



Flexible Protection Cover

Protection tailored to safeguard
you and your family

| Retirement | Investments | Insurance |



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Why choose **Aviva**?

Around the world, Aviva provides around 34 million customers with life assurance, savings and investment products*.

Aviva is Ireland's leading composite insurer for life, pensions and general insurance products*. Our aim is to provide an efficient and professional service through a range of channels such as Financial Brokers, financial institutions and our website www.aviva.ie.

We combine strong life assurance, general insurance and asset management businesses under one powerful brand. We are committed to serving our customers well in order to build a stronger, sustainable business which makes a positive contribution to society.

**Source: Aviva annual accounts, March 2016.*

Protection Cover from Aviva

Protection is the most important part of financial planning. It is the practical way to ensure that, if the worst were to happen, your family would have enough money to maintain their lifestyle.

Aviva offers a wide range of protection plans, enabling customers to choose an arrangement that matches their needs and circumstances.

- **Life Cover** can be used to provide family protection or to ensure the financial survival of your business in the event of the death of a director or key employee. You choose how long you will need your cover for, which can be from 2 to 50 years.
- **Specified Illness Cover** will give you peace of mind. It provides a lump sum payment if you are diagnosed and proven to have one of the specified illnesses defined in the policy, provided you survive for 14 days after the specified illness event. Please see the Specified Illness Definitions Guide for full details of illnesses covered and standard exclusions that apply.
- **Mortgage Protection Cover** is essential for anyone buying their home. This decreasing life cover can be used to secure your mortgage with the bank.

This brochure guides you through our **Flexible Protection Cover** product details - which offers Life Cover and/or Specified Illness Cover.

You must be a resident of the Republic of Ireland at the time your policy starts.

Cover is underwritten by Aviva Life & Pensions UK Limited.

Flexible Protection Cover

Flexible Protection Cover is designed to provide:

- the right combination of protection,
- life Assurance and/or Specified Illness Cover,
- for the amount you need,
- for the length of time you decide,
- with the option to extend the period of cover (subject to conditions).

A summary of the benefits

- You choose your own combination of Life Assurance and/or Specified Illness Cover.
- You decide how much you wish to be paid out. You can choose to have separate sums insured for Life Assurance and Specified Illness Cover.
- If you wish, you can choose a single, joint or dual plan and tailor the benefits to suit each person insured (see page 24).
- You choose how long you need the cover, i.e. the 'term' of the plan. **Flexible Protection Cover** can protect you for any period of time you wish, from 2 to 50 years (see page 24 for full details).
- You can have a policy that contains a 'conversion option' that will allow you, at anytime while your policy is still in force, to extend your cover (subject to conditions, see page 23).
- You have the option to increase your cover by 3% every year without the need to provide evidence of good health - a valuable benefit, ensuring your level of cover is protected from the effect of inflation (see page 27).
- Your plan automatically includes a valuable extra benefit called Best Doctors®. This is a service which can provide an expert medical review should you be diagnosed with a serious or chronic medical condition (see the *Best Doctors brochure* for details).





Why do you need protection?

Like many people, you may worry about what might go wrong in the future. That's why protection is such a good idea. It means you and your family can relax and enjoy life today knowing if something does go wrong tomorrow – money needn't be an issue.

Money makes your world go around

When life is going well, it's easy to take money for granted. It provides security. It pays the bills and funds your family and social life. It enables you to enjoy your home, car, hobbies, sport, evenings out and holidays. Money underpins your quality of life.

But what if the money stopped?

It's not difficult to picture how different life would be if your income suddenly stopped – particularly if your health or a serious injury prevented you from working and if you needed time off work to make a full recovery.

How quickly would your bills mount up? How long would your savings last? How soon before you'd have to cut back on spending?

What if you died? How would your family cope with the loss of your income? Could they maintain their current lifestyle?

Relax with Flexible Protection Cover

Flexible Protection Cover could help to safeguard you and your family's lifestyle and get you back on your feet by providing a lump sum cash payment if you:

- Are diagnosed with one of 66 specified illnesses such as a heart attack, certain types of cancer or a stroke (See pages 21 and 22 for further details).
- Become terminally ill or die.

When it comes to the future, most of us want to look on the bright side. But we shouldn't forget that life can sometimes take a wrong turn. In case it does, it pays to be well prepared.

Take a moment to imagine how **Flexible Protection Cover** could help you and your family. What kind of difference would a lump sum payment make?

Living expenses	Medical costs	Adapt a house	Maintain savings	Education
Loans	Rehabilitation costs	Modify a car	Investment for the future	Childcare

Life Cover

Life Cover provides a lump sum cash payment which allows you to take care of your family if you die. The amount of cover you choose should take into account how much your family will need to cover basic expenses if they lose your income.

Coping without you would be difficult enough for your partner or family, but without the security of your financial support it would be even harder.

The money from a life cover plan could enable them to:

- Maintain their current lifestyle
- Pay off loans and debts
- Cover funeral expenses
- Invest it as a nest egg for the future or to generate an income
- Pay for children's education or child care
- Manage other living expenses

Flexible Protection Cover details – Life Cover only

- You choose the cash sum that your family might need if you were to die.
- You choose the term (the length) of your life cover from 2 to 50 years (see page 24 for full details).
- The cover can be taken out as a single sum insured in the case of a single or joint life policy.
- In the case of dual life, two separate sums insured are taken out.
- You have the option to increase your cover by 3% every year.
- If you are diagnosed as being terminally ill, an advance payment of the sum insured will be made (subject to conditions, see Page 13).
- You can have a policy that contains a 'conversion option' (subject to conditions, see page 23).
- Your cover provides access to Best Doctors®, a second medical opinion service for those diagnosed with a serious or chronic medical condition (see the *Best Doctors brochure* for more details).

Facts

Each year approximately 10,000 people die from cardiovascular disease, accounting for 33% of all deaths in Ireland. (Source: *Irish Heart Foundation, 2014*).

Approximately 8,500 people died from Cancer in Ireland in 2012. (Source, *Central Statistics office, 2013*).

Specified Illness Cover

Specified Illness Cover provides a lump sum cash payment which enables you to take care of yourself and your family if you're diagnosed with one of 66 conditions (see pages 21 and 22) - including total and permanent disability cover.

