

POLICY DOCUMENT

MEDICAL CASH PLAN

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right 

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POLICY SUMMARY / KEY FACTS

This policy summary outlines the main features, benefits and exclusions of the APRIL Ireland Medical Cash Plan. It does not contain the full terms and conditions, which are set out in the Policy Document.

AM I ELIGIBLE?

You can take out the Medical Cash Plan if you are between the ages of 16 and 69 attained and resident in the Republic of Ireland.

WHAT IS THE APRIL IRELAND MEDICAL CASH PLAN?

The Medical Cash Plan provides you with a range of cash benefits for you to spend as you wish. It is available to anyone aged 16 or over and under 70. Between the ages of 65-74 attained you will receive half of the standard benefits. With the Medical Cash Plan you can choose a level of cover to suit your needs and your budget.

WHO PROVIDES THE COVER?

The Medical Cash Plan is provided by Axeria Insurance Limited and governed by English law. APRIL Ireland will be administering this policy.

PROFESSIONAL SERVICES CASH BENEFITS				
MEDICAL CASH PLAN BENEFITS	Bronze	Silver	Gold	Platinum
Dental	€20 per appt max 2 claims per year	€40 per appt max 2 claims per year	€60 per appt max 2 claims per year	€80 per appt max 2 claims per year
Optical Tests	€30 per appt max 1 claim per year	€30 per appt max 1 claim per year	€30 per appt max 1 claim per year	€30 per appt max 1 claim per year
Optical Equipment	€50 per claim max 1 claim per year	€100 per claim max 1 claim per year	€150 per claim max 1 claim per year	€200 per claim max 1 claim per year
Specialist Consultation	€80 per claim max 1 claim per year	€80 per appt max 2 claims per year	€120 per appt max 2 claims per year	€150 per appt max 2 claims per year
Chiropody	€50 per claim max 1 claim per year	€50 per appt max 2 claims per year	€50 per appt max 3 claims per year	€50 per appt max 4 claims per year
Maternity	€150 per child	€300 per child	€450 per child	€600 per child
Doctor Expenses	€20 per appt max 2 claims per year	€30 per appt max 2 claims per year	€40 per appt max 2 claims per year	€50 per appt max 2 claims per year
Hearing Aid	€40 per claim max 1 claim per year	€80 per appt max 1 claim per year	€120 per appt max 1 claim per year	€160 per appt max 1 claim per year
Physiotherapy, acupuncture, homeopathy, osteopathy, chiropractic	€60 per appt max 2 claims per year	€60 per appt max 4 claims per year	€60 per appt max 6 claims per year	€60 per appt max 8 claims per year

HOSPITAL CASH BENEFITS	Bronze	Silver	Gold	Platinum
Inpatient Admission	€50 per night	€100 per night	€150 per night	€200 per night
Joint Inpatient Admission	€80 per night	€160 per night	€240 per night	€320 per night
Day Case Admission	€50 per day	€100 per day	€150 per day	€200 per day
Worldwide Inpatient Admission	€50 per night	€100 per night	€150 per night	€200 per night
Accident and Emergency Unit Admission	€20 per visit	€40 per visit	€60 per visit	€80 per visit
Recovery Bonus	€150 per claim max 1 claim per year	€300 per claim max 1 claim per year	€450 per claim max 1 claim per year	€600 per claim max 1 claim per year

BONUS CASH BENEFITS	Bronze	Silver	Gold	Platinum
Accident and Sickness Cash	€25 per day max 10 days	€50 per day max 10 days	€75 per day max 10 days	€100 per day max 10 days
Serious Injury Cash	€8,000 lump sum	€16,000 lump sum	€24,000 lump sum	€32,000 lump sum
Accidental Death Cash	€8,000 lump sum	€16,000 lump sum	€24,000 lump sum	€32,000 lump sum

Please refer to your certificate of registration for the level of cover chosen

GENERAL TERMS

Please refer to section '*Payment of Premium*' in the Policy Document.

Premiums are payable monthly in advance. We reserve the right to alter premiums to reflect changes in the rates or bases of taxation imposed on premiums or the services for which benefit is paid, provided we give you at least thirty (30) days written notice. While any benefits are being paid under the policy, premiums must continue to be paid.

This policy is issued for an initial period of one month from the start date and will be renewed automatically for a further month on payment of each premium as it falls due. Such renewal is conditional on the fact that you are under 75 at the time.

QUALIFYING PERIODS

The Qualifying Period is the period of time immediately following the date you take out the policy, during which you cannot claim benefits and applies to your first year of cover. The following qualifying periods will apply:

PROFESSIONAL SERVICES CASH BENEFITS

You can claim for the Maternity Benefit for the birth of a child after 10 months from the start of the policy. All other Professional Services Cash Benefits can be claimed after six months from the start of the policy.

