

POLICY DOCUMENT

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# ACCIDENT SICKNESS & HOSPITALISATION PLAN

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# POLICY SUMMARY / KEY FACTS

This document summarises the main features, benefits and exclusions of the APRIL Ireland Accident, Sickness and Hospitalisation Plan. It does not contain the full terms and conditions, which are set out in the accompanying Policy Document. This is a summary of all cover provided by APRIL Ireland with the permission of the insurer, Covea Insurance plc (we/us/our/the Insurer).

## Customers with additional requirements

In order to make our documentation accessible to all, we are able to provide upon request audiotapes, large print documentation and Braille documentation. Please advise us if you require any of these services so that we can communicate in an appropriate manner.

## WHAT IS THE APRIL IRELAND ACCIDENT, SICKNESS AND HOSPITALISATION PLAN?

The APRIL Ireland Accident, Sickness and Hospitalisation Plan is an optional income protection policy which offers the following listed benefit to you and your partner (if applicable), subject to meeting the relevant eligibility criteria and payment of the relevant premiums:

## ACCIDENT OR SICKNESS AND HOSPITALISATION

You must select your preferred deferred period, amount of monthly benefit and the maximum number of monthly benefit payments.

### Please note

- The deferred period is the period of time you must wait before any monthly benefit becomes payable.
- The monthly benefit forms the basis of the amount payable if you are off work due to accident, sickness or hospitalisation. The amount you can select is a maximum of 60% of your gross monthly income (if you are employed) or a maximum of 60% of your taxable monthly income (if you are self-employed). A minimum of €300 per month and a maximum of €3,000 per month is available. You must also select the maximum number of monthly benefits payable in the event of accident or sickness (12 or 24 months).

- For non-earning partners a monthly benefit of €300 or €350 is available. The maximum number of monthly benefits payable in the event of accident or sickness is 12.

**The benefit(s) selected, including the monthly benefit amount, the maximum number of monthly benefit payments and the deferred period that you have selected will be detailed on your schedule of insurance.**

## AM I ELIGIBLE?

You can take out the Accident, Sickness and Hospitalisation Plan with the applicable benefit selected, if on the policy commencement date:

### For accident, sickness and hospitalisation benefits:

- You are aged 18 years old or over and under 60; and
- You are resident in the Republic of Ireland; and
- You are actively working, being:
  - employed for a minimum of 16 hours per week (i.e. not medically certified as unfit for work); or
  - self-employed (i.e. not medically certified as unfit for work).

If you are a non-earning partner (i.e. you do not meet the definition of employment or self-employment) you may apply for accident, sickness and hospitalisation cover as a second policyholder providing:

- you are aged 18 years old or over and under 60; and
- you are resident in the Republic of Ireland; and
- you are not medically certified as unfit for work.

**If you are a contract worker or self-employed please see the Special Note at the end of the Main Benefits section.**

## WHO PROVIDES THIS COVER?

The Accident, Sickness and Hospitalisation Plan is provided by Covea Insurance plc (we/us/our/the Insurer). This policy is administered by APRIL Ireland.

## MAIN BENEFITS

For full details please refer to Section 3 of the Policy Document.

### ACCIDENT OR SICKNESS BENEFIT

Subject to the policy terms, if you are off work through accident or sickness for more than your chosen deferred period, we will pay 1/30th of your chosen monthly benefit for each continuous day you are off work thereafter.

Subject to the policy terms, we will continue to pay 1/30th of your chosen monthly benefit for each continuous day of absence until:

- you are no longer off work due to accident or sickness; or
- we have paid a maximum of 12 or 24 monthly benefits (depending on the benefit option you have selected) for any one event of accident or sickness; or
- the policy end date.

If you have a job but do not meet the definition of work because you are returning as part of a phased return to work or a permitted work scheme, you may still be able to claim for accident or sickness benefits under this policy. Any payments made will be calculated on a pro rata basis.

### ACCIDENT OR SICKNESS BENEFIT FOR NON-EARNING PARTNERS

Subject to the policy terms, if you require assistance to perform normal daily activities or are totally confined to your normal place of residence, a hospital or other recognised medical facility because of an accident or sickness for more than your chosen deferred period, we will pay 1/30th of your chosen monthly benefit in respect of each day you continuously require assistance to perform normal daily activities because of an accident or sickness until the first of the following occur:

- You are certified by your doctor as fit to resume normal daily activities unassisted, or you fail to provide us with proof of your accident or sickness
- We have paid a maximum of 12 monthly benefits in respect of any one event of accident or sickness
- The policy end date

### Please Note

In order to be able to claim an accident or sickness benefit as a non-earning partner, you must be certified by your doctor as totally confined to your normal place of residence, a hospital or other recognised medical facility OR as requiring assistance to carry out at least four of the eight listed normal daily activities unaided. Normal daily activities include dressing and undressing, washing and bathing, eating and drinking, preparing and cooking food, general household duties such as cleaning and laundering clothes, climbing stairs, shopping, and driving.

### HOSPITALISATION BENEFIT

Subject to the policy terms, if you are hospitalised for more than 48 hours, we will pay you a benefit of 10% of your chosen monthly benefit for each subsequent complete 24 hours thereafter that you remain in hospital for up to a maximum of 30 such payments per insured person (as detailed on your schedule of insurance) per policy year.