Being diagnosed and suffering from a specified illness can be emotionally and physically draining, disrupting your ability to earn a living or care properly for yourself and your family. You may need to adapt your home or even move house. Specified Illness Cover offers you protection from the financial effects a specified illness (see pages 21 and 22) or permanent disability can bring. It is designed to complement your existing Life Assurance to give you a full protection suite.

There are two ways you can take out Specified Illness Cover – as Standalone cover or as an Accelerated plan.

- **Standalone** cover that means it is taken out as a benefit on its own and is completely independent of any Life Cover you may take out.
- **Accelerated** cover is Life Assurance with a Specified Illness Cover element. Under this cover, the plan 'accelerates' the payment of the specified illness benefit on the earlier diagnosis of a condition covered under the plan. If a specified illness payment is made, the life cover amount is reduced accordingly. If no specified illness claim is made, the full sum insured is paid on death.

Whether you make a speedy recovery or have to cope with spells in hospital, operations, debilitating treatments, a lengthy recuperation or even permanent disability, Specified Illness Cover can provide a one-off lump sum to help you through.

Flexible Protection Cover details – Standalone Specified Illness Cover only

- You decide how much cover you need.
- You choose how long you need Specified Illness cover for - any term from 5 to 40 years (see page 24).
- The cover can be taken out as a single sum insured in the case of a single or joint life policy.
- In the case of dual life, separate sums assured are taken out.
- You have the option to increase your cover by 3% every year.
- You can have a policy that contains a 'conversion option' (subject to conditions, see page 23).
- Your child is covered for a Life and Specified Illness benefit (subject to conditions, see Page 13).
- Your cover provides access to Best Doctors®, a second medical opinion service for those diagnosed with a serious or chronic medical condition (see the *Best Doctors brochure* for more details).

Please see the *Specified Illness Definitions Guide* for full details of illnesses covered.

Facts

One in five people will have a stroke at some stage of their life. (Source: *Irish Heart Foundation, 2014*).

The incidence of cancer in Ireland is expected to double by 2040. (Source, *National Cancer Registry, 2014*).

Combined Life and Specified Illness Cover

Flexible Protection Cover details – Accelerated Specified Illness Cover

- You decide how much you covered you need.
- You have the choice of taking out a larger sum insured for the Life Assurance element. Any benefit paid under a specified illness claim will reduce your life assurance element accordingly.
- You choose how long you need the cover for - any term from 5 to 40 years (see page 24).
- You have the option to increase your cover by 3% every year.
- You can have a policy that contains a 'conversion option' (subject to conditions, see page 23).
- If you are diagnosed as being terminally ill, an advance payment of the life sum insured will be made (subject to conditions, see Page 13). No Specified Illness benefit will be payable.
- Your child is covered for a Life and Specified Illness benefit (subject to conditions, see Page 13).
- Your cover provides access to Best Doctors®, a second medical opinion service for those diagnosed with a serious or chronic medical condition (see the *Best Doctors Brochure* for more details).

Please note: the sum insured for the Specified Illness Cover cannot exceed the amount of Life Cover under the Accelerated Specified Illness plan, but it can be less than the Life Cover amount.

Flexible Protection Cover details – Double Cover

- Combination of Life Cover and Standalone Specified Illness Cover.
- You get the benefit of two separate, standalone covers under just one policy. This means that even if you claim under the specified illness element of your plan, your life assurance element is unaffected and remains in force.
- You decide how much you wish to be paid out for the Life Cover and the Specified Illness Cover.
- Each person insured can choose to have two separate sums insured for the Life Cover and Standalone Specified Illness Cover elements of the plan.
- You choose how long you need the cover for – any term from 5 to 40 years (see page 24).
- You have the option to increase your cover by 3% every year.
- You have the option of including a 'conversion option' (subject to conditions, see page 23).
- If you are diagnosed as being terminally ill, an advance payment of the life sum insured will be made (subject to conditions, see Page 13). A separate Terminal Illness benefit will also be payable under Specified Illness.
- Your cover provides access to Best Doctors®, a second medical opinion service for those diagnosed with a serious or chronic medical condition (see the *Best Doctors Brochure* for more details).

For full details of the specified illnesses covered under the two options above please see the *Specified Illness Definitions Guide*.



An example of some of the options

To help you decide on the right combination of cover for you and your family, the tables below demonstrate how the different plan benefits work in practice. The examples below are based on a single life plan. Your Financial Broker will explain to you how the options work on a joint life or dual life plan.

Life Cover only	
Life Cover	€250,000
Specified Illness Cover	€0
Premium*	€20.68

If you die we will pay out the full €250,000 sum insured. This means you will have no outstanding cover left and your plan will cease.

Standalone Specified Illness Cover only	
Specified Illness Cover	€100,000
Added life benefit of 5% of sum insured	€5,000
Premium*	€42.19

If you are diagnosed and certified with a specified illness, we will pay you €100,000. This means you will have no outstanding cover left and your plan will cease. If you die before a Specified Illness claim is made we will pay you 5% of the sum insured, i.e. €5,000 in this example.

Accelerated Specified Illness Cover	
Life Cover	€350,000
Specified Illness Cover	€100,000
Premium*	€59.60

If you are diagnosed and certified with a full payment specified illness, we will pay you €100,000. This means you will have the following cover left:

Life Cover	€250,000
Specified Illness Cover	€0
Premium reduces to*	€20.68

Double Cover	
Life Cover	€250,000
Standalone Specified Illness Cover	€100,000
Premium*	€59.35

If you are diagnosed and certified with a full payment specified illness, we will pay out €100,000 in Standalone Specified Illness benefit. This means you will have the following cover left:

Life Cover	€250,000
Specified Illness Cover	€0
Premium reduces to*	€20.68

* These monthly premiums are based on single life cover for a person aged 35 next birthday and a non smoker, over a 25 year term. Source: Aviva Life & Pensions UK Limited, October 2016.

Added extras

Accidental death benefit

We will provide you with free accidental death cover while your application for Flexible Protection Cover is being considered. Accidental death means a death occurring before age 65 and within 12 months of an accident due to accidental bodily injury arising solely and directly from external violent, visible and accidental causes, totally independent of any physical or mental illness or infirmity.