HOSPITAL CASH BENEFITS

You can claim for Inpatient Admission relating to an

accident and Accident and Emergency Unit Attendance immediately on starting the policy. All other Hospital Cash Benefits, including Inpatient Admission not relating to an accident, can be claimed after six months from the start of the policy.

You can claim for Inpatient Admission, Joint Inpatient Admission or Accident and Emergency Unit Attendance for up to a combined maximum of 100 nights/visits in any benefit year. Out of these 100 nights/visits:

- up to 5 days may be payable for Day Case Admission
- up to 10 nights may be payable for maternity related Inpatient Hospital Admission, payable after an initial 7 nights in hospital
- up to 50 nights may be payable for Worldwide Inpatient Admission.

You can claim for Recovery Bonus after six months from the start of the policy.

BONUS CASH BENEFITS

You can claim for Serious Injury Cash and Accidental Death Cash immediately on starting the policy. Accident and Sickness Cash can be claimed after six months from the start of the policy.

WHAT IS NOT COVERED?

Please refer to section '*Exclusions*' and '*General Terms and Conditions*' in the Policy Document.

All pre-existing medical conditions you are aware of, or in our opinion should be aware of, or for which you received treatment, are automatically excluded - unless

you have been symptom free and not received treatment or advice for it, for a two year period prior to a claim. This does not apply to optical or dental benefits.

Full details of what you are and what you are not covered for are given in the Policy Document. You may claim for benefits specified in the section titled Benefits, but the right to any benefit will only exist if:

- the appropriate qualifying period has been completed
- the treatment is supported by a declaration on the claim form signed by your hospital/specialist/optician/dentist/therapist (as appropriate) for the patient and by you
- the fees are, in our opinion necessarily incurred:
 - if joint cover is taken the benefits are payable to their full value to you, your partner and any number of your children between the ages of 3 and 18
 - if single cover is chosen half the benefit amount will be payable to any number of your children between the ages of 3 and 18
 - if you are over the age of 65 when a claim is made, half the benefit amount will be payable.

To claim any benefit, your main address must be in the Republic of Ireland. If you leave the Republic of Ireland to live in another country your right to receive benefit will lapse. Equally your children must reside in the Republic of Ireland and at your main address for them to be entitled to any benefit.

Only one type of benefit can be paid under the policy at any one time and no claim can be made for a period during which any benefit under the policy has already been paid.

The following conditions are excluded:

- Any pre-existing medical condition as defined in the Policy Document unless you have been symptom free and not received treatment or advice for it, for a two year period prior to a claim. This does not apply to optical or dental benefits
- Hospitalisation or treatment arising from or related to in-vitro fertilisation, other forms of assisted conception and any related procedures. Specialist Consultation Benefit will be paid for investigation into the cause of infertility and conventional treatment for it, as defined by our Medical Adviser
- Hospitalisation or treatment arising from, or related to, dependency on or abuse of, alcohol, drugs or other addictive substances
- Hospitalisation or treatment arising from, or related to, treatment of sexually transmitted diseases, treatment for AIDS or infection by any human immuno-deficiency virus or any

- other similar or related condition or syndrome
- Hospitalisation or treatment arising from, or related to, self-inflicted injuries or disabilities where the intention is to cause self-harm
- If you are a member of Irish Defence Forces
- Medical conditions arising from participation in, or an attempt to commit a criminal offence
- Medical conditions arising from war, invasion, act of foreign enemy hostilities (whether war has been declared or not), civil war, riot, civil commotion, act of terrorism, rebellion, revolution, military force or usurped power; nuclear or chemical contamination
- Treatment received in health hydros, nature cure clinics or similar establishments or private beds registered as a nursing home attached to these establishments
- Cosmetic treatment or elective surgery for non-medical reasons, whether for psychological purposes or not
- Treatment that is not given by a chiropodist, dentist, optician, specialist or therapist
- Any fees involved in completing claim forms or medical reports we request, other than under the benefit payable for doctor expenses
- Any treatment arising from, or related to, any chronic condition, other than for the optical or dental benefits
- Mental illness, depression or nervous disorder, including stress or stress related conditions, or psychiatric or geriatric illness

You are not entitled to claim for Accident and Sickness Cash Benefit if you are unable to work as a result of:

- participation in any form of pursuit known to be hazardous, such as professional sport, motor sport, horse racing, scuba diving, mountaineering, potholing, parachuting, bungee jumping, hang-gliding and power-boat racing
- flying (other than as a fare paying passenger in a scheduled aircraft), work involving the handling or use of explosives, professional and deep sea diving, offshore oil and gas industry workers, deep sea fishing, underground work of any kind, and those whose work involves operating at heights in excess of 50 feet
- any condition which occurs while you are away from the member states of the European Union for a period intended by you to be more than 90 days, or if you cease to be a resident in the Republic of Ireland.