### Please note:

- The maximum monthly benefit payable for accident or sickness when added to any other monthly benefit or benefit being paid by us following a claim made by you under this policy or any other policy in force with us is €3,000 per month, or €350 per month in respect of non-earning partners
- The maximum daily benefit payable for hospitalisation when added to any other benefit being paid by us following a claim made by you under this policy is €300 per day, or €35 per day in respect of non-earning partners

### Special Note:

If you are self-employed please note the following: a condition will only be acceptable as accident or sickness if it stops you from assisting, managing, supervising and/or carrying on any part of the running of your business whatsoever.

## MAIN EXCLUSIONS

For a full list of all exclusions please refer to Section 3 of the Policy Document.

### WHEN WOULD YOU NOT BE ABLE TO CLAIM?

We will not pay any benefits:

- if your accident or sickness or hospitalisation results from:
  - any pre-existing medical condition as defined in the Policy Terms unless you have been symptom free and not received treatment or advice for that condition, for at least two years preceding a claim and can provide at least 2 years prior medical evidence from your doctor; or
  - back condition or whiplash or neck related conditions
  - any emotional or psychiatric condition, depression, stress or mental disorder, unless it is due to organic mental disease or psychosis and you are under the care of a Consultant Psychiatrist, Psychiatric Specialist or a Psychiatric Nurse working as part of a psychiatric team, which reports into a Psychiatric Specialist or Consultant Psychiatrist; or
  - deliberately self-inflicted injuries or sickness;
- if your sickness, or hospitalisation due to sickness, is diagnosed within 90 days after the policy commencement date

### WHEN DOES THIS POLICY END?

This policy is for monthly periods, and will end on the earliest of the following:

- The date when you become 65 years of age, or the date you retire, whichever is the sooner
- The date you fail to pay your premium when due
- The date of your death
- The date the policy is cancelled or terminated

#### For joint policyholders only

If the first and/or second policyholder becomes 65 years of age, retires or dies during the policy term, please contact APRIL Ireland to discuss your ongoing requirements.

#### Additional information about your policy term and premium:

**Warning:** The current **premium** may increase with 30 days' notice.

We do not guarantee that this policy will be available indefinitely. We reserve the right to terminate this policy, by providing 60 days' notice, in writing, to you. This will only occur where it is a result of a serious breach of contract by you or where we are not authorised or otherwise unable to continue to provide cover.

Your premium and the benefit provided under this policy is based on the historical performance of this product. Your premium and the benefit provided under this policy are not guaranteed to remain at the same level throughout the life of your policy.

We reserve the right to amend the premium and/or benefit provided under this policy at any time, by providing 30 days' notice, in writing, to you. We cannot foresee every circumstance under which your premium and/or benefit provided will change, however a few reasons are listed below. The premium and/or benefit provided may change if:

- the level of claims costs are significantly different to the level we had expected
- our administration and/or distribution costs change
- the level of benefit provided or amount of premium charged for this policy is significantly different than the projected costs of the policy
- there are changes in tax or other government or regulatory charges which affect your policy.

We will notify you in advance of any premium and/or policy benefit changes. Upon notification, you are under no obligation to continue your policy at the revised premium and/or benefit levels but the previous premium and/or benefit levels will no longer be available to you. If you do not wish to continue with your cover you can cancel your policy by following the details in Section 7 of the Policy Document.

Any change in your premium will not depend upon your individual circumstances, for example, your health or the number of claims that you make. The assessment of future premiums and/or benefit provided under this policy is based upon the premium being charged for everyone insured under this product, and not you personally.

### CAN I CANCEL THIS COVER?

You may cancel this cover at any time. If you cancel within 30 days of the policy commencement date you will receive a full refund of premium, subject to no claims being made. To cancel this policy please write to APRIL Ireland at: Customer Services, APRIL Ireland, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24. See Section 7 of the Policy Document for full details of cancellation rights.

## HOW DO I MAKE A CLAIM?

You or your representative should contact the claims team by telephone or in writing to: Protection Department, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JX. Telephone +44 1732 752620.

Please note, you must continue to make premium payments during any claim if you wish to continue to be protected by the policy. If you fail to pay your premium when due your policy and the protection provided by it will end.

## WHAT SHOULD I DO IF I HAVE A COMPLAINT?

If you have any queries or complaints please follow the procedure detailed as follows:

### 1 POLICY SALE OR ADMINISTRATION

If you have a complaint about the sale or administration of your policy, please contact APRIL Ireland, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24 and you will be provided with details of their complaints procedure. APRIL Ireland is authorised and regulated by the Central Bank of Ireland, Reference Number C29542.

### 2 TERMS OF THE POLICY/CLAIMS HANDLING

For complaints relating to the terms of this contract, claims administration or claims handling under this insurance please write to: Protection Department, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JX, telephone +44 1732 752620 or email: fspcomplaintsmailbox@coveainsurance.co.uk

If your complaint addressed to any of the above parties is not resolved to your satisfaction, you may contact the Financial Services and Pensions Ombudsman, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, D02 VH29. Telephone (01) 567 7000.

The decision of the Financial Services and Pensions Ombudsman is binding on both parties. The decision may be appealed to the High Court by either party.

## WHAT HAPPENS IF THE INSURER IS UNABLE TO MEET ITS LIABILITIES?

If we are unable to meet our liabilities under this policy, you may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Further details are available from the FSCS at, PO Box 300, Mitcheldean, GL17 1DY.

Telephone +44 800 678 1100 / +44 20 7741 4100.

This compensation scheme is subject to restriction and not all policyholders are eligible.