Your accidental death cover will start on the day we receive your fully completed application – and continue until the earliest of three dates:

1. The end of 3 months, or
2. The date that the cover provided by your plan comes into effect, or
3. The date you are informed that your application has not been accepted at ordinary rates.

Should death occur within 12 months of an accident that occurred while Accidental Death Benefit was in place, the full amount of Life Assurance cover for which you have applied will be paid out, up to a maximum of €150,000. In the case of a joint plan this immediate cover benefit will be payable on a 'first death' basis. This means that, whichever one of you dies first, the benefit will be paid to the survivor. If the plan has been effected on a dual life basis, then the immediate cover benefit will be payable on the death of each life.

Accidental Death Benefit will not be paid if death is caused directly or indirectly by any of the following:

- self inflicted injury including suicide or attempted suicide,
- engaging in a hazardous pursuit,
- war (whether declared or not, riot or civil commotion),
- taking alcohol or drugs (unless they are prescribed by a registered doctor in the Republic of Ireland),
- committing, attempting or provoking an assault or criminal offence,
- taking part or attempting to take part in any aerial flight other than as a fare paying passenger on a licensed airline,
- death in a country outside the EU,
- engaging in a hazardous occupation,
- an assault on the covered person which is not reported to the police,
- disease, bodily or mental infirmity or medical or surgical treatment of these or where the covered person acts against medical advice.

Notification of death must be received by Aviva Life & Pensions UK Limited at our branch, Aviva Life & Pensions Ireland, One Park Place, Hatch Street, Dublin 2 within 12 months of the date of death.

Terminal illness benefit

(Only applies to Flexible Protection Cover plans that have a Life Cover benefit)

If you are diagnosed with a Terminal Illness, we will pay the life cover benefit, as long as there are 12 months or more to go until the policy is due to end.

A Terminal Illness is an illness that:

- either has been definitely diagnosed by the attending Consultant as having no known cure, or has progressed to the point where it cannot be cured, and
- in the opinion of the attending Consultant, the illness is expected to lead to death within 12 months.

Life benefit

(Only applies to Standalone Specified Illness Cover only)

If you die while the plan is in force, but without a specified illness benefit having become payable, a Life Assurance benefit of 5% of the sum insured will be paid:

- If your plan only covers you, the benefit will be paid on your death.
- If your plan covers you and another person on a joint life basis, the benefit will be paid on the death of the second person to die.
- If the plan covers you and another person on a dual life basis, separate benefits will be payable on each death.

Cover for a child

(Only available on plans that have Specified Illness Cover)

Your plan also provides cover for your children. By “children” or “child” we mean any child, stepchild or adopted child of yours who is aged 30 days or more and who is under the age of 21.

Children’s Life Cover

If you take out specified illness cover, we cover each of your children for €2,500 life cover for as long as you are covered. We will only pay one claim for each child no matter how many plans you have with us.

Children’s Specified Illness Cover

Children are covered for the same specified illnesses covered by the plan. For full payment illnesses children are covered for €25,000 or half of your cover amount, whichever is lower. For partial payment illnesses children are covered for €10,000 or a quarter of your cover amount, whichever is lower.

As we do not ask for any medical details about your children before we include them in your plan, a child won’t be covered for specified illness if:

- the condition was present at birth,
- the symptoms first arose before the child was covered, or
- the child dies within 14 days of diagnosis.



Best Doctors® Second Medical Opinion

If you're diagnosed with a serious illness, your Aviva Flexible Protection policy provides you with access to Best Doctors Second Medical Opinion – a leading medical knowledge company that has built up a worldwide database of over 50,000 of the world's top physicians.

Peace of mind

When you have important decisions to make about your health, or the health of your family, you will have many questions.

- Is the medication right for my condition?
- Is surgery my best option?
- What is the best treatment?

What does Best Doctors do?

Best Doctors provides independent and objective medical information, advice and recommendations from leading medical experts, helping to ensure your diagnosis is accurate and that you are aware of the most appropriate treatment options available. The information is completely confidential and is provided directly to you.

Are there any additional costs associated with the service either for the company or for me when accessing Best Doctors Second Medical Opinion services?

There are no additional costs. Best Doctors funds the cost of the service as well as arranging for the collection, return and assessment of all relevant medical documentation.

Can I or my family use the Best Doctors service for a condition that was present before I took out my policy with Aviva?

Yes. Pre-existing conditions are not excluded. Please refer to the *Best Doctors brochure* for more information on this excellent service.

How does the process work?

Best Doctors Second Medical Opinion is an easy-to-use, confidential service that begins with a phone call to Best Doctors at 1800 882 342. The service is convenient because you can do everything over the phone instead of having to make a trip to have a medical consultation.

Best Doctors appoints a dedicated Case Manager and identifies the most appropriate consultant to review your case. Your Case Manager will arrange for all relevant medical documentation to be collected (such as your original imaging studies, biopsies, blood tests, case notes etc.).

At your request, they can provide you with:

- A comprehensive review of your diagnosis and treatment without you having to leave home.
- Access to information from the most qualified specialists.

What would happen if Best Doctors recommended a treatment different from that already proposed by my treating specialist?

Best Doctors supports, not replaces, your treating doctors. You are encouraged to share the findings of your expert medical review with your own GP and/or treating consultant/s and together, decide the best course of action. If necessary, Best Doctors can arrange further independent opinions from other experts in their database, the cost of which would be borne by Best Doctors.

Important information

Best Doctors is not available for acute, pregnancy related or mental health conditions. The service does not cover the cost of treatment, additional testing or face-to-face consultations. Best Doctors is an independent company and Aviva will not be responsible for any actions taken or not taken as a consequence of recommendations made by Best Doctors. Aviva Life & Pensions UK Limited does not guarantee the on-going availability of the Best Doctors service to its policyholders and may, at its sole discretion, withdraw access to the service at a month's notice. Policyholders will receive written notification if the Best Doctors service is withdrawn.

Best Doctors Second Medical Opinion is not a regulated financial service.

Connect

Call the 24/7 Member Care Centre on 1800 882 342.



