot change the amount of cover you have under life home cover though it will decrease as the amount that remains unpaid on your mortgage decreases.
- The maximum age at which you can take out life cover is 75. The maximum term can last up to a maximum of age 80. The maximum term for specified illness cover is 35 years.



specified illness cover





Specified illness cover

What is specified illness cover?

You can choose to include specified illness cover with your life home cover plan to help repay your mortgage if you are diagnosed as suffering from one of these specified conditions during the term of the plan.

Why do I need specified illness cover?

Serious illness can strike at any time and 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 50 for males and 45 for females.
- The most common illnesses are cancer, heart attack and stroke.

The specified illnesses we cover

We have identified 24 common conditions that are likely to change your life in such a way that you would need financial help to repay your mortgage. We have then added a further condition, which we have called loss of independence. This benefit should make your total cover more wide-ranging and will be particularly valuable as you get older.



We have identified the 25 illnesses we cover below.
You will find full descriptions from page 22 onwards.

1	Alzheimer's disease
2	Benign brain tumour
3	Cancer
4	Cardiomyopathy
5	Coma
6	Coronary artery surgery
7	Heart attack
8	Heart valve and structural surgery
9	HIV or Aids - transfusions
10	HIV or Aids - occupational injury
11	HIV or Aids - physical assault
12	Kidney failure
13	Loss of hearing (to age 65)
14	Loss of independence
15	Loss of sight
16	Loss of speech
17	Loss of two or more limbs
18	Major organ transplant
19	Motor neurone disease
20	Multiple sclerosis
21	Paralysis of two or more limbs
22	Parkinson's disease
23	Severe burns
24	Stroke
25	Surgery to the aorta

We do not cover any other illnesses.

How does the specified illness cover work?

Specified illness cover under your life home cover contract is an 'accelerated' benefit.

This means that if we pay your specified illness cover claim, we will reduce your life cover by the amount you receive. If your specified illness cover is the same as your amount of life cover, all cover under the plan will end.

Children's specified illness cover

When you take out specified illness cover, all your children between the ages of one and 21 are covered for €15,000 for as long as you are covered. They are covered for the same illnesses you are, apart from HIV and AIDS caused by an injury at work. They are also covered for bacterial meningitis.

We will pay only one claim for each child. Your child 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.

Important

- We will only pay this benefit if you are diagnosed during the term of the plan as suffering from one of the 25 conditions listed. You are not covered for any other illness or condition.
- We may not agree to cover you against all these conditions. If this is the case, we will tell you and we will refer to it in your plan schedule.
- You can only receive one payment with this cover. For example, you cannot claim for a heart attack and then for a separate illness. We do make a charge if you choose the specified illness cover option.
- The maximum term for specified illness cover is 35 years.
- The expiry age for specified illness cover is age 75.

our **service** to you



When taking out your plan

Taking out cover has never been easier.

- When applying for 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 you have been accepted 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 is not suitable, we guarantee to pay all your money back within the first 30 days after we send you details of your plan.



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.

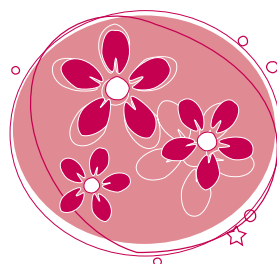
Our lines are open:

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

You can contact us:

Phone:	01 704 2010
E-mail:	customerservice@irishlife.ie
Fax:	01 704 1900
Write to:	Customer Service Dept, 1 Lower Abbey Street, Dublin 1
Website:	www.irishlife.ie

Calls will be recorded or monitored to help improve customer services.



If you experience any problems?

If you experience any problems, please call your financial adviser, or contact our customer service department.

We monitor our complaint process to make sure it is of the highest standards. 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. (The details are shown on page 21.) We will then send you a claim form, tell you what you need to do and what documents we need. Once we have received all the documents we need, we aim to pay all claims within five days.

Bereavement Counselling Service

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

your questions answered



How much do I pay?

The amount you pay will depend on your sex, your age, your health, whether you smoke, how much protection you want and for how long. The minimum you can pay each month is €13.