WHEN DOES THE POLICY END?

The policy will cease if:

- you cancel the policy at any time by notifying APRIL Ireland
- you are no longer a resident of the Republic of Ireland
- you do not maintain payment of your premiums

- you have reached the age of 75
- the maximum benefit of €32,000 has been paid out.

CAN I CANCEL THIS COVER?

You have a statutory right to cancel this policy within 30 days of the policy start date if you decide it is not suitable for you. If you cancel this cover within 30 days of the policy start date and have not made any claims, any premium that you have paid will be refunded. If cancellation is made after 30 days, there will be no refund of premiums paid.

To cancel this policy write to APRIL (Insurety) Ireland DAC, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24, Ireland. Or e-mail: enquiries@april-uk.com or call 074 9161868*, quoting your name and policy number.

HOW DO I MAKE A CLAIM?

You must notify APRIL Ireland of your intention to make a claim. APRIL Ireland will issue a claim form which you should complete and return as soon as possible. To request a claim form telephone: 074 9161868*.

WHAT SHOULD I DO IF I HAVE A COMPLAINT?

We aim to provide the highest standards of service at all times. Should you have a complaint about the sale or administration of your policy, please contact APRIL Ireland. If your complaint is not resolved to your satisfaction, you may contact the Financial Services and Pensions Ombudsman.

If you have a complaint about the policy wording or claims handling on your policy, please contact Axeria Insurance Limited. If your complaint is not resolved to your satisfaction, you may contact the Office of the Arbiter for Financial Services (Malta).

For further information regarding the complaints procedure, please refer to *'How to make a complaint?'* in the Policy Document for full details.

DISCLOSURES OF INTERESTS

In terms of the provisions of Directive 2002/92/EC of the European Parliament and of the Council of 9 December 2002 on insurance mediation, we wish to inform you that APRIL S.A., a Company organised in terms of French Law with registration number 377994553RCS of Immeuble Aprilium, 114 Bd Vivier Merle, 69439 Lyon, France holds more than 10% of the voting rights of both APRIL UK and Axeria Insurance Limited. APRIL UK and Axeria Insurance Limited are affiliates by virtue of the common shareholding of APRIL S.A. as outlined above.

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

POLICY DOCUMENT

This is to certify that **we** provide cover for the insured policyholder, as named in the Schedule having signed an **application form** which forms the basis of this contract and is deemed to be incorporated herein and on receipt and acceptance of the appropriate premium, in accordance with, and subject to, the eligibility requirements, terms, conditions and exceptions of this policy.

Please note: **You** should make sure the information supplied in connection with insurance under this policy is correct to **your** knowledge and belief. **You** should keep a record (including copies of letters) of all information supplied for the purpose of taking out this policy and **you** should supply a copy of this information on request by **us**. Any omission, misrepresentation or false statement of a material fact in **your** application for insurance or any claim could affect the payment of **benefits** under this policy. A material fact is one that is likely to influence the acceptance of **your** application or any claim for insurance. If **you** are unsure whether a fact is material **you** should declare it. If **you** make any claim which **we** consider 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.

QUALIFYING PERIOD

The Qualifying Period is the period of time immediately following the date **you** take out the policy, during which **you** cannot claim **benefits** and applies to **your** first year of cover.

PROFESSIONAL SERVICES CASH BENEFITS

You can claim for the Maternity **Benefit** for the birth of a child after 10 months from the start of the policy. All other Professional Services Cash **Benefits** can be claimed after six months from the start of the policy.

HOSPITAL CASH BENEFITS

You can claim for Inpatient Admission relating to an **accident** and Accident and Emergency Unit Attendance immediately on starting the policy. All other Hospital Cash **Benefits** including Inpatient Admission not relating to an **accident**, can be claimed after six months from the start of the policy.

BONUS CASH BENEFITS

You can claim for Serious Injury Cash and Accidental Death Cash immediately on starting the policy. Accident and Sickness Cash can be claimed after six months from the start of the policy.