Overseas Treatment Plan

Because you and your family deserve the best care

As well as offering the unique Second Medical Opinion service, we've teamed up with Best Doctors to exclusively offer Overseas Treatment Plan – an additional optional benefit available with new Aviva Flexible Protection policies.

Overseas Treatment Plan provides the option of treatment abroad as it will pay a pre determined cash amount in the event of diagnosis with a covered condition - plus covered travel and accommodation expenses. It helps give you and your children financial freedom to access high quality treatment in leading US and European hospitals.

This section outlines how Overseas Treatment Plan works, the eligibility criteria and conditions which apply. Please read the separate Overseas Treatment Plan Customer Guide and speak to your financial broker who will help you decide if Overseas Treatment Plan is suitable for your needs.

How much does Overseas Treatment Plan cost?

At a cost of €12.50 monthly, Overseas Treatment Plan helps you get access to top medical specialists and leading overseas treatment if you or your children (or children of your spouse/ civil partner; up to the age of 21) require treatment for cancer or neurosurgery covered under the policy. Please note: The premium for your Overseas Treatment Plan benefit is reviewable and may change (increase or decrease) on each anniversary of the start date.

How Overseas Treatment Plan works

1. Investigate

On diagnosis of one of the covered serious illnesses requiring treatment, you'll have access to the expert Second Medical Opinion service offered by Best Doctors through your Aviva protection policy.

2. Choose

After reviewing the information, and if your condition is eligible, Best Doctors will recommend up to four treatment centres of excellence (with at least one of them in the United States) and you choose where you would like to be treated. Best Doctors will help you make your decisions and be available to answer any questions.

3. Arrange

Best Doctors arranges your hospital admission and coordinates and pays for travel and accommodation for you and a companion. If it's your child needing treatment, then two companions can travel.

4. Treatment and cash payment

You receive treatment at your chosen hospital, and on your return home, we'll pay a predetermined cash amount based on the number of days you spent being treated. See the section 'What's Covered?' overleaf for details of the benefits payable and pre-payment of cash benefit. Also see the section 'Exclusions'.



Eligibility and qualifying conditions

- You can only take out Overseas Treatment Plan with your main Flexible Protection Plan. It can't be taken out as a standalone policy and we'll only cover you under one Overseas Treatment Plan. Overseas Treatment Plan is subject to underwriting and will be underwritten along with your main protection policy.
- You must have reached the minimum age and be under the maximum age which applies to your main Flexible Protection Plan in order to apply for this plan.
- You must be both tax resident and reside at an Irish address at the time you complete the application form and throughout the term of the policy.
- The duration of your stay necessary for treatment as an in-patient in the nominated treatment centre must be a minimum of 48 consecutive hours (24 hours for follow up treatment)
- If you're taking out your main Aviva Protection policy on a joint or dual-life basis, then each life assured will need to apply for- and pay the premium- for Overseas Treatment Plan separately. We'll add the premium for Overseas Treatment Plan to the premium for your main protection policy.

What's covered?

Daily benefit amount

Once you or your child is eligible, then you'll be paid a daily benefit amount depending on the length of stay at the nominated treatment centre, for up to 60 days. The daily cash benefit is paid to you on your return home. Please see the separate Overseas Treatment Plan Customer Guide and speak to your financial broker.

Recommended treatment centre location	United States		Europe	
	Day 1-7	Day 8-60	Day 1-7	Day 8-60
Days of overnight stay in recommended treatment centre	Day 1-7	Day 8-60	Day 1-7	Day 8-60
Amount of benefit	€30,000 per day	€100 per day	€15,000 per day	€100 per day

Best Doctors will advise you in advance of travel of the likely cost of treatment in each of the recommended treatment centres. If the total cost of treatment is less than the daily benefit amount above, the surplus amount is yours to keep in this instance. In the event that the total cost of treatment is more than the daily benefit amount, it is your responsibility to meet any outstanding payment due. Best Doctors will assist you in arranging direct payment to the hospital.

Subject to the minimum & maximum benefit duration

If your stay at the nominated treatment centre is less than 48 consecutive hours (24 consecutive hours for follow up treatment), then the treatment isn't covered under the policy and you'll be liable for all costs including treatment, travel and expenses.

If your stay at the nominated treatment centre is more than 60 days, continued treatment is not covered under the policy and you'll be liable for all costs including travel and expenses after 60 days have passed. In this instance, we will still cover your return home travel costs.



Medical conditions covered

Cancer treatment

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following: pre-malignant; non invasive; cancer in situ; having borderline malignancy; or having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

Neurosurgery

You're covered for any surgical intervention including minimally or non-invasive techniques of:

- the brain (or any other intracranial structures); or
- benign tumours located in the spinal cord.

Pre-payment of cash benefit

Some treatment centres may look for an upfront payment on admission. If this is the case, we'll make a pre-payment of the daily benefit amount directly to the treatment centre based on the minimum expected duration of your stay with your authorisation. If the duration of the actual overnight stay extends beyond the duration covered by the pre-payment we'll pay the balance of the benefit when you've returned home following discharge. If the prepayment is greater than the amount payable because the duration of the actual stay is less than the duration covered by the pre-payment, you'll be obliged to refund the amount of this excess. Best Doctors will help with the administration of this process.

Travel and accommodation expenses covered

Overseas Treatment Plan pays for economy class travel and 3-4 star accommodation costs for you and a companion. If it's your child, or the child of your spouse/ civil partner who is ill these expenses will be paid for both parents (or a parent and companion). The claimant must also be fit to travel.

Follow-up treatments claims covered

You may have to return for follow-up treatment, treatment in a treatment centre recommended by Best Doctors that relates to the same covered illness for which a claim has already been admitted could be covered under Overseas Treatment Plan. The minimum stay for any follow-up treatment is 24 consecutive hours. The daily benefit amount will be calculated taking account of the number of days for which payment has already been made. Travel and accommodation benefits are covered for up to two follow-up treatment journeys.

Subsequent new claims covered

In the case of a subsequent claim the daily benefit amount is calculated taking account of the number of days for which payment has already been made under previous claims.

