

Specified Illness Cover

A guide to making
a claim



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Introduction \ 1

INTRODUCTION

We have written this booklet to help you understand what is involved when you claim under your Specified Illness Cover.

At Irish Life Assurance, we understand the difficult time that you face after being told you have a serious illness. We hope this booklet helps to explain our claims process.

What is Specified Illness Cover?

Specified Illness Cover is a benefit which pays a one-off lump sum if you are diagnosed with one of the specific illnesses covered under your plan. Typically, the major conditions covered include certain types of malignant cancer, diagnosed heart attack, stroke with permanent symptoms and multiple sclerosis. Each illness is defined in your plan terms and conditions.





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THE CLAIM PROCESS

How do I make a claim?

Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is available on our website at www.irishlife.ie or you can ask us for a copy.

If you want to make a claim under your Specified Illness Cover, you should contact our customer service centre on 01 704 1010.

When you call, our customer service representative will take some initial details and will then arrange for one of our Specified Illness claims assessors to phone you to explain the claims process. This is usually within two days of you making contact with us. They will answer any questions you may have about how you claim.

If the condition you are claiming for is covered under your plan, the claims assessor will then send you a claim form within five working days of receiving your request. The claims assessor will also provide their contact details for you to contact them if you have any queries during the claims process.

The claim form is a way of giving us the details of your condition, the names of the doctors and medical specialists you have seen, details of your medical history and any other information you think will be useful to help us process your claim. This form includes a section for you to sign that will give us permission to contact your doctor and any medical specialists you have seen for reports on your medical history, and to contact any other Insurance company you may have life or specified illness cover with. You can also enclose copies of any doctor's letters or test results relating to your condition which you may have.

For certain conditions, such as malignant cancer, stroke, heart attack, the claim form has two sections to be completed. Section A is for you to complete and Section B is for you to bring to your GP or specialist to complete.

What happens when I return my claim form?

When you send us a completed claim form, one of our claim's assessors will carry out a detailed review of the information received. They will write to your doctors if we need to ask them for any medical information. They will then contact you to tell you what other information we need in order to assess your claim further.

Who do you ask for my medical information and why?

We will usually ask the following people for your medical information.

- > Your GP – to confirm the condition you have has been diagnosed and to get details of your medical history.
- > Your medical consultant/specialist (if you have one) – to confirm the diagnosis of your condition.
- > 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 was 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.

How long will it take to assess my claim?

Some Specified Illness Cover claims may be completed in 6 to 8 weeks while others may take several months or longer.

We aim to make a decision on your claim as quickly as possible, in some cases it can take time to receive the necessary requirements from all sources.

Because we need detailed medical information to assess your claim, we rely on your doctors and the medical specialists you have seen to give us the information we need. We remind doctors regularly about the medical information we have asked for, but it can still take them time to give us all the information we need.

Sometimes, if the information we are given is not clear or we need some extra medical information, we will write back to your doctors for this information.

We will keep you up to date on how your claim is progressing. We are here to answer any questions you may have during all stages of the process.

Who will assess my claim?

Your claim will be assessed by qualified and experienced claims assessors, including 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 we receive will only be seen by people who are authorised to do so. This includes keeping medical and other personal information confidential.

What decisions can be made on the claim?

We pay the vast majority of Specified Illness claims that we receive, but sometimes we have to turn down a small number of claims.

Here are some examples of why we may not pay a claim.

- > If the illness being claimed for is not covered under the plan. For example, we would refuse a claim for a stomach ulcer because it is not one of the specific illnesses listed in your plan.
- > If you do not meet our definition of an illness under the plan. For example, we would refuse a claim for removing a skin lump or growth which was not a malignant cancer.
- > If you did not give us full and proper details on your original application for cover. For example, if you:
 - had a history of high blood pressure and high cholesterol and you take medication to treat these, but you did not tell us about this on your original application form; or
 - told us on your application form that you were a non-smoker, but your medical evidence shows that you were a tobacco smoker at the time you took out the plan.
- > If you have received special terms on your plan when you applied for cover and the condition has been excluded from your plan. For example the condition may be covered by the product type, but if you had a history of that condition, we might have excluded it from your plan.

Appeals

If you wish to appeal a decision made on your claim you should write to us outlining the exact reasons for your appeal and enclose any additional information you feel we should take into account. Your claim file will be reviewed in full by another claims assessor and an appeal decision will be issued to you.