BENEFITS

You may claim for the specified **benefits** listed below, but the right to any **benefit** will only exist if:

- the appropriate qualifying period has been completed and the **condition** for which **you** are claiming did not first arise during that period
- the **treatment** is supported by a declaration on the claim form signed by the **hospital/specialist/optician/dentist/therapist** (as appropriate) for the patient and by **you**
- the fees are necessarily incurred.

If Joint Cover is taken the **benefits** are payable to their full value to you, **your partner** and any number of **your** children between the ages of 3 and 18. If Single Cover is chosen half the **benefit** amount will be payable to any number of **your** children between the ages of 3 and 18. If **you** are over the age of 65 when a claim is made, half the stated **benefit** amount will be payable.

To claim any **benefit**, **your** main address must be in the Republic of Ireland and if **you** leave the Republic of Ireland to live in another country **your** right to receive **benefit** will lapse. Equally **your** children must reside in the Republic of Ireland and at **your** main address for them to be entitled to any **benefit**.

PROFESSIONAL SERVICES CASH BENEFITS				
	Bronze	Silver	Gold	Platinum
Dental	€20 per appt max 2 claims per year	€40 per appt max 2 claims per year	€60 per appt max 2 claims per year	€80 per appt max 2 claims per year
Optical Tests	€30 per appt max 1 claim per year	€30 per appt max 1 claim per year	€30 per appt max 1 claim per year	€30 per appt max 1 claim per year
Optical Equipment	€50 per claim max 1 claim per year	€100 per claim max 1 claim per year	€150 per claim max 1 claim per year	€200 per claim max 1 claim per year
Specialist Consultation	€80 per claim max 1 claim per year	€120 per appt max 2 claims per year	€120 per appt max 2 claims per year	€150 per appt max 2 claims per year
Chiropody	€50 per claim max 1 claim per year	€50 per appt max 3 claims per year	€50 per appt max 3 claims per year	€50 per appt max 4 claims per year
Maternity	€150 per child	€300 per child	€450 per child	€600 per child
Doctor Expenses	€20 per appt max 2 claims per year	€30 per appt max 2 claims per year	€40 per appt max 2 claims per year	€50 per appt max 2 claims per year
Hearing Aid	€40 per claim max 1 claim per year	€80 per appt max 1 claim per year	€120 per appt max 1 claim per year	€160 per appt max 1 claim per year
Physiotherapy, acupuncture, homeopathy, osteopathy, chiropractic	€60 per appt max 2 claims per year	€60 per appt max 4 claims per year	€60 per appt max 6 claims per year	€60 per appt max 8 claims per year

HOSPITAL CASH BENEFITS	Bronze	Silver	Gold	Platinum
Inpatient Admission	€50 per night	€100 per night	€150 per night	€200 per night
Joint Inpatient Admission	€80 per night	€160 per night	€240 per night	€320 per night
Day Case Admission	€50 per day	€100 per day	€150 per day	€200 per day
Worldwide Inpatient Admission	€50 per night	€100 per night	€150 per night	€200 per night
Accident and Emergency Unit Admission	€20 per visit	€40 per visit	€60 per visit	€80 per visit
Recovery Bonus	€150 per claim max 1 claim per year	€300 per claim max 1 claim per year	€450 per claim max 1 claim per year	€600 per claim max 1 claim per year

BONUS CASH BENEFITS	Bronze	Silver	Gold	Platinum
Accident and Sickness Cash	€25 per day max 10 days	€50 per day max 10 days	€75 per day max 10 days	€100 per day max 10 days
Serious Injury Cash	€8,000 lump sum	€16,000 lump sum	€24,000 lump sum	€32,000 lump sum
Accidental Death Cash	€8,000 lump sum	€16,000 lump sum	€24,000 lump sum	€32,000 lump sum

Please refer to your certificate of registration for the level of cover chosen

EXPLANATION OF BENEFITS

All **benefits** are payable at the appropriate entitlement as detailed in the Benefits Table. Proof that **you** have attended **hospital**, obtained **treatment**, purchased a good or used a service is required for all claims.

Accident and Emergency Unit Attendance - Accident and Emergency Unit Attendance **Benefit** is payable when **you** receive **Accident and Emergency treatment**.

Accident and Sickness Cash - Accident and Sickness Cash **Benefit** is payable for a maximum of 10 subsequent working days once **you** have been away from work due to **acute illness** or **serious injury** for more than 10 consecutive working days.

Accidental Death Cash - Accidental Death Cash **Benefit** at the appropriate rate is payable in the event of **your** death as a result of an **accident**.

Chiropody - Chiropody **Benefit** is payable following **treatment** with a **chiropodist**. This is subject to a maximum number of claims per **benefit year** as detailed in the Benefits Table.