What this means in practice is that you can make as many claims under Overseas Treatment Plan as you need to – until you've used up the maximum 60 days treatment allocation. Within the first 60 days of treatment, we'll always pay the daily benefit amounts outlined in the table above. The minimum stay duration as an in-patient in the nominated treatment centre is 48 consecutive hours for each new claim. Please see the Exclusions section below, and read the separate Overseas Treatment Plan Customer Guide.

Repatriation expenses

If you or your child dies outside the Republic of Ireland while receiving the treatment under your Overseas Treatment Plan, the plan will pay for the repatriation of you or your child.

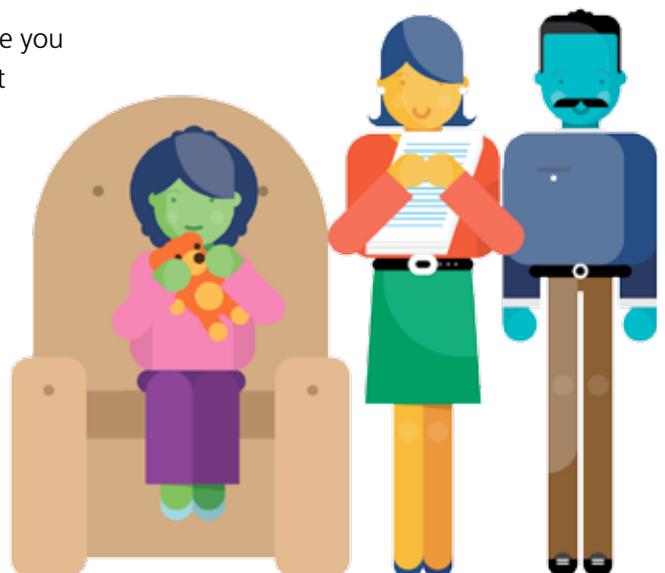
Making a claim under Overseas Treatment Plan

Just contact Best Doctors on 1890 882 342 to start the process.

Claim requirements will include:

- Proof your age
- Proof of the duration of treatment
- Written consent to access your medical records or reports or receive the results of any medical examinations or tests
- Diagnosis by a consultant of a covered illness requiring treatment that's medically necessary.

If the claim is confirmed as covered, Best Doctors will provide you with a list of up to four recommended world class treatment centres across the United States and Europe for treatment of the covered illness of which at least one will be located in the United States.



Exclusions under Overseas Treatment Plan

Please read this section along with the separate Overseas Treatment Plan Customer Guide and the terms & conditions.

Medical Exclusions	Travel & accommodation expenses excluded	Other exclusions
<ul style="list-style-type: none"> • Treatment of a pre-existing condition of a child where the symptoms first arose; the underlying condition was first diagnosed or either parent received medical advice in relation to the condition, before the earlier of the start date or the date of the order or other legal recognition in the State of legal adoption or legal guardianship of the child. • Experimental treatment or diagnostic, therapeutic and/or surgical procedures whose security and reliability have not been duly scientifically proven. • The provision of medical treatment needed as a result of AIDS (acquired immune deficiency syndrome), HIV (human immunodeficiency virus) or any condition arising from them (including Kaposi's sarcoma), or any treatment for AIDS or HIV, with the exception of the HIV infection resulting from a blood transfusion, physical assault or an incident occurring during the course of performing duties of employment. • Any service that is not medically necessary for the treatment of a covered illness. • Any medical procedures in connection with cosmetic surgery. 	<ul style="list-style-type: none"> • Any travel costs other than travel from and to a Republic of Ireland address. • Any expense incurred before the issuance of the preliminary medical certificate. • Any accommodation and/or travel costs arranged and/or incurred by you or anyone else other than by Best Doctors. • The cost of any upgrade to accommodation or class of travel which the insured may choose or is required to avail of. For example, if you upgrade travel from economy to business class, you'll be liable for the difference in cost between those two classes of travel. • Travel and accommodation costs in respect of follow-up treatment, where claims for two follow-up treatments have already been submitted. • Any expense following the expiry of the 60-day benefit period. However, the cost of your flight home following the expiry of the 60-day benefit period will still be paid under the plan. 	<ul style="list-style-type: none"> • Treatment in a hospital or medical facility other than in a treatment centre nominated and state by Best Doctors. • Claims made by a life insured that is not resident in the Republic of Ireland at the time of application at the time claim notification.

Your financial broker will help you decide if **Overseas Treatment Plan** is suitable for your individual protection needs.

Specified Illness Cover

Full payment illnesses

Specified Illness covers 47 illnesses on a full payment basis. This means that if you suffer one of these illnesses and satisfy the definition while on cover, we will pay the full amount for which you are covered.

Alzheimer's disease or dementia – resulting in permanent symptoms	Loss of speech – permanent and irreversible
Aorta graft surgery – for disease	Major organ transplant
Aplastic anaemia – of specified severity	Motor neurone disease – resulting in permanent symptoms
Bacterial meningitis – resulting in permanent symptoms	Multiple sclerosis – with persisting symptoms
Balloon valvuloplasty	Multiple system atrophy – resulting in permanent symptoms
Benign brain tumour – of specified severity	Open heart surgery – with median sternotomy
Benign spinal cord tumour	Paralysis of limbs – total and irreversible
Blindness – permanent and irreversible	Parkinson's disease – resulting in permanent symptoms
Cancer – excluding less advanced cases	Peripheral vascular disease – with surgery
Cardiac arrest – with insertion of a defibrillator	Primary pulmonary hypertension – of specified severity
Cardiomyopathy – of specified severity	Primary sclerosing cholangitis – of specified severity
Coma – resulting in permanent symptoms	Progressive supranuclear palsy – resulting in permanent symptoms
Coronary artery by-pass grafts – with surgery to divide the breastbone	Pulmonary artery replacement – with surgery to divide the breastbone
Creutzfeldt-Jakob disease – resulting in permanent symptoms	Severe Crohn's disease – with persisting symptoms that has not responded to surgical intestinal resection
Deafness – permanent and irreversible	Severe lung disease – of specified severity
Devic's disease - with persisting symptoms	Short bowel syndrome - requiring permanent total parenteral nutrition
Encephalitis – resulting in permanent symptoms	Stroke – resulting in permanent symptoms
Heart attack – of specified severity	Systemic lupus erythematosus – with severe complications
Heart valve replacement or repair	Terminal illness
HIV infection – caught from a blood transfusion, a physical assault or at work in an eligible occupation	Third degree burns – covering 20% of the body's surface area
Intensive care – requiring mechanical ventilation for 10 days	Total pneumonectomy
Kidney failure – requiring dialysis	Traumatic head injury – resulting in permanent symptoms
Liver failure – end stage	Total and permanent disability – of specified severity
Loss of hands or feet – permanent physical severance	

Partial payment illnesses

Specified Illness covers 19 illnesses on a partial payment basis. If you are eligible to claim for one of these, we will pay €20,000 or half of your cover amount, whichever is lower. One exception to this is Angioplasty – single vessel for which we pay €5,000 or half of your cover amount, whichever is lower.