## GENERAL INFORMATION

### LAW APPLICABLE

Unless we agree otherwise before the policy commencement date, Irish Law will apply.

### LANGUAGE

This policy is written in English and all communications shall be in English.

### INSURER

The insurer is Covea Insurance plc, registered in England and Wales No. 613259, whose head and registered offices are at Norman Place, Reading, RG1 8DA.

Covea Insurance plc, is authorised by the Prudential Regulation Authority in the UK and is regulated by the Financial Conduct Authority and the Prudential Regulation Authority No. 202277.

## DEMAND AND NEEDS

The Accident, Sickness and Hospitalisation Plan meets the demands and needs of those who wish to protect against loss of income in the event of accident, sickness and hospitalisation. The levels of cover available with this policy are detailed in the Summary of Cover, including the main benefits, main exclusions and limitations.

If you wish to reconsider your decision, you have a period of 30 days after the policy commencement date to cancel this cover with a full refund of any premiums paid, providing no claims have been made.

In applying for the Accident, Sickness and Hospitalisation Plan you have confirmed that you meet the eligibility criteria detailed in the Summary of Cover.

(Please note: For joint cover both first and second policyholders must meet the applicable eligibility criteria).

When applying for/varying your insurance, or submitting a claim, you or anyone acting on your behalf must take reasonable care to answer all questions honestly and to the best of your knowledge. Failure to do so may affect the validity of your policy or payment of your claim.

Your Summary of Cover details a summary of the benefits and exclusions. Please read your Policy Document for full details of your cover within 30 days of receipt to ensure that it meets your requirements.

## **PREMIUM COLLECTIONS AND REFUNDS**

All premium payments from you due to the Insurer for this policy, or premium refunds due to you from the Insurer for this policy, will be held by APRIL Ireland on behalf of the Insurer. In this capacity APRIL Ireland act as an authorised agent of the Insurer. This means that once a premium is paid to APRIL Ireland it is deemed to have been received by the Insurer and any premium held by APRIL Ireland will not be deemed as paid until it has been received by the customer.

## **REVIEWING YOUR COVER**

From time to time your personal circumstances may change. You should review your cover regularly to ensure that the policy and benefits are still suitable for you.

# POLICY DOCUMENT

The benefits you are entitled to will be detailed on your schedule.

## 1 INTRODUCTION

This Policy Document in connection with **your schedule** proves that **you** have chosen protection under the APRIL Ireland Accident, Sickness and Hospitalisation Plan and that **you** will be protected by it provided the relevant insurance **premium(s)** are paid and **you** meet the eligibility criteria.

Some words in this document have special meanings, which are explained in Section 9, under the heading MEANING OF WORDS/DEFINITIONS. When these words are shown in bold text, they have a special meaning, otherwise, their ordinary everyday meaning applies.

Please note also that **we**, **us** or **our** refers to the Insurer who is Covea Insurance plc, registered in England and Wales No. 613259, whose head and registered offices are at Norman Place, Reading, RG1 8DA, and **you** or **your** refers to the person(s) named in the **schedule** being the person(s) who will benefit from the protection provided by the policy.

The policy shows details of the benefits provided for **you** if **you** suffer from an **accident** or **sickness** or become **hospitalised**.

Section 3 explains the benefits of the policy, together with circumstances when **you** cannot claim.

## CUSTOMERS WITH ADDITIONAL REQUIREMENTS

In order to make **our** documentation accessible to all, **we** are able to provide upon request audiotapes, large print documentation and Braille documentation. Please advise **us** if **you** require any of these services so that **we** can communicate in an appropriate manner.

### Please note

- **You** should make sure the information **you** supplied in connection with this policy is correct to the best of **your** knowledge and belief
- **You** should keep a record of all information supplied to both **us** and/or APRIL Ireland for

the purpose of taking out this policy. A copy of any such information will be supplied by both **us** and/or APRIL Ireland on request

- If **you** make any claim, which **we** can prove to be fraudulent, unfounded or exaggerated, all benefits under this policy will be lost and **we** will seek to recover any benefits paid under a claim
- **We** may, and **you** agree that **we** may, use video surveillance to investigate any claim that **we** have good reason to believe may be fraudulent

## 2 ELIGIBILITY REQUIREMENTS

**You** can take out this policy if on the **commencement date**:

For **accident**, **sickness** and **hospitalisation** benefits:

- **you** are aged 18 years old or over and under 60; and
- **you** are **resident** in the Republic of Ireland; and
- **you** are actively **working**, being:
  - **employed** for a minimum of 16 hours per week (i.e. not medically certified as unfit for **work**); or
  - **self-employed** (i.e. not medically certified as unfit for **work**).

If **you** are a **non-earning partner** (i.e **you** do not meet the definition of **employment** or **self-employment**) **you** may apply for **accident**, **sickness** and **hospitalisation** cover as a second policyholder providing:

- **you** are aged 18 years old or over and under 60; and
- **you** are **resident** in the Republic of Ireland; and
- **you** must not be medically certified as unfit for **work**.

### Important

Provided **you** meet the relevant requirements set out in Section 2 **you** will be eligible for the applicable cover. There are, however, circumstances set out in Section 3 that may mean that **you** will be unable to claim benefit for health conditions of which **you** are aware on the **commencement date** or for which **you** have received treatment or advice in the past 24 months. Please read

Section 3 of the policy carefully as it may affect **your** decision as to whether the policy is suitable for **you**.

