

Protection Claims Team

About Us

Our Protection Claims Team are experienced and professional with 80% of Claims Assessors holding the professional Diploma in Life and Disability Claims. We are very happy to discuss claims directly with claimants and Financial Advisers.

Innovation

We continue to lead the way in the Irish Financial Industry.

- ✓ We publish an annual report on our protection claims statistics.
 - ✓ We will "alert" you when we receive your customers protection claims.
 - ✓ We will contact the customer on all specified illness cover claims prior to issuing our claim form to ensure that they are comfortable and understand our process.
 - ✓ We are proud to be the first claims team in Ireland to have dedicated Death Claims and SIC Booklets.
 - ✓ We will send our Death and SIC claimants our Claims Charter at the outset of their claim.
- ✓ We have introduced new claim forms to speed up the claim turnaround time.
 - ✓ We will "alert" you when we pay your customer's protection claim. This gives you the opportunity to follow up on the claim directly with the customer for example to simply maintain your relationship or to organise a financial review with the claimant or their family.
 - ✓ We can send your customer's cheque directly to you if you want to deliver this personally to your customers.

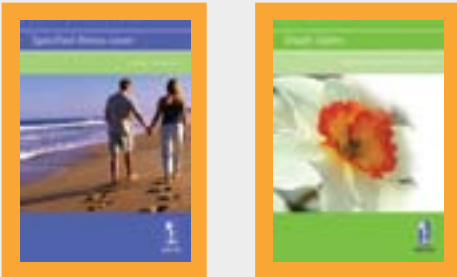
Claims Support

We have a number of initiatives to support claimants and Financial Advisers if they need to make a claim. Full details can be found at www.irishlife.ie

- Specified Illness Cover and Death Claim "Guide to Claims" Booklets
- Claims Charter
- Annual Claims Statistics

You can also recommend these services to your customers:

- Free Counselling Session: To help our customers through this difficult period we will pay for up to three counselling sessions with Clanwilliam Institute. This Irish registered charity provides counselling and psychotherapy to individuals, couples and families going through difficult times, for example, families dealing with serious illnesses or bereavement. For more information visit www.clanwilliam.ie
- Nurse Assist Helpline (1850 22 88 33): Our customers can access this helpline 24 hours a day, 365 days a year, where Qualified Nurses are available to answer medical queries confidentially. This can support customers or their children recovering from serious illnesses.
- Financial Review: Following a claim we would recommend our claimants complete a review of their finances.



Income Protection Claims

- Irish Life is the largest provider on Income Protection in Ireland with over **275,000** people insured.
- In the last 5 years we have paid out over **€272 million** in Income Protection claims.
- We have paid **15,500** income protection claims in the last five years.
- Usually an income protection claim takes about **12 weeks** to complete the assessment and get a customer to "on claim" status.

For Income Protection claims we will **always** need:

- ✓ A fully completed claim form
- ✓ Medical certificate to be completed by claimants GP

Other document we may require when making a claim:

- ✓ Birth certificate (original or a copy stamped by a solicitor, or any bank or financial institution)
- ✓ Copies of their P60 for the previous three years
- ✓ Employment information form (for the employer to complete)
- ✓ If self employed, we will require a copy of accounts, tax calculation and income tax assessments for the three accounting years immediately before the start of the deferred period
- ✓ Evidence of other insurance, pensions and state benefits if this applies

Income Protection claims are administered by a dedicated Income Protection team in Corporate Business.

How You Can Contact the Income Protection Team:



Location 47,
Irish Life,
Lower Abbey St,
Dublin 1



01 704 1802



01 704 1906



incomeprotection@
irishlife.ie



www.irishlife.ie

Our Complaints Procedure

If your customer does not agree with any aspect of our claims handling or decision making the following process is available:

- If your customer has a complaint they should write to us outlining the details.
- We will review the complaint and our target is to give a detailed explanation to all complaints within 10 working days.
- If the complaint cannot be resolved internally, the customer can contact the Financial Services Ombudsman's Bureau which is free of charge. See website for full details www.financialombudsman.ie

Information correct May 2011. Irish Life Assurance plc is regulated by the Central Bank of Ireland". In the interest of customer service we will record and monitor calls. Irish Life Assurance plc, Registered in Ireland number 152576, Vat number 9F55923G.