Angioplasty – single vessel – for coronary artery disease of specified severity	Low grade prostate cancer
Angioplasty – two or more vessels – for coronary artery disease of specified severity	Paralysis of limb – total and irreversible
Carcinoma in situ of the breast – with surgery to remove the tumour	Serious accident cover – resulting in at least 28 consecutive days in hospital
Carcinoma in situ of the oesophagus – with surgery to remove the tumour	Significant visual impairment - permanent and irreversible
Carcinoma in situ of the urinary bladder – requiring surgical removal	Single lobectomy – for disease or trauma
Cerebral abscess – requiring surgery	Surgical removal of one eye
Cerebral aneurysm – with surgical repair	Syringomyelia or Syringobulbia
Cerebral arteriovenous malformation – requiring surgery	Third degree burns – covering 5% of the body's surface area
Crohn's disease – treated with surgical intestinal resection	Ulcerative colitis – treated with total colectomy (removal of the entire bowel)
Loss of hand or foot – permanent physical severance	

If we pay out to you for a partial payment specified illness, you can't claim for that partial payment illness again but if you are eligible to claim for any of the other partial payment illnesses, we will pay.

You can't claim under both a partial payment specified illness and a full payment specified illness for related conditions if the diagnoses or events leading to a claim are within 30 days of each other. In these circumstances, the total amount we pay will be the full payment specified illness cover amount.

Once you claim your full specified illness cover payment, you will have no specified illness cover left and no option to claim for a partial payment.

Precise definitions of the specified illnesses and disabilities covered are set out in your Policy Document – together with details of any time limits that apply. In particular, you will need to survive for at least 14 days after the onset of the illness or disability. Any claim for benefits must be made within the time limits specified in the Policy Document.

For further information see the *Specified Illness Definitions Guide* which provides a full 'layman's' explanation of the specific illnesses that the plan covers, as well as the exclusions and restrictions that apply.

Conversion option

The plan includes a valuable option to extend your cover, if you wish, by converting your **Flexible Protection Cover** to a new plan. Depending on the benefits chosen under your original plan, this could be to a new Life Cover and/or Standalone Specified Illness or Accelerated Specified Illness plan. This option will only apply if specifically chosen by you at outset and may be excluded from your policy if you are accepted for cover at special terms. You may exercise your conversion option at any time before your 85th birthday (or 70th birthday if you have chosen a specified illness benefit). If you wish for your new plan to include conversion option, you must exercise your conversion option before your 83rd birthday (or 65th birthday if you have chosen a specified illness benefit). For joint life and dual life plans, the age of the elder life will be the age taken into account.

If you select the conversion option, you can select any term for your cover from 2 to 50 years for life cover or from 5 to 40 years for Specified Illness Cover. You can convert the plan to a new plan at any time before expiry, without the need to provide further medical information.

Important: Aviva Life & Pensions UK Limited reserves the right to offer alternative cover options for conversion should **Flexible Protection Cover** be unavailable.

You may exercise this option at any time during the original policy term, without needing to supply us with any further medical evidence no matter what your state of health is at the time.

This conversion option is subject to the following conditions:

- The amount of your cover under the new policy cannot be higher than it was under the original plan.
- The premiums payable to the new plan will be calculated based on your age, smoker status and on the rates applying at the time of conversion for the plan selected. If any special terms were applied to your original policy, these will also be applied to your new policy on conversion.
- The person or persons to be covered under the new policy must be the same as under the original policy.
- The new plan will be subject to the standard conditions then applying to that type of policy.
- The new plan will not include an indexation option.



Who can have a plan?

Who is eligible?

You can apply for **Flexible Protection Cover** if you are aged between 18 and 74 (please see the table below for full details). You will need to complete an application form, giving us full details of your state of health – and it is possible that we may ask you to undergo a medical examination (at Aviva's expense). We might not be able to give you conversion option under this plan if we cannot offer you cover at standard rates.

	Life Cover		Specified Illness Cover	
	Without conversion option	With conversion option	Without conversion option	With conversion option
Minimum age at entry	18	18	18	18
Maximum age at entry	74	64	69	59
Maximum age at expiry	89	84*	74	69*
Minimum term	2	2	5	5
Maximum term	50	50	40	40
Minimum sum insured	€30,000	€30,000	€30,000	€30,000

* This refers to the initial convertible plan.

The 'Conversion option' is fully explained on page 23.

The plan can cover one or two people

You can arrange your **Flexible Protection Cover** to cover you on your own – or to cover you and another person, either on a joint or a dual life basis. Joint plans are issued on the basis that a benefit will be paid out only when the first of you makes a valid claim. It can be more cost-effective for couples to arrange their cover jointly, rather than independently – but the plan will only pay out that benefit once and the plan will stop.

Alternatively, dual life cover means that two people are insured and that the policy can pay out multiple times, once for each benefit on each life insured.

Non-smoker discount

Medical statistics show that, as a group, non-smokers live longer than smokers. Recognising this, we offer a substantial discount if the person to be insured hasn't smoked any form of tobacco during the last 12 months.

You choose the cover you need

You decide how much you wish to be paid out in the event of a claim arising. You should try to imagine the 'worst case scenario'; what earnings would your family need to replace if the breadwinner died or suffered a specified illness*? What annual income would they need to preserve their standard of living? Your Financial Broker will help you calculate a suitable amount of cover for your circumstances.

*Please see the *Specified Illness Definitions Guide* for full details of illnesses covered.