We may refuse to pay a claim even if there is no direct medical connection between the illness you are claiming for and the medical condition you have not told us about on the application form. If we do this, we will explain how the facts you did not tell us about, would have affected in some way our original decision to provide cover.



Claim payment | 3

CLAIM PAYMENT

If you pay my claim who will you pay the money to?

If your plan is held in just your name, we will send you a cheque in your name, or transfer the money directly into your bank account if you request this.

If your plan is a joint or dual-life plan (meaning that two lives are covered under the plan), we will make the cheque out to both people covered, or transfer the money directly into your bank account if you request this.

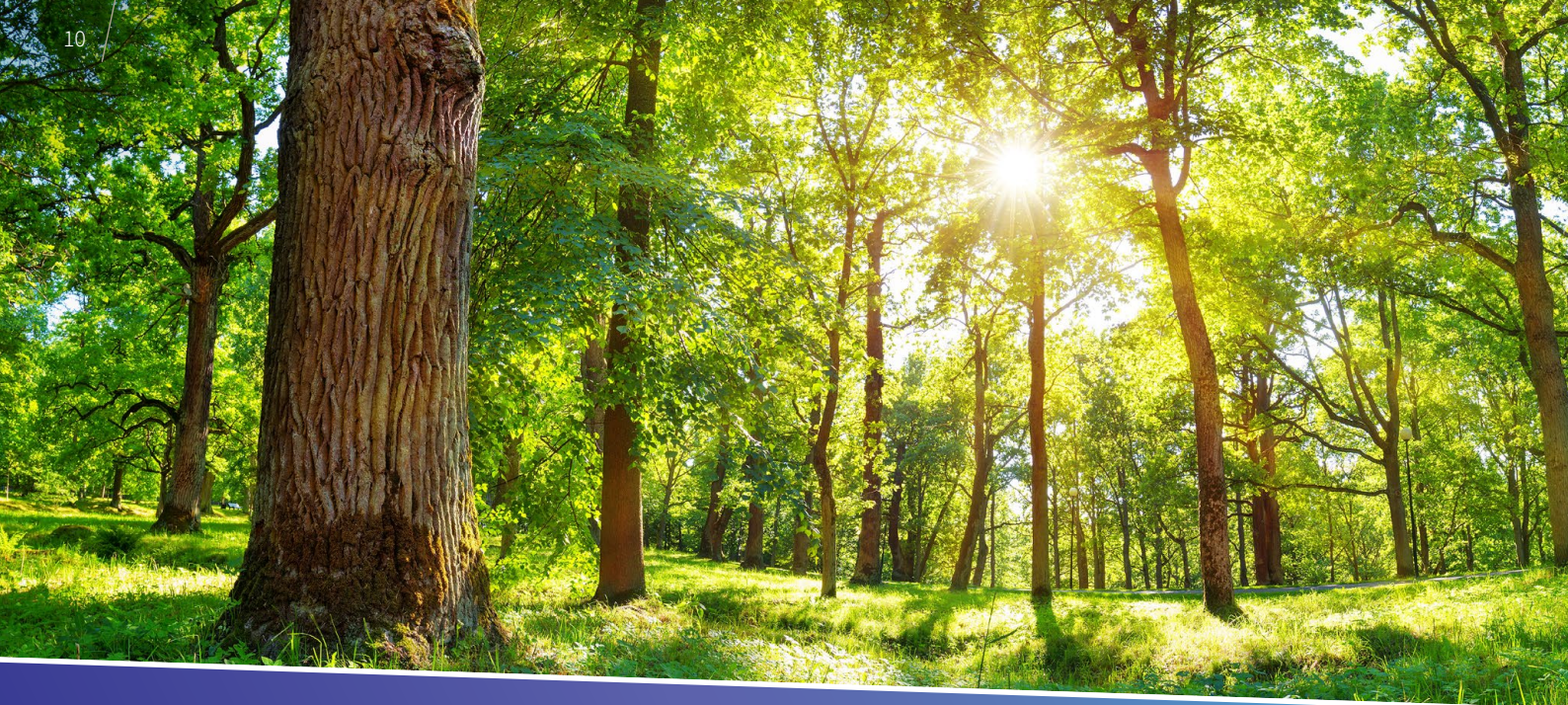
If you have used your plan as security for a bank loan, we will make the cheque out to the bank. (This does not apply to children's specified illness cover claims).