Day Case Admission - Day Case Admission **Benefit** is payable when **you** receive **day case treatment**, investigations or diagnosis in a recognised **hospital** or registered nursing home. **Benefit** is not payable for the period immediately prior to or following an overnight inpatient stay for which **benefit** is payable, or in respect of outpatient attendance. Maternity, care for the elderly, psychiatric and hospice day care or respite care are also excluded from this **benefit**. Claim forms are required to be submitted fully completed by the relevant **hospital** authority or registered nursing home.

Dental - **Dental Benefit** is payable following routine **dental treatment**, crowns, bridges and dentures, orthodontic and periodontal **treatment** with a **dentist**. This is subject to a maximum of two claims per **benefit year**.

Doctor Expenses - Doctor Expenses **Benefit** is payable following an appointment with a **doctor** for consultations, holiday vaccinations, x-rays and other tests and medical reports. This is subject to a maximum of two claims per **benefit year**.

Hearing Aid - Hearing Aid **Benefit** is payable following an appointment with a registered hearing aid dispenser approved by the Hearing Aid Council, for the purposes of obtaining a new hearing aid. This is subject to a maximum of one claim per **benefit year**.

Inpatient Admission - Inpatient **Benefit** is payable when **you** receive **inpatient treatment**.

Joint Inpatient Admission - Joint Inpatient **Benefit** is payable whenever **you** and **your partner** receive

inpatient treatment and are inpatients at the same time in a recognised **hospital** and are both eligible for Joint Inpatient Admission **benefits**.

Maternity - Maternity **Benefit** is payable on the birth of each child to **you** or **your partner**. Double **benefit** applies if **you** have Joint Cover.

Optical Equipment - Optical Equipment **Benefit** is payable following the purchase of new prescription glasses (reading, distance, bifocals or varifocals) or new prescription contact lenses, excluding disposable contact lenses. This is subject to a maximum of one claim per **benefit year**.

Optical Tests - Optical Test **Benefit** is payable following a sight test with an **optician**. This is subject to a maximum of one claim per **benefit year**.

Physiotherapy, Osteopathy, Chiropractic, Acupuncture, Homeopathy - **Benefit** is payable following **treatment** given by a **physiotherapist, osteopath, chiropractor, acupuncturist** or homeopath, following referral by **your doctor**. This is subject to a maximum number of claims per **benefit year** as detailed in the Benefits Table.

Recovery Bonus - Recovery Bonus **Benefit** is payable following a stay in **hospital** of 10 or more consecutive nights. This is subject to a maximum of one claim per **benefit year**.

Serious Injury Cash - Serious Injury Cash **Benefit** is payable in the event of the permanent loss of use of two limbs or the permanent loss of sight in both eyes. Half the **benefit** will be paid for the permanent loss of use of one limb or the permanent loss of sight in one eye.

Specialist Consultation - Specialist Consultation **Benefit** is payable towards the cost of private consultations with a **specialist** physician or surgeon. **You** must be referred to the **specialist** by **your doctor** to claim this **benefit**. This is subject to a maximum number of claims per **benefit year** as detailed in the Benefits Table.

Worldwide Inpatient Admission - Worldwide Inpatient Admission **Benefit** is payable following emergency admission to **hospital** for overnight **inpatient treatment** or emergency **dental treatment** or emergency consultation with a **specialist** physician or surgeon. No other **benefit** is payable for services supplied outside the European Union. Claims must be supported where necessary with a translation to English of the details of the **hospital** admission. The visit abroad must be for business or holiday purposes only and for up to 28 days duration.

LIMITATIONS

You can claim for Inpatient Admission, Joint Inpatient Admission or Accident and Emergency Unit Attendance for up to a combined maximum of 100 nights/visits in any **benefit year**. Out of these 100 nights/visits:

- up to 5 days may be payable for Day Case Admission
- up to 10 nights may be payable for maternity related Inpatient Hospital Admission, payable after an initial 7 nights in **hospital**
- up to 50 nights may be payable for Worldwide Inpatient Admission.

