

Income protection

A guide to making a claim



Irish Life

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Introduction



Introduction

Irish Life has the largest number of people insured for income protection in Ireland – around 300,000 people. Each year we pay over €45 million in income protection benefits for over 2,300 individual claims (May, 2009).

When you make a claim, we aim to handle it as quickly and efficiently as possible. We understand the difficult time that you face if you are medically unable to work after a serious illness or accident.

We have written this booklet to help you understand the steps involved when you claim under your income protection plan and we hope this helps to explain our claims process.

What is income protection?

The purpose of your Irish Life income protection plan is to give you a regular income if you cannot work due to an illness or injury. It replaces some of your earned income if you can no longer earn an income yourself because you are unwell. This plan does not provide any cover if you become unemployed.

When you took out your plan you chose a deferred period of 13, 26 or 52 weeks. The deferred period is the continuous amount of time you need to be off work for medical reasons before we will start to pay your income protection benefit. You can claim income protection benefit if you cannot work for longer than the deferred period and this results in you losing earnings.

You must be totally unable to carry out the main duties of your normal job as set out on your application form for this plan. The main duties of your job are those you normally need to carry out and which cannot reasonably be left out or changed.

Terms and conditions of individual plans may vary.

The claims process



The claims process

How do I make a claim?

You can contact us in any of the following ways to send us a claim, get advice on how to claim or get an update on the progress of your claim.



- **Phone:** 01 704 1802
- **Fax:** 01 704 1906
- **E-mail:** incomeprotection@irishlife.ie
- **Post:** Income Protection Claims
Department
Irish Life
Lower Abbey Street
Dublin 1
- **Website:** www.irishlife.ie

When you call, you should give your plan number and some general details (such as your name, address and phone number).

We will then send you two items to fill in – a claim form and a medical certificate.

The claim form is a way of giving us initial information on the cause of your disability.

The **claim form** has the following sections.

- Personal details
- Occupation details
- Financial details
- Accident details (you would need to fill in this section if your disability is as a result of an accident)
- Medical details
- Details about who your GP is
- Details of any previous similar disabilities
- Employment details since your disability

- Details of any other benefits you are receiving from any other insurance companies
- Social welfare benefits

The form includes a section for you to sign that will give us permission to contact your doctor or any medical specialists you have seen for reports on your medical condition.

You should take the **medical certificate** to your GP or specialist for them to fill in. You are responsible for any fee your GP or specialist may charge for filling in the medical certificate.

You should return both forms to us at the address shown on page 6.

When do I make a claim?

You should make a claim as soon as you possibly can. Although we will not begin paying the benefit until after the deferred period, the earlier you send us your claim form the easier it is for us to get the relevant medical information we need to assess your claim.

If you send a claim form late (that is, once the deferred period has passed), we may only be able to pay a claim from the date we received the form. In some cases, we may not be able to consider a claim at all if there is a long delay involved. As a result, it is vital that you send us your claim forms on time.

The table below shows when you should send in your claim form, depending on your deferred period.

Deferred period	Send in your claim form no later than:	After you become unable to work as a result of an illness or injury
13 weeks	8 weeks	
26 weeks	16 weeks	
52 weeks	30 weeks	

What other documents do I need to provide to make a claim?

- Birth certificate (original or a copy stamped by your solicitor or any bank or financial institution)
- Copies of your P60s for the previous three years
- Employment information form (for your employer to fill in)
- If you are self-employed, a copy of your accounts, tax calculations 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

What happens when I return my claim form?

When we receive the necessary documents, our claims assessor will assess the report from your

GP or specialist. We will write to your doctors to get any other medical information we need to assess your claim. We will also usually arrange an independent medical examination with a consultant doctor.

What medical information will you need and why?

We will usually ask for medical information from the following people:

- Your GP – to confirm the details of your medical condition or disability and to get details of your medical history.
- Your medical consultant or specialist (if you have one) – to provide detailed information about your medical condition or disability.
- An independent consultant or specialist – we may need you to see an appropriate independent specialist who you have not seen before. This is simply another part of the process to get enough detailed information to assess your condition or disability.
- Any previous GP you have been to – to get details of your medical history.

Why do you need details of my medical history?

As your contract with us is based on the medical questions you answered on your application form when you applied for your plan, we will need details of your medical history to confirm that all the information you gave us on your application form is correct.

We assess all claims to make sure they are valid. This protects our customers against the effects of increased claim costs, which could lead to higher premiums for you. We want to avoid this.

What other information will you need and why?

We will also need the following.