ILA 8683 (NPI 05-11)

Last year the average age of Income Protection Claimants was 52

In 2010 the average benefit paid was €21,305

For Financial Advisers only



UNDERSTANDING CLAIMS

A guide on Protection Claims

How You Can Contact Us:



Location 514,
Irish Life,
Lower Abbey St,
Dublin 1



01 704 1855



01 680 3387



protectionclaims@
irishlife.ie



www.irishlife.ie

A guide to protection claims

At Irish Life we have over 70 years experience paying claims. We want to pay claims.

We have paid **€1 billion** protection benefits over the last 5 years to over 30,000 Irish families.

We know that when taking out cover some customers want to know about our protection claims payment history and this booklet will help you to explain what this means.

Our claims philosophy is to provide a top quality service in the management of all Retail Death, Specified Illness Cover, Hospital Cash Cover, Accident Cash Cover and Income Protection claims ensuring that:

- A sensitive approach is always taken when dealing with customers and financial advisors
- Genuine claims are paid promptly and efficiently
- Appropriate claims are investigated fully



Did you know that **70% of Irish adults do not have a will?**

We would recommend you to talk to your customers about the importance of making a will

Death Claims

- In the last five years Irish Life has paid out **€357.3 million** in Death claims.
- We have paid 5,973 protection death claims in the last five years
- In 2010 the average claim amount was **€65,000**.

We will **always** need:

- ✓ Fully completed claim form
- ✓ Death certificate (a certified copy)

We may also need:	Medical Requirement examples (<25% of death claims)
Legal Requirement examples	
✓ Certified copy of the will	✓ GP Report (Duration cert)
✓ Grant of probate	✓ Specialist report
✓ Letters of Administration	✓ Post mortem report
✓ Deed of Assignment	✓ Inquest report

The Top 5 Causes of Death

1. Cancer
2. Heart Related
3. Accident Related
4. Respiratory
5. Stroke

We paid **98%** of all death claims received in 2010

How long does it take to pay a Death claim?

- The average turnaround time is 16 weeks, however 46% of death claims are paid within four weeks or less.
- The length of time it takes to pay a death claim can vary if legal issues are involved (e.g. if we need a Grant of Probate). It can typically take 25 weeks for probate to be extracted.
- If we are waiting on documents, such as death certificates, consultant reports or inquest reports this can take longer to pay the claim.

Points of Note:

- Cancer was the main cause of death in the last 5 years (46%) with Lung cancer being the biggest single type of cancer
- On average 20% of death claims are heart related
- 75% of all heart related deaths were for male lives
- Accident related incidents were the main cause of death in lives less than 40 years old

Did you know?

We now accept certified copies of death certificates from Financial Advisers.



Note: We now accept certified copies of Death Certificates from advisors. All other legal documents must be certified by a solicitor. A certified copy is a copy (e.g. a photocopy) of a primary document, with an endorsement / note on the document stating that it is a true copy of the primary document. If we receive a certified copy, we do not need the original document.

Specified Illness Cover Claims



- In the last five years Irish Life has paid out **€136.4 million** in Specified Illness Cover Claims.
- We have paid 2,311 protection Specified Illness Cover claims in the last five years.
- In 2010 the average claim amount was **€56,940**.

If your customer needs to claim Specified Illness Cover, you should first contact one of our **Claims Assessors** who will determine if the illness is covered by the plan.

Our Claims Assessors will contact you or your customer by phone to discuss the potential claim and arrange to issue a claim form.

We have different claim forms depending on the illness being claimed for, for example, Malignant Cancer or Heart Attack (Diagnosed).

The Top 5 Causes of Specified Illness Cover Claims

1. Cancer (Malignant)
2. Heart Attack
3. Stroke
4. Multiple Sclerosis
5. Loss of Independence

Points of Note:

- The top five conditions account for 95% of all SIC claims
- Cancer is the number one cause of SIC claims in the last 5 years (60%)
- The average age for SIC claimants is 48
- For women, **Malignant Breast Cancer** was the biggest single cause of claim (17% of all claims paid)
- For men, **Heart Attack** was the main cause of claim (12% of all claims paid)

How long does it take to pay SIC claims?