If, at any time during the term of the policy, **your** circumstances change **you** should contact APRIL Ireland immediately. For example, a change in:

- **your employment** status (due to less than 16 hours being worked per week, if **you** are **employed**)
- retirement
- **residency**
- salary.

may affect **your** entitlement to claim under the **accident** or **sickness** sections of the policy.

### CHANGE IN RESIDENCY

No benefit will be paid while **you** are outside the EU for a period intended by **you** to be more than 90 days, or if **you** cease to be **resident** in the Republic of Ireland. This clause will not apply if **your** reason for leaving the EU is because **you** are a member of the Irish Armed Forces or as a civil servant in an Irish Embassy or Consulate.

## 3 BENEFITS AND EXCLUSIONS

### 3.1 ACCIDENT OR SICKNESS BENEFIT

#### When can you claim for accident or sickness benefit?

If **you** are unable to **work** because of an **accident** or **sickness** for more than **your** chosen **deferred period**, **we** will pay 1/30th of **your monthly benefit** for each subsequent day of **accident** or **sickness**. **We** will continue to pay 1/30th of **your monthly benefit** in respect of each day, **you** are continuously unable to **work** because of an **accident** or **sickness** until the first of the following occur:

- **You** cease to be unable to **work** due to an **accident** or **sickness**
- **You** fail to provide **us** with proof of an **accident** or **sickness**
- **We** have paid a maximum of 12 or 24 (depending on the benefit option **you** selected and as shown on **your schedule**) **monthly benefits** in respect of any one event of **accident** or **sickness**
- The policy **end date**

If **you** have a job but do not meet the definition of **work** because **you** are returning as part of a phased return to **work** or a permitted **work** scheme, **you** may still be able to claim for **accident** or **sickness** benefits under this policy. Any payments made will be on a pro rata basis.

Periods of **accident** or **sickness** separated by less than three months will be treated as one continuous period of **accident** or **sickness**. If **we** have paid the maximum

of **monthly benefits** (12 or 24 depending on the benefit option **you** selected and as shown on **your schedule**), **you** must return to **work** for a continuous period of 3 months before **you** are entitled to make another claim for **accident** or **sickness**.

#### When can you claim for accident or sickness benefit as a non-earning partner?

If **you** require assistance in performing **normal daily activities** or are totally confined to **your** normal place of residence, a **hospital** or other recognised medical facility because of an **accident** or **sickness** for more than **your** chosen **deferred period**, **we** will pay 1/30th of **your monthly benefit** for each subsequent day of **accident** or **sickness**. **We** will continue to pay 1/30th of **your monthly benefit** in respect of each day, **you** continuously are totally confined to **your** normal place of residence, a **hospital** or other recognised medical facility or continuously require assistance to perform **normal daily activities** because of an **accident** or **sickness** until the first of the following occur:

- **You** are no longer totally confined to **your** normal place of residence, a **hospital** or other recognised medical facility
- **You** are certified by **your doctor** as fit to resume **your normal daily activities** unassisted
- **You** fail to provide **us** with proof of an **accident** or **sickness**
- **We** have paid a maximum of 12 **monthly benefits** in respect of any one event of **accident** or **sickness**
- the policy **end date**

#### Please Note

In order to be able to claim under **accident** or **sickness** benefit **you** must be certified by **your doctor** as totally confined to **your** normal place of residence, a **hospital** or other recognised medical facility OR as requiring assistance to carry out at least four of the eight listed **normal daily activities**.

Periods of **accident** or **sickness** separated by less than three months will be treated as one continuous period of **accident** or **sickness**. If **we** have paid the maximum of 12 **monthly benefits**, **you** must be certified as fit by **your doctor** to carry out **your normal daily activities** unassisted for a continuous period of 3 months before **you** are entitled to make another claim for **accident** or **sickness**.

#### When can you not claim for accident or sickness benefit?

**We** will not pay any **accident** or **sickness** benefits if **your accident** or **sickness** results directly or indirectly from:

- any **pre-existing medical condition**, unless **you** have been symptom free and not received treatment or advice for that condition for at least two years preceding a claim. N.B. The medical records for this 2-year period

immediately prior to a claim must be available to **us** for review. **We** will be unable to accept a claim where the necessary medical records are not available to **us**

- any **chronic condition** which is existing or which **you** knew about at the **commencement date**, or of which **you** were exhibiting the symptoms whether specifically diagnosed or not or for which **you** were receiving medical treatment or advice during the 24 months preceding the **commencement date**
- **normal pregnancy/childbirth related conditions** (Special Note: when a claim is made by **you** for a pregnancy or **childbirth related condition**, **we** may refer **you** to a **doctor** or Consultant who specialises in obstetrics for an opinion of whether the condition is a **normal pregnancy/childbirth related condition**. **We** will consider this opinion to be final). For **sickness** claims only, **you** will not be able to claim during a **confinement period**
- elective surgical procedures or surgical procedures which are not medically required
- **back condition** or **whiplash** or **neck-related conditions**
- any emotional or psychiatric condition, depression, stress or mental disorder, unless it is due to organic mental disease or psychosis and **you** are under the care of a Consultant Psychiatrist, Psychiatric Specialist or a Psychiatric Nurse **working** as part of a psychiatric team, which reports into a Psychiatric Specialist or Consultant Psychiatrist
- deliberately, self-inflicted injuries
- war, riot, or civil commotion
- ionising radiations or radioactive contamination from nuclear waste produced by the combustion of nuclear fuel
- the radioactive, toxic, explosive or other hazardous properties of any nuclear device or component
- earthquake
- H.I.V (Human Immunodeficiency Virus) and/ or any H.I.V related illness including A.I.D.S (Acquired Immune Deficiency Syndrome)
- the taking of alcohol or drugs, unless under the specific direction of a **doctor** and not for the treatment of drug addiction.