How do I pay?

We want to make paying as hassle free as possible. As a result, with life home cover you pay by direct debit.

How long will I be insured for?

- For life cover we can insure you for between five and 40 years. However, we will not cover you after your 80th birthday.
- For specified illness cover we can insure you for between five and 35 years. However, we will not cover you after your 75th birthday.

You decide how long you want to be insured for. At the end of the period of cover you have chosen, you will no longer be protected.



What age do I have to be to apply for life home cover?

- For life cover you must be between 18 and 74 years old.
- For specified illness cover you must be between 18 and 54 years old.

What if I want to change my level of cover and the amount I pay?

This is not possible. We have kept the plan as simple as possible to keep costs down.

Will you review the amount I pay for my life home cover in any way?

The amount you pay is guaranteed to stay the same for the whole of the period for which you are covered.



What are the charges that I pay for life home cover?

We include the following charges in your payments.

- The cost of setting up and managing the plan, including sales and commission costs.
- The cost of the life cover benefit.
- If you choose it, the cost of the specified illness benefit.

What is terminal illness?

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. If you are diagnosed, we will pay you the full amount of your life cover. Your plan and all cover will then end.

Are there any situations in which you will not pay my benefit?

We have listed a summary of these situations below.

- We may refuse to pay a claim if you have given incorrect information or did not tell us something that would have affected our assessment of your application when you first took out the plan. You must tell us everything relevant about your health on your application form. If you do not and a claim is made, we may not pay your benefit. 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 life cover benefit if your death is caused by suicide or execution within a year of the plan starting.

- We will not pay benefit for coma, loss of independence, loss of limbs or paralysis in the following situations.
 - If the injury has been caused by war, riot, revolution or any similar event or by you committing a crime.
 - If the condition was self-inflicted or caused by you drinking alcohol or taking drugs, or if you failed to follow reasonable medical advice.
 - If the injury was caused by you taking part in any of the following activities. Abseiling, bobsleighbing, boxing, caving, flying (except as a paying passenger on a public airline), hang-gliding, horse racing, motor-car and motor-cycle racing or related sports, mountaineering, parachuting, potholing, powerboat racing, rock climbing, scuba diving.

We will only pay terminal illness and specified illness claims if you were living in the European Union, Australia, Canada, New Zealand, Norway, South Africa, Switzerland or the United States of America. If you move outside of these countries, you must let us know immediately so that we can decide whether your benefits should continue.

Will any tax have to be paid on the benefits?

Usually tax does not have to be paid on life or specified illness benefits. But in some circumstances tax may have to be paid. For example, if you die and your life cover is paid to your estate and your beneficiaries have to pay inheritance tax, they may have to pay tax on the proceeds of the plan. You should ask your financial adviser about your own tax situation in connection with this plan.



What happens after I apply for life home cover?

We assess all applications to see if we think you are an acceptable risk. Your answers to the various questions on our application form give us the information we need to decide whether to accept your application. We have already told you how important it is to tell us everything relevant when answering the questions on the application form. 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 form 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 records. It 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 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 with an independent doctor. We keep all the information we receive strictly confidential.

If we accept your application, we will send you:

- a letter which will give you information about your plan;
- your terms and conditions booklet;
- your plan schedule and table of protection benefits setting out how much you need to pay and what cover you have during each year that you are covered;
- a photocopy of your application form or a summary of the medical information in it; and
- a detailed customer information notice which gives you extra information about the plan.

When you receive these you should make sure that the details in them are correct and that you are happy with the plan. Remember that the life home cover 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.

How does children's life cover work?

Each of your children between the ages of 1 and 21 automatically has life cover of €4,000. During the first six months of the cover, we will only pay for accidental death.

How do I make a claim under the plan?

If you or your representatives need to make a claim, you or they should contact your financial adviser or our customer service department. We will send you a claim form and tell you what you need to do. We will always need a filled-in claim form, the plan schedule, and the original death certificate.