If the plan is owned by a third party (e.g. a business), we will make the cheque out to the third party.

Personal plan benefits are usually tax-free. If the plan is owned by a business, they could still have to pay tax. If you have any questions about tax, please visit www.revenue.ie

What happens to my plan when you pay my claim?

What happens to your plan after you make a claim depends on the type of Specified Illness Cover you have, whether you have any life cover and whether your plan is a single-life or dual-life plan. When we pay your claim, we will write to you confirming whether you are still covered by your plan and for what benefits.



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CHILDREN'S COVER

Are my children covered under Specified Illness Cover?

Once you have Specified Illness Cover benefit your children will be covered, at no additional cost. They are generally covered for the same illnesses listed in your plan conditions. Please see your plan terms and conditions for the full details of the children's cover on your plan, including the ages your children are covered from and until.

Because we do not ask for any medical evidence for your children when you take out your plan, certain restrictions apply to your children's cover. You should read your plan terms and conditions for the specific details of what restrictions apply to children's Specified Illness Cover under your plan.



If you want to find out what children's cover is on your plan or make a claim contact us on **01 704 1010.**



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CONTACT DETAILS

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



If you have a question about your claim, you can contact one of our specified illness cover claims assessors in one of the following ways.

Phone:	01 704 1855
Fax:	01 686 5623
Email:	protectionclaims@irishlife.ie
Post:	Protection Claims Department, Irish Life, Irish Life Centre, Lower Abbey Street, Dublin 1.

Our office hours are from 9am to 5pm.

If you need to contact us outside these hours or speak to a member of our customer service department, you can e-mail **customerservice@irishlife.ie** or call **01 704 1010**.

Lines are open:	8am to 8pm Monday to Thursday 10am to 6pm Friday 9am to 1pm Saturday
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In the interest of customer service we will record and monitor calls.



Other useful
information

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OTHER USEFUL INFORMATION

Free Counselling Service

We want to help you during this difficult period after the diagnosis of a serious illness. As an Irish Life plan holder, you can access up to three counselling sessions with the Clanwilliam Institute at no additional cost while you are making a Specified Illness cover 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 illness, relationship difficulties, or bereavement.

If you would like to use this service, please contact the Clanwilliam Institute on 01 205 5010 to arrange an appointment. You will need to have your Irish Life plan number handy when you call. They may contact us to verify that you are a customer.

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.

NurseCare

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

As an Irish Life plan holder, you have access to 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 anything you tell them will be kept confidential. The team of nurses will not have access to any of your Irish Life plan or claim details. They will not tell us or anybody else anything that you tell them.

NurseCare 24/7 is a confidential helpline that you can call 24 hours a day, 365 days a year and there is no charge for the service. You will need to have your Irish Life plan number handy when you call. The phone number is 0818 228 833

Note: The Clanwilliam Institute and NurseCare provide confidential services and are independent from Irish Life Assurance. These services are not designed to replace the advice from your doctor or your own healthcare professional.

Irish Life Assurance accepts no liability for these third party services and your access is subject to their own terms and conditions. We may change the service providers or withdraw access to these services in the future.

**Irish Cancer Society**

Phone: 1800 200 700

Email: supportline@irishcancer.ie

Website: www.cancer.ie

**Irish Heart Foundation and Stroke Helpline**

Phone: 01 6685001

Email: info@irishheart.ie

Website: www.irishheart.ie

**MS Ireland**

Phone: 0818 233 233

Email: info@ms-society.ie

Website: www.ms-society.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, see page 13. We will do our best to sort out your complaint fairly and quickly through our internal complaints procedure.

If you would like a copy of our customer complaints charter, please contact us and we will send one to you.



If you are unhappy with the outcome of your complaint, you can have your complaint reviewed by the Financial Services and Pensions Ombudsman .

The Financial Services and Pensions Ombudsman is an independent body who adjudicate on unresolved complaints between consumers and financial service providers.

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

Phone: 01 567 7000

E-mail: info@fspo.ie

Website: www.fspo.ie

Contact us

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

Fax 01 686 5623

Email customerservice@irishlife.ie

Website www.irishlife.ie

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

In the interest of customer service we will monitor calls.
Irish Life Assurance plc, Registered in Ireland number 152576, VAT number 9F55923G.
The information in this booklet is correct as at March 2022 but may change.
Irish Life Assurance plc is regulated by the Central Bank of Ireland.