**We** will not pay any **sickness** benefits if **your sickness** occurs within 90 days of the **commencement date** or if **you** are unable to provide at least 2 years prior medical history from **your doctor**.

N.B. The medical records for this 2-year period immediately prior to a claim must be available to **us** for review. **We** will be unable to accept a claim where the necessary medical records are not available to **us**.

### 3.2 HOSPITALISATION BENEFIT

#### When can you claim for hospitalisation benefit?

If **you** are **hospitalised** for more than 48 hours, **we** will pay **you** a benefit of 10% of **your** chosen **monthly benefit** for each subsequent 24 hours thereafter that **you** remain in **hospital** for up to a maximum of 30 such payments per insured person (as detailed on **your schedule**) per policy year. In addition, **you** will still be entitled to claim **your monthly benefit**.

#### When can you not claim for hospitalisation benefit?

**We** will not pay any **hospitalisation** benefits if **your hospitalisation** results directly or indirectly from:

- any **pre-existing medical condition**, unless **you** have been symptom free and not received treatment or advice for that condition for at least two years preceding a claim. N.B. The medical records for this 2-year period immediately prior to a claim must be available to **us** for review. **We** will be unable to accept a claim where the necessary medical records are not available to **us**
- any **chronic condition** which is existing or which **you** knew about at the **commencement date**, or of which **you** were exhibiting the symptoms whether specifically diagnosed or not or for which **you** were receiving medical treatment or advice during the 24 months preceding the **commencement date**
- **normal pregnancy/childbirth related conditions** (Special Note: when a claim is made by **you** for a pregnancy or child birth related condition, **we** may refer **you** to a **doctor** or consultant who specialises in obstetrics for an opinion of whether the condition is a **normal pregnancy/childbirth related condition**. **We** will consider this opinion to be final). For **hospitalisation** claims for **sickness** only **you** will not be able to claim during a **confinement period**
- elective surgical procedures or surgical procedures which are not medically required
- **back condition** or **whiplash** or **neck-related conditions**
- any emotional or psychiatric condition, depression, stress or mental disorder, unless it is due to organic mental disease or psychosis and **you** are under the care of a Consultant Psychiatrist, Psychiatric Specialist or a Psychiatric Nurse **working** as part of a psychiatric team, which reports into a Psychiatric Specialist or Consultant Psychiatrist
- deliberately, self-inflicted injuries
- war, riot, or civil commotion
- ionising radiations or radioactive contamination from nuclear waste produced by the combustion of nuclear fuel
- the radioactive, toxic, explosive or other hazardous properties of any nuclear device or

- component
- earthquake
- H.I.V (Human Immunodeficiency Virus) and/ or any H.I.V related illness including A.I.D.S (Acquired Immune Deficiency Syndrome)
- the taking of alcohol or drugs, unless under the specific direction of a **doctor** and not for the treatment of drug addiction.

- there are changes in tax or other government or regulatory charges which affect **your** policy.

**We** will notify **you** in advance of any **premium** and/or policy benefit(s) changes. Upon notification, **you** are under no obligation to continue **your** policy at the revised **premium** and/or benefit levels but the previous **premium** and/or benefit levels will no longer be available to **you**. If **you** do not wish to continue with **your** cover **you** can cancel **your** policy by following the details in Section 7.

Any change in **your premium** will not depend upon **your** individual circumstances, for example, **your** health or the number of claims that **you** make. The assessment of future **premiums** and/or benefit provided under this policy is based upon the **premium** being charged for everyone insured under this policy, and not **you** personally.

#### 4 WHEN YOUR PROTECTION STARTS AND ENDS

**Your** contract with **us** starts from the date confirmed on **your schedule**. (For **sickness** benefit protection starts if the **sickness** is diagnosed more than 90 days after the **commencement date**) and ends on the earliest of the following:

- The date of **your** death
- The date when **you** become 65 years of age, or the date **you** retire, whichever is the sooner
- The date **you** fail to pay **your premium** when due
- The date **your** policy is cancelled by **you** or terminated by **us**

#### For joint policyholders only

If the first and/or second policyholder becomes 65 years of age, retires or dies during the policy term, please contact APRIL Ireland to discuss **your** ongoing requirements.

#### Important

This policy is for monthly periods, and **we** do not guarantee that this policy will be available indefinitely. **We** reserve the right to withdraw this policy at any time, by providing 60 days notice, in writing, to **you**. This will only occur where it is a result of a serious breach of contract by **you** or where **we** are not authorised or otherwise unable to continue to provide cover.