In some circumstances, if the person who has died made a will, we will 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 will normally make a payment within five days. If our payment is delayed, we will pay interest from the date the person dies.

How do I claim for specified illness cover?

If you need to make a claim, contact your financial adviser or our customer service department. We will send you a claim form, asking for details of your condition and details of the doctors or consultants you have seen.

We will try to pay all valid claims as soon as possible. You must let us know that you are making a claim within six months of when your condition is diagnosed or when you had surgery.

We will need evidence from your doctor or consultant (or both). In some circumstances, we may also ask for other medical examinations or tests to confirm the diagnosis.

If your benefit has been legally transferred to your mortgage lender, we will pay the benefit to the lender.

the conditions
you are protected for





The 25 conditions that you are protected for are defined on the following pages.

1 Alzheimer's disease

Plan definition

A global failure of brain function resulting in significant reduction in mental and social functioning to the extent that the continuous supervision and assistance of another person is required. 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. The condition must be irreversible with no reasonable prospect of there ever being any improvement.

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 and helped 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 six months following diagnosis before you can claim this benefit. According to current medical knowledge, there must be no reasonable expectation of improvement in the condition.

2 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 coordination, tremor, seizures (fits), dementia, delirium (for example, hallucinations) or coma. These neurological problems must be permanent.

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 is caused when the process of creating and repairing body tissue goes out of control leading to an abnormal mass of tissue being formed. The tumour may grow faster than, and not be linked to, 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 make a 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 long-term 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 is graded on a scale of 1 to 4 - 1 represents 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 in cells) of greater than 6, or lymph nodes or metastases (the cancer spreading) are involved 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 we cover is malignant melanoma which has been classified 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 long-term outlook.

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

4 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. Whilst 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.

5 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 neurological problems as a result. 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.

6 Coronary artery surgery

Plan definition

The undergoing of open heart surgery on the advice of a consultant cardiologist of a major hospital to correct narrowing or blockage of one or more coronary arteries with bypass grafts but excluding balloon angioplasty, laser relief or any other procedures.

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. Open heart surgery is a major operation which involves opening the chest wall to reach the heart and using a heart-lung machine

(cardiopulmonary bypass) during the surgery.

Open heart surgery does not include heart surgery performed without cardiopulmonary bypass.

You will be able to claim if you have open heart surgery for the purposes of coronary artery bypass surgery for arterial disease. You are not covered under this definition for any other intervention techniques such as angioplasty or laser relief.

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 ECG changes that are typical of a heart attack (ECG stands for electrocardiogram which is a record of the electrical impulses that make the heart beat); and
- an increase in cardiac enzymes, troponins or other biochemical markers that are typical of a heart attack (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 if there are no changes in the ECG together with blood tests that support the diagnosis of heart attack.

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.

Open heart surgery is a major operation which involves opening the chest wall to reach the heart and using a heart-lung machine (cardiopulmonary bypass) during the surgery. Open heart surgery does not include surgery performed without cardiopulmonary bypass.

9 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.

10 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 bloodstained body fluid which occurred in Ireland or the UK during the 12 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 14 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 firefighters
- 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 seven 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.

11 HIV infection or AIDS as a result of a physical assault

Plan definition

Infection by any human immunodeficiency 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 Síochána 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 Síochána. Separate tests carried out within seven days and then 12 months of the assault must establish that the physical assault was the source of the infection.

12 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.

13 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 12 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.

14 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 fulfil 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, and
 - (c) have deteriorated to the extent that requires the need for continual supervision and assistance of another person.

The diagnosis must be confirmed to the satisfaction of Irish Life's Chief Medical Officer expressing his professional opinion, 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.

- 1 You are permanently confined to a wheelchair.
- 2 You are a permanent patient in hospital or resident in a nursing home as a result of a medical condition.
- 3 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

- 4 You suffer from severe and permanent brain damage as a result of disease or injury and, as a result, you need the continued supervision and help of another person. 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.

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. The diagnosis must be confirmed by an appropriate specialist.

15 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 six months following diagnosis before you can claim benefit.

16 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.

17 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.

18 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.

19 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.