- The average turnaround time is **6 weeks**, however 64% are paid within four weeks or less.
- **37%** of cancer claims are now paid within **1 week** following the introduction of our new malignant cancer specific claim form.

Why Are SIC Claims Declined?

We pay almost 90% of all SIC claims. The reasons for declining SIC claims are:

1. Definition not met

For example, a plan that covers angioplasty requires two coronary arteries to be treated. A claim where one artery only is treated does not meet the plan definition.

2. Non Disclosure

If a customer does not tell us about their medical history on the application form, a potential claim may be declined. For example, non disclosure of smoking could result in the claim being turned down and the plan being cancelled.

3. Illness not covered by plan

For example, a person diagnosed with Crohn's disease cannot claim SIC as this is not one of the illnesses covered.

Child Specified Illness Cover Claims

- Children are covered from age 1 – 21 and are free under their parents plans.
- They are generally covered for the same conditions that are included in the plan's terms and conditions.
- Children are also covered for bacterial meningitis.
- Children are not covered for illnesses they had before age one or before the start date of the plan.
- We paid out 30 child claims in 2010 - 54% were malignant cancer related.

For Child Specified Illness claims we will **always** need:

- ✓ A fully completed claim form
- ✓ Birth certificate (a certified copy)



Did you know?
64% of all SIC claimants would be happy to meet their adviser to review their finances after their claim is paid

Terminal Illness Cover



- In the last 5 years we have paid out over **€7 million** in Terminal Illness Cover claims.
- The average claim amount is **€82,000**.
- The number one cause of Terminal Illness Cover claims is **malignant cancer**.
- The average claimant age is 53.

What is Terminal Illness cover

- Most plans with Life Cover include Terminal Illness benefit.
- It is an accelerated payment of a portion of the Life Cover benefit.
- To claim Terminal Illness benefit, the claimant must have an illness that has no known cure and is expected to lead to death within 12 months.

What do we need for a claim?

- ✓ Terminal Illness Claim Form
- ✓ GP report

We may also need:

- ✓ Specialist report

Hospital Cash Cover

- In the last 5 years we have paid out **€3.8 million** in Hospital Cash Cover claims.
- The average claim amount is **€1,070**.
- **Pregnancy** is the main cause and accounts for 17% of claims.

What is Hospital Cash cover?

- Hospital Cash Cover provides a daily payment if the claimant requires hospitalisation in a major hospital.
- There are different types of cover depending on the plan type:
 - 2 day
 - 3 day
 - 4 day
 - 7 day
- The claimant must be hospitalised for this minimum number of days to claim.
- 7 day hospital cash is payable from day 8 of hospitalisation (benefit is not back-dated).

What do we not cover?

- We do not consider claims in the first 2 years of the plan if the claimant previously suffered from the condition they went into hospital for.
- We do not cover hospitalisation for treatment relating to alcohol, depression, stress/ anxiety, cosmetic surgery, or rehabilitation.
- On some plans there is no cover in the first 9 months for pregnancy.

Children's Hospital Cash Cover

- Where the lives assured have this benefit, their children are covered for a proportion of their parents cover free of charge (depending on the plans terms and conditions).
- Children must be age 1 – 21.
- Children are not covered for conditions present before age 1 or before the plan started.

Accident Cash Cover

- In the last 5 years we have paid out over **€1.4million** in Accident Cash cover claims.
- The average claim amount was **€1,960** and the average age of the claimant was **33**.

The facts about accident cash cover:

- We will make an upfront payment for certain fractures and dislocations (nose, fingers and toes are not included).
- To claim the weekly benefit, the claimant must be out of work for more than two weeks. The benefit is payable from week 3 onwards.
- Maximum weekly benefit payable is 40% of the claimant's weekly earnings regardless of the amount of cover taken out on application.
- 52 weeks benefit is the maximum payable over the life of the plan.
- If the claimant is unemployed they will receive 50% of their benefit or **€100** whichever is less.

Why are accident cash claims declined?

1. Late notification of a claim
2. Injury not as a result of an accident
3. Claimant off work for <2weeks
4. No impact with a foreign object (relates to soft tissue injuries only – see T & Cs)