**Your premium** and the benefit provided under this policy is based on the historical performance of this product. **Your premium** and the benefit provided under this policy are not guaranteed to remain at the same level throughout the life of **your** policy. **We** reserve the right to amend the **premium** and/or benefit(s) provided under this policy at any time, by providing 30 days notice, in writing, to **you**. **We** cannot foresee every circumstance under which **your premium** and/or benefit provided will change, however a few reasons are listed below. The **premium** and/or benefit provided may change if:

- the level of claims costs are significantly different to the level **we** had expected
- our administration and/or distribution costs change
- the level of benefit provided or amount of **premium** charged for this policy is significantly different than the projected costs of the policy

#### 5 HOW TO CLAIM

- **You** or **your** representative should contact: Protection Department, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JX or telephone +44 1732 752620
- Send the completed claim documentation back to this address
- To enable **us** to start paying **your** claim and to continue paying **your** claim, **we** must receive from **you** necessary evidence and proof. **We** will only ask for such information and proof **we** need to process **your** claim
- If further supporting evidence of **your** entitlement to claim is required **you** must provide it at **your** own expense. **You** must also allow **us** to have **you** medically examined at **our** expense if **we** wish
- In the event that **you** make an **accident** or **sickness** claim, **you** will be required to provide **us** with confirmation of **gross earnings** (if **you** are **employed**) or confirmation of **taxable income** (if **you** are **self-employed**)

#### Please Note

**You** must continue to make **premium** payments during any claim if **you** wish to be protected by the policy. If **you** fail to pay **your premium** when due **your** policy and the protection provided by it will end.

## 6 GENERAL TERMS AND CONDITIONS

- Both **you** and **we** are free to choose the law applicable to this policy. Unless specifically agreed to the contrary prior to the policy **commencement date**, this policy shall be subject to Irish Law. The EEA State for the purposes of the policy is the Republic of Ireland
- The maximum **monthly benefit** payable for **accident** or **sickness** when added to any other **monthly benefit** or benefit being paid by **us** following a claim made by **you** under this policy or any other policy in force with **us** is €3,000 per month or €350 per month in respect of **non-earning partners**
- The maximum daily benefit payable for **hospitalisation** when added to any other benefit being paid by **us** following a claim made by **you** under this policy is €300 per day or €35 in respect of **non-earning partners**. If **you** increase the **monthly benefit**, the increase in benefit is not payable in the event of **sickness** or **hospitalisation** due to **sickness** should either occur within 60 days of the increase having been received. The increased **monthly benefit** is payable immediately in the event of an **accident** and **hospitalisation** due to an **accident** that occurs after the date of increase of the **monthly benefit**
- Any benefit due under this policy will be paid to **you**
- It shall not be possible for **you** to assign or charge the benefits of this policy in any way whatsoever
- When applying for/varying **your** insurance, or submitting a claim **you** or anyone acting on **your** behalf must take reasonable care to answer all questions honestly and to the best of **your** knowledge. Failure to do so may affect the validity of **your** policy or the payment of **your** claim
- The companies which provide the products and services related to this policy are members of the Financial Services Compensation Scheme (FSCS). It is a duty of the FSCS to ensure that a percentage of sums owed to policyholders by an insurance company in liquidation is paid to those policyholders if the company itself is unable to meet its liabilities in full. Under the Scheme General Insurance is covered for 90% of the entire claim, with no upper limit

This compensation system is subject to restrictions and not all policyholders are eligible. Further details are available by contacting the FSCS by telephone on +44 800 678 1100 or +44 20 7741 4100, or writing to Financial Services Compensation Scheme, PO Box 300, Mitcheldean, GL17 1DY.

## 7 CANCELLATION RIGHTS

**You** may cancel this policy at any time. If **you** cancel this policy within 30 days of the **commencement date**, as detailed on **your schedule** any **premium** that **you** have paid will be refunded, subject to no claim being made. If cancellation is made after 30 days, there will be no refund of **premium** paid. To cancel this policy write to APRIL Ireland at: Customer Services, APRIL Ireland, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24, or e-mail: [cancellations@april-uk.com](mailto:cancellations@april-uk.com), or call 074 9161868\* (Monday to Friday, 8am-5pm, excluding public holidays) quoting **your** name and policy number.

**We** may cancel this policy if **you** fail to pay **your premium** when due. However, **we** will continue to pay any valid claim, accepted by **us**, until the end of the paid period. **We** may also cancel **your** policy due to fraudulent activity.

\* Calls are recorded for training and monitoring purposes, and a record kept for regulatory purposes.

## 8 CUSTOMER CARE

### 1 POLICY SALE OR ADMINISTRATION

If **you** have a complaint about the sale or administration of **your** policy, please contact APRIL Ireland, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24 and **you** will be provided with details of their complaints procedure. APRIL Ireland is authorised and regulated by the Central Bank of Ireland, Reference Number C29542.

### 2 TERMS OF THE POLICY/CLAIMS HANDLING

For complaints relating to the terms of this contract, claims administration or claims handling, please write to: Protection Department, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JX, telephone +44 1732 752620 or email [fspcomplaintsmailbox@coveainsurance.co.uk](mailto:fspcomplaintsmailbox@coveainsurance.co.uk).

If **your** complaint addressed to any of the above parties is not resolved to **your** satisfaction, **you** may contact the Financial Services and Pensions Ombudsman, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, D02 VH29.  
Tel: (01) 567 7000  
Email: [info@fspoi.ie](mailto:info@fspoi.ie)  
Website: [www.fspoi.ie](http://www.fspoi.ie)

The Financial Services and Pensions Ombudsman has been set up by law to help settle individual disputes between consumers and financial firms. They can decide if **we** have acted wrongly and if **you** have lost out as a result. If this is the case they will tell **us** how to put things right and whether this involves compensation. Their service is independent and free of charge. The decision

of the Financial Services and Pensions Ombudsman is binding on both parties. The decision may be appealed to the High Court by either party.