- Birth certificate – to check the age of the person claiming.
- Financial information (for example, P60s, accounts, income-tax assessments – to find out whether you are continuing to receive an

income from your business (if you are self-employed) or other sources, and to make sure you do not receive more than the maximum benefit under the policy.

Who will assess my claim?

Your claim will be assessed by qualified and experienced claims assessors and our chief medical officers, who are consultant doctors.

We will keep any medical information that we ask for confidential. All of our claims assessors must keep to a code of practice when they work with medical evidence. Any medical information you send will only be seen by people who are authorised to do so.

How do you assess my claim?

When we assess your claim, we will look at all the medical evidence we have received. We will also consider what occupation (job) you had immediately before your disability began, together with the plan's terms and conditions.

We will use all the information to decide if you are unable to carry out the essential duties of your occupation. (It is important to know that the diagnosis of a medical condition does not in itself mean you have a disability.) We will also consult our chief medical officer about your claim. You will qualify for benefit if, as a result of this assessment, we think that you cannot perform the main duties of your normal job and you are not doing any other work.

Terms and conditions of individual plans may vary.

The health claims advisor

We try to get to know every customer who makes a claim, so we can tailor our claims services to their needs. The claims assessor may ask the health claims advisor to visit you in your home (by appointment) to gain a better understanding of your condition and circumstances. These home visits do not form part of the medical assessment of the claim and will not delay our decision if we have received all the medical evidence we need.

In our experience, when a person has suffered a serious illness or accident that prevents them from working, there are questions which they sometimes find difficult to get answered. The aim of our home-visit service is to help with some of these aspects and also to provide support and advice. Health claims advisors can provide advice about:

- the claims assessment process;
- rehabilitation support available from us;
- the role of outside agencies and the support they can provide;
- planning for going back to work;

- financial security for people trying to return to work; and
- social welfare benefits.

If we need to visit you again in relation to your claim, we will either arrange an appointment or visit you unannounced. (We would rarely need to visit you unannounced.)

How long will it take to assess my claim?

We try to process claims as quickly as we can.

Usually, an income protection cover claim takes about 12 weeks for us to complete. However, some claims will take longer than this.

The following are examples of when it may take longer to assess a claim.

- Because we need detailed medical information to assess your claim, we rely on doctors and the medical specialists you have seen to give us the information we need. Unfortunately, it is after the requests for medical information have

been sent that delays most often happen. We remind doctors regularly about the medical information we have asked for, but sometimes it can still take them time to give us all the information we need.

- If the medical information we receive is not clear or we need some extra medical information, we will write back to your doctors for this information.
- In most cases, we will also ask you to see a medical specialist for an independent medical examination. As a result, you may have to wait for a suitable appointment.
- It may take you some time to get the relevant financial evidence (for example, copies of your company accounts if you are self-employed).

We will do our best to assess your claim as quickly as possible and we will keep you up to date on how your claim is progressing. We may also contact your financial advisor during the claims process but we do not give them any of your medical or financial details.

Paying your claim



Paying your claim

First payment

We will give you notice once the claims assessment process is finished, and make the first payment at the end of the deferred period of either 13, 26 or 52 weeks, depending on what deferred period you chose on your application. We will make the first payment of benefit one month after the end of the deferred period. We will backdate this payment to the end of the deferred period.

Later payments

Following the first payment, we will pay the benefit to you every month for the month just gone.

How long will you pay my income protection benefit for?

How long we pay income protection benefit for can vary from a few months to a few years.

We will pay income protection benefit until:

- you return to work;
- our claims assessors and chief medical officer decide that you are fit enough to do your normal work;
- you reach the age at which your cover ends;
- you take up your own or another job and fail to tell us; or
- you become unemployed or lose your job; or
- you die;

whichever happens first.

Is my benefit taxed?

Your income protection benefit will be treated as normal income and so will be assessed for income tax, Pay Related Social Insurance (PRSI) and the income levy (although normal thresholds and exemptions limits will apply). We will pay the benefit to you direct. We will take off any income tax, PRSI and income levy in the same way as an employer would take them from a normal income. Hospitalisation benefit, under the income protection contract, is also assessed for income tax.

What will happen to my plan when you are paying a claim?

While you are receiving income protection benefit, you do not need to make payments and the cover will stay in force. We will start collecting your regular payments again when we stop paying the income protection benefit.

Hospitalisation benefit

We will pay you a benefit if you are admitted to hospital for more than seven days during the deferred period. This benefit is equal to 1/365 of the yearly income protection benefit for each day spent in hospital from day eight up to the earliest of the following.

- Your last day in hospital
- 91st day in hospital
- The end of the deferred period
- Your death
- The date the plan ends

Under your income protection plan, this benefit is taxed as income.