Writing the plan under trust

You may ask for your plan to be issued 'under trust'. You can do this on any Life Assurance benefit under your plan. This would have two main advantages:

- You can specify exactly who you would like to receive the benefit on your death – and, if you choose more than one person, you can specify the amounts to be received by each of them.
- The payment of the benefit would be quicker – as we wouldn't have to wait for a grant of probate or letters of administration before making a payment to the trustees of your policy.

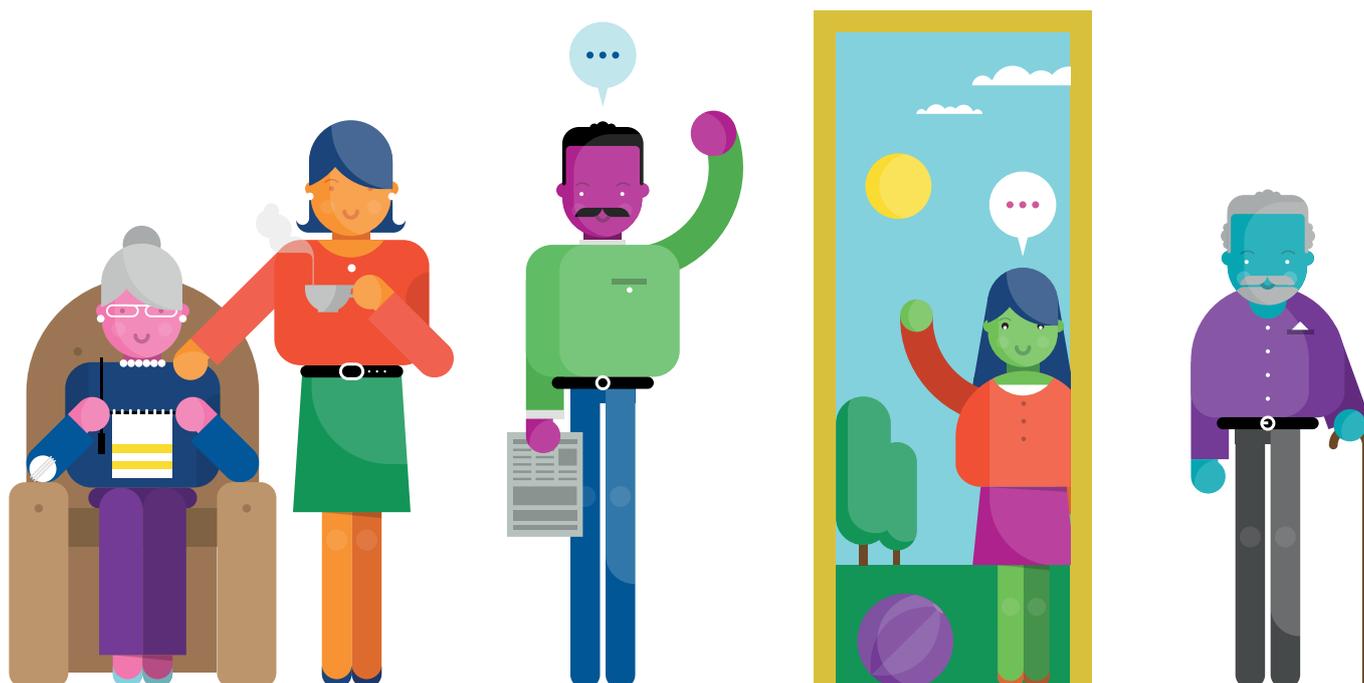
How to make a claim

If you are diagnosed with a specified illness, you should notify Aviva Life & Pensions UK Limited in writing to our branch, Aviva Life & Pensions Ireland, One Park Place, Hatch Street, Dublin 2 or telephone us on 1890 646464 as soon as possible. Some formalities will be necessary, including the production of the policy document. However, these requirements will be kept to a minimum – and we will act promptly to ensure that payment is made as soon as possible.

If you die, your family or any legal representative acting for them would contact us in the same way.

Replacing an existing policy

If you are thinking of starting Flexible Protection Cover to replace an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, you should make sure that you are fully aware of the financial consequences of replacing an existing policy. If you are in any doubt about this, please speak to your Financial Broker.



Medical evidence

You will be asked to complete an application form, giving us details of your medical history. According to the answers you give and the amount of cover that you have requested, we might need further information. In some circumstances, we may ask you to attend a medical examination at our expense.

All the questions on the application form must be answered fully and accurately. If you are not sure whether or not to give us any information about your past or present health, you should do so. If you don't tell us about something important, it could mean that we don't pay a claim.

Changing circumstances

The risk of you being affected by a specified illness could be significantly increased by a change in your occupation – or by you spending a great deal of time in a foreign country.

Change of occupation

(Only applies to plans with Specified Illness Cover)

If you change your occupation, you must tell us immediately – and, depending on your new employment, we may change the premiums payable to your plan and the benefits that it provides. If you have a joint or dual life plan, we will also need to be told of any change in occupation of the other insured person.

Please note that if you don't tell us about a change in occupation, it could mean that your cover is no longer valid.

Territorial limits

(Only applies to plans with Specified Illness Cover)

A claim for a specified illness will be invalid if you are resident outside Western Europe (Andorra, Austria, Belgium, Channel Islands, Denmark, Finland, France, Germany, Gibraltar, Greece, Iceland, Ireland, Isle of Man, Italy, Liechtenstein, Luxembourg, Monaco, Netherlands, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, the United Kingdom), Australia, Canada, Hong Kong, New Zealand, Singapore, South Africa or U.S.A. for more than 13 weeks in the 12 consecutive calendar months immediately preceding a claim.

Exclusions applying to specified illness and terminal illness benefits

We will not pay any Specified Illness benefits or Terminal Illness benefits, where the disability or illness is caused by intentional self-inflicted injury, failure to follow reasonable medical advice or by alcohol, solvent or drug abuse. Specified Illness benefits or Terminal Illness benefits will also be excluded if they are caused by war or civil war; wilful participation in acts of violence; flying other than as a passenger on a recognised airline; participating in a dangerous pastime or pursuit; or any breach of the criminal law. The exclusions are described more fully in your policy document.