## 9 MEANING OF WORDS/DEFINITIONS

In this policy the following words will have the following meanings throughout this document.

**Accident** – An event which is not reasonably foreseeable, intended or designed (but excluding **sickness**). The **accident** must be certified by a **doctor** as preventing **you** doing **your work** or any **work** that **your** experience, education or training may reasonably qualify **you** to do. If **you** are **self-employed**, a condition will only be acceptable as an **accident** if it stops **you** from assisting, managing and/or carrying on any part of the running of **your** business whatsoever. If **you** are a **non-earning partner**, **you** must be certified by a **doctor** as totally confined to **your** normal place of residence, a **hospital** or other recognised medical facility OR as requiring assistance to carry out at least 4 of the 8 listed **normal daily activities**. **You** must be under the continuing care of a **doctor** throughout **your** claim.

**Back Condition** – Any musculo-skeletal disorders arising from abnormalities of the whole vertebral column (including the cervical spine), discs, muscles attached to the spine, and any symptoms of pain or restrictions in mobility related to the back, either medically established and officially diagnosed or not.

**Chronic Condition** – A condition which has symptoms that are constant or recur, or which requires long-term monitoring, treatment, consultations, check-ups, examinations or tests.

**Claims Handler** – Covea Insurance plc.

**Commencement Date** – The start date of **your** contract with **us**, as confirmed on **your schedule**.

**Confinement Period** – The period 2 weeks prior to and 4 weeks after birth.

**Deferred Period** – The period of time that **you** must wait before any **monthly benefit** becomes payable. This period is chosen by **you** and is confirmed in **your schedule**.

**Doctor** – A medical practitioner, other than **you** or a member of **your** family, who is registered as a medical practitioner with the Irish Medical Organisation and entitled to practice as such in the Republic of Ireland.

**End Date** – The date **your** policy ends, as detailed in Section 4.

**Employed/Employment** – In paid **employment** under a contract of services under which **you** ordinarily **work** in the Republic of Ireland for a minimum of 16 hours per week and paying the appropriate PRSI contributions.

**Gross Earnings** – If **you** are **employed**, **your gross earnings** means:

- (i) The average of **your** last 3 months wage slips received from **your** employer, prior to the date **you** stopped **working**; or
- (ii) Dividends received from a Limited Company in lieu of wages.

**You** may be asked to provide evidence of **your gross earnings** to allow **us** to determine the benefit payable. Please note, **we** may also request that **you** provide **us** with **your** P60 in the event of a claim.

**Hospital** – A lawfully operated establishment (other than a convalescent, nursing or rest home, or convalescent, nursing, self-care or rest section or unit of a **hospital**) which has accommodation for **resident** patients with organised facilities for diagnosis and major surgery and which provides a 24 Hours a day nursing service by registered nurses.

**Hospitalisation/Hospitalised** – Being confined to **hospital** upon the recommendation of a **doctor** solely as a result of **accident**, or **sickness** which commenced or occurred after the **commencement date**.

**Monthly Benefit** – The **monthly benefit** stated in **your schedule**, which is payable by **us** in the event of a successful claim.

If **you** are **employed** or **self-employed**, the proportion of the **monthly benefit** will be decided by **us**, taking all the circumstances into consideration. **You** may be asked to provide evidence of ongoing income to allow **us** to determine the benefit payable.

**Neck-Related Conditions** – Any musculo-skeletal disorders arising from abnormalities of the neck/shoulder area, either by natural deterioration or injury inflicted, and any symptoms of pain or restrictions in mobility related to the neck and shoulders, either medically established and officially diagnosed or not.

**Non-Earning Partner** – A second policyholder who:

- Is the spouse or common law partner of the first policyholder; and
- Is residing permanently at the same address as the first policyholder; and
- Does not meet the definition of **employed** or **self-employed**; and
- Is a second policyholder nominated for cover under this policy as a partner without income; and
- Is covered under the **accident** or **sickness** and **hospitalisation** elements of this policy;

and

- Is subject to the same deferment period as the first policyholder; and
- Is entitled to a maximum of 12 **monthly benefit** payments of either €300 or €350 (as selected and detailed on **your schedule**) in respect of **accident** or **sickness**.

**Normal Daily Activities** – Dressing and undressing; washing and bathing; eating and drinking; preparing and cooking food; general household duties such as cleaning and laundering clothes; climbing stairs; shopping; and driving.

**Normal Pregnancy/Childbirth Related Conditions** –

- Symptoms which normally accompany a pregnancy and/or childbirth (including those related to multiple pregnancy) and which are generally of a minor and/or temporary nature not representing an unusual or significant hazard to mother or baby.
- Childbirth including delivery by caesarean section or any other medically or surgically assisted delivery which does not cause medical complications.

**Premium** – The amount as detailed in **your schedule**, which is payable by **you** in respect of this policy.

**Pre-Existing Medical Condition** – A condition or related condition either:

- for which **you** received treatment in the 24 months up to and including the **commencement date**, or
- which **you** were aware of, or in **our** opinion **you** should have been aware of, during the 24 months up to and including the **commencement date**.

Unless **you** have been symptom free and not consulted a **doctor** or received treatment in the 24 months preceding the claim.

**Resident/Residency** – Living in the Republic of Ireland for 40 out of 52 weeks a year.

**Schedule** – **Your schedule** of insurance, detailing **your** chosen cover level, benefit, **deferred period** and insured persons.