EXCLUSIONS

No **benefit** will be paid under any section of this policy for any event which results from or is made worse, by the following:

- A **pre-existing medical condition**, unless **you** have been symptom free and not received **treatment** or advice for that **condition**, for at least two years prior to a claim. This does not apply to optical or **dental benefits**
- A **chronic condition**
- Hospitalisation or **treatment** arising from or related to in-vitro fertilisation, other forms of assisted conception and any related procedures. **Specialist** consultation **benefit** will be paid for investigation into the cause of infertility and conventional **treatment** for it, as defined by **our** medical adviser
- Hospitalisation or **treatment** arising from or related to dependency on or abuse of alcohol, drugs or other addictive substances
- Hospitalisation or **treatment** arising from or related to **treatment** of sexually transmitted diseases, **treatment** for AIDS or infection by any human immuno-deficiency virus or any other similar or related **condition** or syndrome
- Hospitalisation or **treatment** arising from or related to self inflicted injuries or disabilities where the intention is to cause self-harm
- If **you** are a member of Irish Defence Forces
- Medical **conditions** arising from participation in, or an attempt to commit a criminal offence
- Medical **conditions** arising from war, invasion, act of foreign enemy hostilities (whether war is declared or not), civil war, riot, civil commotion, act of terrorism, rebellion, revolution, military force or usurped power; nuclear or chemical contamination
- **Treatment** received in health hydros, nature cure clinics or similar establishments or private beds registered as a nursing home attached to these establishments
- **Cosmetic treatment**, or elective surgery for non-medical reasons, whether or not for

psychological purposes

- **Treatment** that is not given by a **chiroprapist, dentist, optician, specialist, or therapist**
- Any fees involved in completing claim forms or medical reports **we** request other than under the **benefit** payable for **doctor** expenses
- Any **treatment** arising from or related to any **chronic condition** other than for the optical or **dental benefits**
- Mental illness, depression or nervous disorder, including stress or stress related **conditions**, or psychiatric or geriatric illness

ACCIDENT OR SICKNESS

You are not entitled to claim for Accident and Sickness Cash **Benefit** if **you** are unable to work as a result of:

- participation in any form of pursuit known to be hazardous such as professional sport, motor sport, horse racing, scuba diving, mountaineering, potholing, parachuting, bungee jumping, hang-gliding and power-boat racing, flying (other than as a fare paying passenger in a scheduled aircraft), work involving the handling or use of explosives, professional and deep sea diving, offshore oil and gas industry workers, deep sea fishing, underground work of any kind, professional entertainers and those whose work involves operating at heights in excess of 50 feet
- anything which occurs while **you** are away from the member states of the European Union for a period intended by **you** to be more than 90 days, or if **you** cease to be resident in the Republic of Ireland.

PAYMENT OF PREMIUM

This policy is issued for an initial period of one month from the **start date** and will be renewed automatically for a further month on payment of each premium as it falls due. The premium is payable on the same day each month and in advance.

The premium rate applying to this policy may be varied by **us** giving the policyholder written notice. **You** will receive 30 days notice in writing if the premium payable by **you** is affected.

If **you** are receiving **benefits** under this insurance **you** will need to continue to pay the premium in order to maintain cover under this insurance. In the event that any premium is not paid on the date due, this policy shall terminate automatically. Payment of premium shall entitle the policyholder to be accepted for cover subject to, and in accordance with, the eligibility requirements, terms, **conditions** and exceptions of the policy.

ELIGIBILITY REQUIREMENTS

You can take out this insurance cover if **you**, are aged 16 or over and are under 70 and are resident in the Republic of Ireland.

GENERAL TERMS AND CONDITIONS

We will pay any **benefit** directly to **you** provided **you** continue to pay the premium as it falls due. This policy will cover **you** until:

- **you** cancel the policy by notifying APRIL Ireland
- **you** are no longer a resident of the Republic of Ireland
- **you** do not maintain payment of **your** premiums
- **you** have reached the age of 75
- the maximum **benefit** of €32,000 has been paid out.

If **you** have an **accident** or develop any illness, which may lead to a claim, **you** must place yourself in the care of a **doctor**, whose advice **you** must follow. A claim for Accident and Sickness Cash **Benefit** will be treated as starting on the first date on which **you** consulted **your doctor**.

Only one type of **benefit** can be paid under this policy at any one time and no claims can be made for a period during which any **benefit** under this policy has already been paid. This policy document cannot be altered or changed, except in writing and signed by **us**. The **benefits** under this policy are personal to **you** and cannot be assigned. This policy has no surrender value.

You may terminate the policy at any time. **We** shall not terminate **your** policy unless **you** fail to pay **your** premium when due or in the event of fraud or nondisclosure, or **we** decide to discontinue the policy. Rights to **benefits** relating to a time prior to the date of termination are unaffected. The parties to this policy may choose the law which shall govern it. In the absence of any agreement to the contrary, this Policy Document is subject to English law. The maximum **benefit** payable by **us** each month under this policy will not exceed €9,600 per month or €32,000 in total. Currently all **benefits** under this policy are non-taxable although this may change in line with any amendments to legislation.