20 Multiple sclerosis

Plan definition

A definite diagnosis by a consultant neurologist of multiple sclerosis which satisfies all of the following criteria.

- There must be current impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.
- The diagnosis must be confirmed by diagnostic techniques current at the time of the claim.

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 at the present time 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 diagnostic tests which apply at the time of your claim; and
- you have ongoing, well-defined symptoms of the disease which have been present continuously for at least six months.

21 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.

22 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.

23 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.

24 Stroke

Plan definition

Any cerebrovascular incident resulting in infarction of brain tissue caused by haemorrhage or 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 results in permanent neurological problems.

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.

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.

25 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

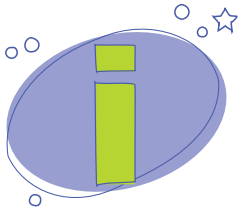
The aorta is the main artery of the body and the source of all others. It supplies blood containing oxygen to other arteries. The aorta can become narrow (often because of a build-up of fatty acids on its walls) or it may become weakened because of a split (dissection) in the internal wall.

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.

your Customer Information Notice





Introduction

This notice is designed to highlight some important details about the plan and, along with the Life Home Cover 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 plan schedule, terms and conditions booklet and personalised customer information notice which you will receive when the contract is in place. It is important that you should read these carefully when you receive them as certain exclusions and conditions may apply to the benefits and options you have selected.

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.

Customer Information Notice

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Customer Information Notice

A - INFORMATION ABOUT THE POLICY

1. MAKE SURE THE POLICY MEETS YOUR NEEDS!

The Life Home Cover plan is a regular payment mortgage protection plan. The plan provides protection benefits only i.e. life cover only or life cover and specified illness cover on a reducing scale over a fixed term. The plan cannot be converted to another plan at the end of the fixed term.

You are entering into a commitment to make a fixed 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



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 at the beginning of your application form to confirm this in writing. Please ensure that you have completed this section of the form and that you are satisfied with the explanations provided by your financial adviser before you complete the rest of the application form.



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?

The plan does not acquire a cash or surrender value at any stage. If you stop making payments, all cover under the plan will end and we will not refund any of your payments.

WARNING: YOUR HOME IS AT RISK IF YOU DO NOT KEEP UP PAYMENTS ON A MORTGAGE OR ANY OTHER LOAN SECURED ON IT.

3. WHAT ARE THE PROJECTED BENEFITS UNDER THE POLICY?

The following payment and benefit details are for a typical Life Home Cover 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 €115,000.
Accelerated Specified illness cover of €115,000.
Cover is on a joint life first death basis.

Lives Covered: Male, non-smoker aged 38 next birthday. Female, non-smoker aged 37 next birthday.

Payments: €75.52 per month payable by direct debit.

Term: The term of the plan is 21 years.

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The plan provides protection benefits up until the end of the 21-year term. Benefits decrease in line with how the capital outstanding on a mortgage reduces over the mortgage term using an interest rate of 6%. The plan does not acquire a cash or surrender value at any stage.

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 protection benefits to date	E=A+B-C-D € Projected policy value
1	906	0	305	601	0
2	1,812	0	583	1,230	0
3	2,719	0	834	1,885	0
4	3,625	0	1,058	2,567	0
5	4,531	0	1,254	3,277	0
6	5,437	0	1,422	4,016	0
7	6,344	0	1,564	4,780	0
8	7,250	0	1,679	5,571	0
9	8,156	0	1,767	6,389	0
10	9,062	0	1,831	7,231	0
11	9,969	0	1,875	8,093	0
12	10,875	0	1,902	8,973	0
13	11,781	0	1,917	9,864	0
14	12,687	0	1,937	10,751	0
15	13,594	0	1,974	11,620	0
16	14,500	0	2,044	12,456	0
17	15,406	0	2,166	13,240	0
18	16,312	0	2,366	13,946	0
19	17,219	0	2,673	14,546	0
20	18,125	0	3,125	14,999	0
21	19,031	0	3,773	15,258	0

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

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

Customer Information Notice

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	906	938
2	906	27
3	906	27
4	906	27
5	906	27
10	906	27
15	906	27
20	906	27
21	906	27

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 is guaranteed to provide protection cover for a fixed term, assuming no changes to your payment or benefits (other than the predetermined decreases in the benefits).