**Self-Employed/Self-Employment** – Being in a profession or business, alone or in association with others, paying Class S PRSI.

**Sickness** – A medical condition or disease, confirmed by **your doctor** and occurring whilst **you** are in **work**, which stops **you** doing **your work** or any **work** that **your** experience, education or training may reasonably qualify **you** to do. If **you** are **self-employed**, a condition will only be acceptable as **sickness** if it stops **you** from assisting,

managing and/or carrying on any part of the running of **your** business whatsoever. **You** will be required to provide relevant evidence for the duration of **your** valid claim. If **you** are a **non-earning partner** a condition will only be acceptable as **sickness** if **you** are certified by a **doctor** as totally confined to **your** normal place of residence, a **hospital** or other recognised medical facility OR requiring assistance to carry out at least four of the eight listed **normal daily activities**. **You** must be under the continuing care of a **doctor** throughout **your** claim.

**Taxable Income** – If **you** are **self-employed** and registered with The Revenue Commissioners of Ireland, **taxable income** means the monthly average of **your** income for the 6 months immediately prior to the relevant claim start which earnings have been declared to The Revenue Commissioners.

**You** may be asked to provide evidence of **your taxable income** to allow **us** to determine the benefit payable.

**We, Us or Our** – Covea Insurance plc, registered in England and Wales No. 613259, whose registered office is at Norman Place, Reading, RG1 8DA.

Covea Insurance plc, is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority No. 202277.

**Whiplash** – **whiplash**, as diagnosed and confirmed by **your doctor**, whereby the soft tissue of the spine is placed under stress after the body is thrown in a sudden, forceful jerk.

**Work/Working** – Permanent gainful **employment** or **self-employment**; paying the correct Pay Related Social Insurance (PRSI) contributions.

**You or Your** – The person(s) who has/have been accepted for insurance and is/are named in the **schedule**.

## 10 DATA PRIVACY

Please visit [www.coveainsurance.co.uk/dataprotection](http://www.coveainsurance.co.uk/dataprotection) for further information about how and when **we** process **your** personal information under **our** full Privacy Policy.

## HOW WE USE YOUR INFORMATION

The personal information, provided by **you** (or anyone acting on **your** behalf), is collected by or on **our** behalf and may be used by **us**, **our** employees, agents and service providers acting under **our** instruction for the purposes of insurance administration, underwriting, claims handling, research or for statistical purposes.

**We** may process **your** information for a number of different purposes. For each purpose **we** must have a legal ground for such processing. When the information that **we** process is classed as 'special category data', **we** must have a specific additional legal ground for such processing.

Generally, **we** will rely on the following legal grounds:

- It is necessary for **us** to process **your** personal information to provide this policy and services related to it. **We** will rely on this for activities such as assessing **your** application, managing **your** policy, handling claims and providing other services to **you**
- **We** have an appropriate business need to process **your** personal information and such business need does not cause harm to **you**. **We** will rely on this for activities such as maintaining **our** business records and developing, improving **our** products and services, and providing information about **our** products and services to **you**
- **We** have a legal or regulatory obligation to use such personal information
- **We** need to use such personal information to establish, exercise or defend **our** legal rights
- **You** have provided **your** consent to **our** use of **your** personal information, including special category data

## HOW WE SHARE YOUR INFORMATION

In order to sell, manage and provide **our** products and services, prevent fraud and comply with legal and regulatory requirements, **we** may need to share **your** information with the following types of third parties:

- Reinsurers, Regulators and Authorised/ Statutory Bodies
- Credit reference agencies
- Fraud prevention agencies
- Crime prevention agencies, including the police
- Suppliers carrying out a service on **our** behalf
- Other insurers, business partners and agents
- Other companies within the Covea Insurance Group

## MARKETING

**We** will not use **your** information or pass it on to any other person for the purposes of marketing further products or services to **you** unless **you** have consented to this.

## FRAUD PREVENTION AND DETECTION

In order to prevent or detect fraud and money laundering **we** may check **your** details with various fraud prevention agencies, who may record a search.

Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes.

**We** may also conduct credit reference checks in certain circumstances. **You** can find further details in **our** full Privacy Policy explaining how the information held by fraud prevention agencies may be used or in which circumstances **we** conduct credit reference checks and how these checks might affect **your** credit rating.

## AUTOMATED DECISIONS

**We** may use automated tools with decision making to assess **your** application for insurance and for claims handling processes. If **you** object to an automated decision, **we** may not be able to offer **you** an insurance quotation.

## HOW TO CONTACT US

Please contact **us** if **you** have any questions about **our** Privacy Policy or the information **we** hold about **you**:  
The Data Protection Officer, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX or email: [dataprotection@coveainsurance.co.uk](mailto:dataprotection@coveainsurance.co.uk).



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Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24, Ireland  
Tel. 074 9161868 | [www.april-ireland.com](http://www.april-ireland.com)

APRIL Ireland is a trading name of APRIL (Insurety) Ireland DAC (Company Registration No 360638), who is regulated by the Central Bank of Ireland, registered number C29542 and a wholly owned subsidiary of APRIL UK (Insurance Services) Ltd.

Covea Insurance plc is a public limited company incorporated in England and Wales, registered number 613259. It is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority registration number 202277. Covea Insurance plc Registered Office: Norman Place, Reading RG1 8DA. **ASHIPD 0518**



Insurance made easy.