CANCELLATION RIGHTS

You have a statutory right to cancel this policy within 30 days of the policy **start date** if **you** decide it is not suitable for **you**. If **you** cancel this cover within 30 days of the policy **start date** any premium that **you** have paid will be refunded. If cancellation is made after 30 days, there will be no refund of premiums paid. To cancel this policy write to APRIL (Insurety) Ireland DAC, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24, Ireland. Or

e-mail: enquiries@april-ireland.com or call 074 9161868*, quoting **your** name and policy number. **We** may cancel **your** policy if **you** fail to pay **your** premium when due, or due to fraud or non-disclosure.

HOW TO CLAIM

Please obtain a claim form by calling APRIL Ireland on 074 9161868*. **You** must provide **us** with the information stated under each **benefit** and any further information **we** ask for, such as medical certificates or reports. These documents are to be provided at **your** expense. **You** may also be required to have a medical examination when and as often as it may be necessary during the claim and/or payment of a claim. The decision of any independent Medical Advisor appointed by **us** shall be conclusive and binding on both parties. Claim forms should be returned back to APRIL Ireland.

HOW TO MAKE A COMPLAINT

We aim to provide the highest standards of service at all times. Should **you** have a complaint about the sale or administration of **your** policy, please contact APRIL (Insurety) Ireland DAC, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24, Ireland, telephone 074 9161868*, and **you** will be provided with details of **our** complaints procedure.

If **your** complaint is not resolved to **your** satisfaction, **you** may ask the Financial Services and Pensions Ombudsman to review **your** case. Their contact details are: 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, D02 VH29.
Tel: (01) 567 7000
Email: info@fspo.ie
Website: www.fspo.ie

If **you** have a complaint about the policy wording or claims handling on **your** policy, please contact the Compliance Officer at Axeria Insurance Limited, Axeria Business Centre, 380, Level 2, Canon Road, Santa Venera, SVR 9033, Malta. Telephone: (+356) 2137 7107.

If **your** complaint is not resolved to **your** satisfaction, **you** can ask the Office of the Arbiter for Financial Services (Malta) to review **your** case. Their contact details are the Office of the Arbiter for Financial Services, First Floor, St Calcedonius Square, Floriana FRN1530, Malta.
Telephone +356 2124 9245.
Email: complaint.info@financialarbiter.org.mt
Website: www.financialarbiter.org.mt

A leaflet explaining the functions of the Financial Services and Pensions Ombudsman or the Office of the Arbiter for Financial Services (Malta) is also available upon request.

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

Both the Financial Services and Pensions Ombudsman and the Office of the Arbiter for Financial Services (Malta) have 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, free of charge and **we** will always abide by their decisions. The making of a complaint does not affect **your** right to take legal proceedings.

MEANING OF WORDS

In this policy document the following words will have the following meanings and are shown in 'bold case' throughout this document:

Accident – an event which is not reasonably foreseeable, intended or designed (but excluding illness and disease).

Accident and Emergency Treatment – when the patient receives **treatment** in the Accident and Emergency Department of an approved Department of Health **hospital** but does not stay overnight.

Acupuncturist – means the person carrying on this profession whom **we** approve and who is a member of the Medical Acupuncture Society.

Acute Illness – an illness which is not a **chronic condition**.

Application Form – an Insured's proposal for insurance.

Benefit – the **benefits** stated in the schedule and described herein.

Benefit Year – refers to the period commencing from the **start date** of the policy and ending at midnight on the day preceding the anniversary of the **start date**.

Chiropodist – refers to a person carrying on this profession in the Republic of Ireland who is assessed by the Department of Health.

Chiropractor – refers to a person carrying on this profession in the Republic of Ireland who is a member of the Chiropractic Association of Ireland.

Chronic Condition – means a **condition** that occurs prior to the policy **start date** and either continues indefinitely, or cannot be cured or eradicated and which will recur or requires **treatment**.

Claims Handler – APRIL Ireland.

Condition – means any illness, injury, disease, sickness or medical **condition you** have, including any related

illness, injury, disease, sickness or medical **condition**, or any associated symptoms.

Cosmetic Treatment – principally intended to improve the patient's appearance.

Day Case Treatment – when **you** receive **treatment**, where **you** need to be in a bed in a **hospital** but it is not necessary for **you** to stay overnight.

Dental – **dental conditions** are those which primarily involve a tooth or teeth and their roots.

Dentist – means a **dental** practitioner, other than **you** or a member of **your family**, who is on the Register of Dentists with the Dental Council and entitled to practice as such in the Republic of Ireland.

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

Family – means **your** husband, wife or **partner** of either sex with whom **you** live as if married, or a **relative of you**, or **your** husband, wife or **partner**.