Are there any situations in which you would not pay my income protection benefit?

We pay most income protection claims that we receive, but sometimes we have to turn down a small number of claims.

Here are some examples of why we would not pay your benefit.

1 If you did not give us full and proper details on your original application for cover and you then provide this information on your claim form or your doctors provide this information in the medical evidence when we are carrying out our assessment, we may not pay your claim. For example, if you had a history of recurring back or spinal problems before you applied for cover and did not tell us on your application form, or if you had diabetes and were on medication and did not tell us on your application form.

- 2 If you changed your occupation since you applied for cover and had not told us about this.
- 3 If the injury or condition resulting in the claim was self-inflicted, caused by you taking alcohol or drugs, or caused as a result of you failing to follow reasonable advice.

- 4 If the injury or condition resulting in the claim was caused by you taking part in any of the following activities.

Abseiling, bobsleighbing, boxing, caving, flying (except as a fare-paying passenger on public airlines), hang-gliding, horse racing, motor car and motorcycle racing or sports, mountaineering, parachuting, potholing, powerboat racing, rock climbing or scuba diving.

- 5 If you are living outside Ireland or the United Kingdom, we will only pay income protection benefit for up to 13 weeks in any 12-month period, and for 39 weeks in total over the lifetime of the plan.

- 6 We will not pay hospitalisation benefit if you are admitted to hospital for a mental illness, a psychiatric disorder, treatment for excess alcohol, or any cosmetic surgery or any surgery that is not essential.
- 7 If you become unemployed or lose your job, cover will end immediately and we will not pay a claim.
- 8 If the financial evidence you have provided does not show that you have suffered a loss of income as a result of being unable to work.
- 9 If you are covered under the 'own and suited occupation' definition and you cannot perform the duties of your own occupation as a result of illness or injury but are capable of carrying out any other occupation you are suited to through your education, training or experience. For example, if you are a heart surgeon and, as a result of illness or injury, you no longer carry out surgery but you can carry out consultations with patients.

These terms would have been explained to you when you applied for cover.



We may refuse to pay a claim even if there is no direct medical connection between the cause of why you are unable to work and the medical condition you have not told us about on your application form. To do this, we must be able to show that the facts you did not tell us about at the time you applied would have affected our original decision to provide cover.

Reviewing your claim



Reviewing your claim

The review procedure

We review all income protection claims. This involves monitoring the claims and deciding whether we need to take action (for example, ask for up-to-date medical evidence or follow up on information we have still not received). Examples of this process are shown below.

- We may ask for up-to-date information from your specialist or GP.
- We may ask for an independent medical examination to be carried out by a specialist we choose.
- We may arrange for our health claims advisor to meet you to discuss various aspects of your claim.
- We may also ask for up to date financial information (for example, accounts and income-tax assessments).

When might benefits stop?

If the claims assessor and our chief medical officer believe the medical evidence and any other relevant evidence supports your claim, we will continue to pay the benefit. However, if the evidence does not confirm that you continue to be unable to work as a result of illness or injury (under the terms of the plan), we must stop the payment. We will give you notice if this happens.

Programmes we offer to help you **return to work**



Programmes we offer to help you **return to work**

When you want to return to work, or when our assessment confirms that you are medically capable of returning to work, a rehabilitation programme may be the best way to help you.

We provide access to a number of rehabilitation services, including physiotherapy programmes and mental-health rehabilitation. These approved programmes are funded by us and have been hugely successful in helping people return to work after receiving benefit.

If appropriate, a claims assessor will discuss these programmes in detail with you.

Rehabilitation programmes

- Mental Health Rehabilitation (Restore) Programme – to help people with mental-health difficulties to return to work
- Cancer Health Rehabilitation Programme – to help people suffering from cancer to return to work
- Springback Programme – to help people with back problems to return to work
- Career Change Programme – a person may not be able to continue to work in their previous role but often there are other possibilities.

We have been very successful in helping people to find new roles, change careers or start new businesses. Obviously this may mean paying a reduced benefit or stopping a claim completely. However, we will discuss all options with you at the appropriate time.

Other support we offer through your income protection plan

Linked claims

Sometimes, people return to work after a period of claiming under their income protection plan but their original condition later worsens to such an extent that they are no longer able to continue working at that time. If they returned to work for less than six months before this happens, we will consider 'linking' the claim. This means that the person will not have to serve another deferred period and we will restart their benefit payment at the same level as when it stopped, as long as medical evidence supports the claim. The person will only avoid having to serve another deferred period if the medical reason for the second absence is directly related to the original disability.