THE PAYMENT RATES ON YOUR MORTGAGE MAY BE SUBJECT TO ADJUSTMENT BY THE LENDER FROM TIME TO TIME.

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

We may cancel your plan if you stop making payments.

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

If we receive evidence that your date of birth as shown in your plan schedule is incorrect, we will adjust the benefits appropriately.

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.

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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

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

Where the plan is owned by a company, tax does not usually have to be paid on life cover or specified illness cover benefits.

If payments are made by anyone other than the legal owner of the plan, for example from a company or business account, there may be other tax implications.

Please contact your financial adviser or Irish Life if you do not fully understand the likely tax treatment of any benefits payable in connection with your Life Home Cover plan.

8. ADDITIONAL INFORMATION IN RELATION TO YOUR POLICY

What are the benefits and options provided under this plan?

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

Life Cover

We will pay whatever level of life cover is payable at the time (in line with decreasing benefit outlined in section 3), in the event of the death of either of the lives covered during the term of the plan.

Accelerated Specified Illness Cover

If this applies we will pay whatever level of accelerated specified illness cover is payable at the time (in line with decreasing benefit outlined in section 3), if either of the lives covered is diagnosed during the term of the plan as having one of the 25 specified illnesses listed in the terms and conditions booklet. If one or more of those illnesses or conditions is not covered, this will be referred to in the plan schedule.

No other illnesses or conditions are covered.

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

What is the term of the contract?

The plan provides protection benefits for a fixed term. The specified illness cover may stop before the end of your plan term. The maximum term for specified illness cover is 35 years. Specified illness cover cannot continue past age 75.

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

We may cancel your plan if you stop making payments.

Customer Information Notice

Is there an opportunity to change your mind?

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

Law applicable to your plan

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

Customer Information Notice

B - INFORMATION ON SERVICE FEE

There are no charges payable to Irish Life other than those set out in your table of benefits and charges and in your terms and conditions booklet.

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

Insurer

The Life Home Cover plan is provided by Irish Life Assurance plc, a company authorised in Ireland. Irish Life Assurance plc is regulated by the Irish Financial Services Regulatory Authority. You can contact us at Irish Life Centre, Lower Abbey Street, Dublin 1, by telephone at 01 704 2000, 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 events occurs during the term of your contract:

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

Products we offer

Investments

Low risk options

- Tracker bonds

Higher growth options

- Property bonds
- Unit-linked share investments

Protection

- Term life cover
- Mortgage protection
- Flexible family protection
- Income protection
- Inheritance tax planning

Savings

- Savings plan

Pensions

- Personal pensions
- PRSAs
- Company pensions (including AVCs)
- Pension life cover
- Post-retirement options

Keeping in contact

Each year, we will send you a statement, which keeps you up to date on your plan, explaining the benefits, cash-in values (where appropriate) and other relevant information concerning your plan.

You can call us six days a week on our customer helpline where we will do our best to answer your question. Our websites are available 24 hours a day, seven days a week. You can keep track of your Scope funds at www.escope.ie. At www.irishlife.ie, you can, among other things, find your nearest financial adviser or get a quick quote on any of our products.

Personal financial advice

It takes just a short time for a professional financial adviser to sit down with you and review your personal finances. An adviser will tell you the most suitable ways for you to get the most benefit from your money, taking account of all your existing financial commitments.

How to contact our Customer Service Department

Call or fax us at:

tel: 01 704 1010 fax: 01 704 1900

Email us at:

customerservice@irishlife.ie

Visit our website at:

www.irishlife.ie

Or write to us at:

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

Lines are open between 8am and 8pm Monday to Thursday, 8am and 6pm on Fridays and from 9am and 1pm on Saturdays.

Calls will be recorded or monitored to help improve customer service.



Irish Life

www.irishlife.ie