Hospital – a Department of Health operated establishment (other than a convalescent, nursing or rest home, 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.

Inpatient Treatment – when **you** receive **treatment**, where **you** need to be in a bed in a **hospital** and it is necessary for **you** to stay overnight.

Loss of Limb – is the permanent loss of use, by physical separation or otherwise, of one or both hands above the wrist and/or one or both feet at or above the ankle.

Loss of Sight – is the permanent loss of sight or the mere ability to perceive light, in one or both eyes.

Optician – an **optician** is, in the Republic of Ireland, a member of the Association of Optometrists Republic of Ireland or Irish College of Ophthalmologist.

Osteopath – an **osteopath** is a person practising as such in the Republic of Ireland and is a member of the Register of Osteopaths (MRO) or is a member of the College of Osteopaths.

Partner – refers to the person to whom **you** are married or with whom **you** live on a permanent basis (for a period of at least 10 months) as if **you** were legally

married, regardless of gender.

Physiotherapist – a **physiotherapist** is a practising **physiotherapist** who in the Republic of Ireland is state registered or elsewhere is locally recognised.

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

- for which **you** received **treatment** in the two years up to and including the policy **start date**, or
- which **you** were aware of, or in **our** opinion **you** should have been aware of, during the two years up to and including the policy **start date**.

Relative – means a brother, sister, ancestor or lineal descendant.

Serious Injury – a physical or other injury which is caused wholly by an **accident** and which within 12 months of the date of the **accident** results in permanent **loss of limb** or permanent **loss of sight**.

Specialist – means a medical practitioner whose name appears on the GMC Specialist Register and holds or has held a substantive or honorary consultant appointment and is practising in the speciality of that appointment, or has been formally recognised by **us** as a **specialist** for the purpose of the policy within the previous five years.

Start Date – the commencement date shown in the schedule.

Therapist – **therapists** include **chiropractors**, **homeopaths**, **osteopaths** and **physiotherapists**.

Treatment - means receiving advice or undergoing examinations or consultations or receiving medication or long term monitoring, in each case from a **doctor**.

“**We, Us or Our**” - Axeria Insurance Limited.

“**You or Your**” - means the insured named in the Schedule and, if joint cover is chosen, his/her **partner**.

LEGAL

EQUAL STATUS ACT 2000 AND 2004

In accordance with the Equal Status Act 2000 and 2004, **we** are able to provide, upon request, a Textphone facility, audio tapes, large print documentation and Braille documentation. Please contact **us** if **you** require any of these services to be provided so that **we** can communicate in an appropriate manner.

SAFEGUARDING YOUR PREMIUM AND CLAIM PAYMENTS

All premium payments from **you** and due to the insurer for this policy will be held by APRIL Ireland on behalf of the insurer. APRIL Ireland will hold any premium refund or claim **benefit** that is due to **you** from the insurer.

Any premium collected by APRIL Ireland will be immediately deposited in a bank account held in the name 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 that all claims **benefits** and premium refunds from the insurer are not deemed to have been paid until **you** have actually received them.

DATA PRIVACY

When processing **your** personal information for the purpose of administering this **policy**, Axeria Insurance Limited and APRIL Ireland, a wholly owned subsidiary of APRIL UK, act as Joint Data Controllers and in the event of a complaint the Lead Supervisory Authority will be the Information Commissioner's Office (ICO).

Please visit the Privacy Policy page on **our** website, www.april-uk.com/eire, for further information about how and when **we** process **your** personal information.

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 APRIL 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, APRIL Ireland, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24.

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Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24, Ireland
Tel. 074 9161868 | 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.

This product is insured by Axeria Insurance Limited (company registration number C55905), with registered office at Axeria Business Centre, 380, Level 2, Canon Road, Santa Venera, SVR 9033, Malta. Axeria Insurance Limited is an insurance company authorised under the Maltese Insurance Business Act (Cap. 403 of the Laws of Malta) to carry on general business and is regulated by the Malta Financial Services Authority.

DISCLOSURE OF INTERESTS: In terms of the provisions of Directive 2002/92/EC of the European Parliament and of the Council of 9 December 2002 on insurance mediation, please note that APRIL S.A., a Company organised in terms of French Law with registration number 377994553RCS of Immeuble Aprilium, 114 Bd Vivier Merle, 69439 Lyon, France holds more than 10% of the voting rights of both Axeria Insurance Limited and APRIL UK. Axeria Insurance Limited and APRIL UK are affiliates by virtue of the common shareholding of APRIL S.A. as outlined above. **MCPIPD 0518**



Insurance made easy.