Proportionate benefit

Although you might not be able to return to your original occupation full-time, you may recover enough to be able to work part-time or to take another job at a reduced salary. If you plan to do this, you must tell us beforehand. We may pay you proportionate benefit so you do not suffer financially as you take your first step towards full rehabilitation. If we pay you this type of benefit, it is very important that you tell us if your salary increases, so we can adjust your benefit.

At any one time, about 10% of people who are claiming under an income protection plan are on some form of proportionate benefit.

Contact information



Contact information

Who can I contact if I have a question about my claim?

At the start of the claims process, we will give you details of the claims assessor who will be handling your claim.

If you have a question about your claim, you can contact that person. If they are not available, you can contact one of our other income protection claims assessors using the following details.



- **Phone:** 01 704 1802
- **Fax:** 01 704 1906
- **E-mail:** incomeprotection@irishlife.ie
- **Post:** Income Protection Claims
Irish Life
Lower Abbey Street
Dublin 1

Our office hours are from 9am to 5pm.

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

If you need to contact us outside these hours or speak to a member of our customer services department, you can e-mail customerservice@irishlife.ie or call 01 7041010.

Lines are open as follows.

8am to 8pm	Monday to Thursday
10am to 6pm	Friday
9am to 1pm	Saturday

Other **useful** information



Other useful information

NurseAssist 24/7

If you have a serious medical condition, you will probably have many questions about your illness, the medicines you may need to take for it or the tests you may need to have.

If you need to claim under your income protection cover, we offer a service where you can phone and speak to a team of trained nurses who can help with any medical questions you have. (These nurses do not work for us and they will keep anything you tell them confidential. They will not tell us or anybody else anything you tell them. The team of nurses will not have access to any of your Irish Life plans or claim details.)

This service is provided by a private company. You can call their helpline 24 hours a day, 365 days a year. The Lo-call phone number is 1850 22 88 33 and there is no charge for the service. You will need to have your Irish Life plan number handy when you call.

Free counselling service

We want to help you during this difficult period. That is why we will offer you up to three free counselling sessions with the Clanwilliam Institute while you are making an income protection claim. The Clanwilliam Institute is an independent Irish company and registered charity, who were set up in 1982. The institute provides counselling and psychotherapy services for individuals, couples and families. Over the years, Clanwilliam has helped many people through difficult times, including stress, major illnesses, relationship difficulties, or bereavement.

The Clanwilliam Institute has offices in Dublin, Portlaoise, Kilkenny, Wexford, Dundalk, Wicklow, Roscommon, Galway, Sligo, Nenagh, Roscrea, Limerick, Cork and Dungarvan.

If you would like to use this service, please contact one of our claims assessors. We will then contact the Clanwilliam Institute and let them know that you would like to take up this offer. You can then call the Clanwilliam Institute on 01 6761363 or 01 6762881 to arrange an appointment.

Any counselling sessions you have with the Clanwilliam Institute will be strictly confidential. They will not tell us anything that you tell them in your counselling sessions.

Social welfare

Department of Social and Family Affairs
Head Office
Aras Mhic Dhiarmada
Store Street
Dublin 1

Lo-call: 1890 66 22 44
Website: www.welfare.ie

What if I have a complaint or do not agree with a decision you have made?

If you have any reason to complain to us, you can contact us in any of the ways already given. We will do our best to sort out your complaint fairly and quickly through our complaints procedure.

If you would like a copy of our customer complaints charter, please let us know and we will send one to you. You can read a copy of our charter on our website at www.irishlife.ie.

If you are not happy with the outcome of your complaint, you can have your complaint reviewed by the Financial Services Ombudsman's Bureau.

The Financial Services Ombudsman's Bureau is an independent organisation that sorts out complaints made about financial organisations. Their contact details are as follows.

Financial Services Ombudsman's Bureau
3rd Floor
Lincoln House
Lincoln Place
Dublin 2

Lo-call: 1890 88 20 90

Phone: 01 6620899

Fax: 01 6620890

E-mail: enquiries@financialombudsman.ie

Website: www.financialombudsman.ie

We offer investment,
protection, pension and
savings products.

Contact us

phone: 01 704 1010
8am to 8pm Monday to Thursday
10am to 6pm on Fridays
9am to 1pm on Saturdays
fax: 01 704 1900
e-mail: customerservice@irishlife.ie
website: www.irishlife.ie
write to: Irish Life Assurance plc, Lower Abbey Street, Dublin 1.



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

Irish Life Assurance plc is regulated by the Financial Regulator.
Irish Life Assurance plc, Registered in Ireland number 152576, Vat number 9F55923G.

ILA 7349 (NPI 05-09)