The premiums

The cost of your **Flexible Protection Cover** will depend on:

- **Your choice of plan:** Life Assurance, Standalone Specified Illness Cover or a combination of the two.
- **The amount of protection:** you decide how much you need.
- **The period of cover:** the longer the term of cover, the higher the cost.
- **Your age:** the younger you are, the less it will cost.
- **Whether or not you smoke:** smokers pay more for their cover.
- **Your current state of health:** if you already have a health problem, your cover will be more expensive.
- **Your plan basis:** single, joint or dual life.

All the charges (including any Government levy applicable at the time - currently 1%) are automatically included in the premiums.

Optional indexation of premiums – protecting your cover from the effects of inflation

With **Flexible Protection Cover**, you have the option to increase your cover by 3% each year, on the anniversary date of your policy. To meet the cost of these increases in your cover, your premiums will increase on each anniversary by 4%.

If you wish to select this valuable option at the outset of your plan, just tick the box on the application.

If chosen at outset, these automatic increases will continue each year until:

- For a single life policy, the policy anniversary prior to your 75th birthday.
- For a joint life or dual life policy, the policy anniversary prior to the 75th birthday of the elder of the two lives insured.

You also have the comfort of knowing that in the future, you can also decline this automatic increase on any anniversary date. You must notify us in writing within 10 days of the date on which your cover would otherwise have increased. If you decline the increases in two successive policy years, your policy will no longer have this option. If your application is accepted on special terms, we may not be able to offer indexation option.



Premium payments

Premiums can be paid monthly or annually in advance. Monthly premiums must be paid by direct debit; annual premiums can be paid by direct debit or cheque. If you then wish to change from paying monthly to paying yearly – or vice versa – you may do so on any anniversary date.

All premiums should be paid promptly – although we will allow up to 30 days of grace to cover the late payment of a premium. If a premium is delayed any longer, the plan will lapse and your cover will stop.

If you do not claim during the period of cover, the plan will expire and no benefit will be payable. If you stop paying the premiums early, your cover will stop and the plan will have no cash-in value.

Minimum premium

The minimum premium is €20 monthly or €200 yearly per policy.

Joint life premiums

If one of the lives insured for Life Cover, Standalone Specified Illness or Accelerated Specified Illness Cover under a joint life plan claims a death benefit or full payment specified illness benefit under the plan, that benefit will stop.

In the case of Double Cover, reduced premiums will apply for any remaining benefit.

Dual life premiums

If one of the lives insured for Life Cover, Standalone Specified Illness or Accelerated Specified Illness cover under a dual life plan claims a benefit under the plan, that benefit in respect of the claimant will stop and reduced premiums will apply for any remaining benefit. Premiums for the second life insured's cover will continue to be payable.

No cash-in value

Your **Flexible Protection Cover** won't ever have a cash-in value. So, at the end of your chosen term – or, if you stop paying the premiums earlier – your cover will stop and no payment will be made.



Ongoing flexibility

Reinstatement

If your **Flexible Protection Cover** lapses, you may reinstate it at any time within the following 6 months. This reinstatement will be subject to you providing us with satisfactory evidence of your ongoing good health – and paying all the outstanding premiums, plus any late payment charge.

Assigning your plan

The plan may be assigned to a third party – an option that may be useful if you ever borrow money from a bank, as most lenders will need to know that, if something happened to you, there would be enough money available to repay their loan.



A commitment to quality service

Aviva Life & Pensions UK Limited is committed to providing the highest possible standards of customer service. However, if you are ever unhappy with any aspect of our service, do please let us know. We take all complaints very seriously and will aim to put things right as quickly as possible.

If you wish to complain about any aspect of the service you have received, please contact our branch, Aviva Life & Pensions Ireland, One Park Place, Hatch Street, Dublin 2. If your complaint is not dealt with to your satisfaction, you may complain to:

Financial Services Ombudsman's Bureau

Address: 3rd Floor, Lincoln House,
Lincoln Place, Dublin 2

Lo-call: 1890 88 20 90

Fax: (01) 662 0890

E-mail: enquiries@financialombudsman.ie

Website: www.financialombudsman.ie

Full details of the remit of the Financial Services Ombudsman's Bureau can be obtained directly from their office.

Copy documents

A copy of the application form, policy documents and policy conditions for the policy is available to you by sending us a request in writing.

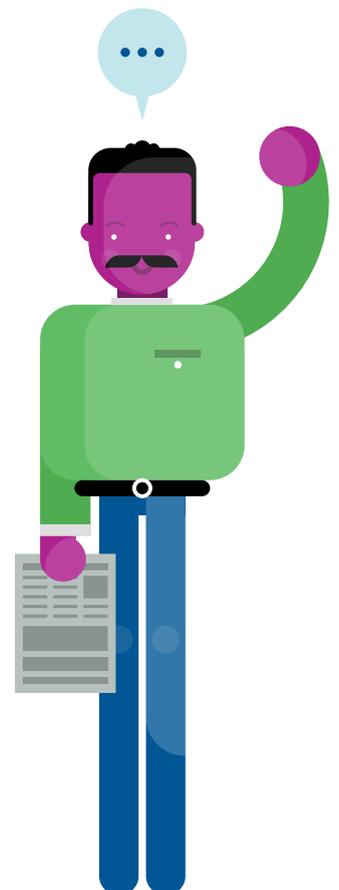
Ensuring the policy meets your needs

We only want you to have **Flexible Protection Cover** if you are satisfied that it is the right plan for you. So, shortly after your **Flexible Protection Cover** has started, we will send you the full documentation governing your plan. You will then have a cancellation period of 30 days from the date on which your plan documentation is issued to change your mind. Study the documents – and, if you would like to cancel the arrangement, simply return the documents and a signed notice of cancellation to our branch office:

The Customer Services Manager,

Aviva Life & Pensions Ireland,
One Park Place, Hatch Street, Dublin 2.

We will cancel your **Flexible Protection Cover** policy and return all the money you have paid.



Key Contacts

If you have any questions about your Flexible Protection policy, you should contact your Financial Broker or our customer service team at our branch:

In writing

Customer Experience Department,
Aviva Life & Pensions Ireland,
One Park Place, Hatch Street, Dublin 2.

By phone

1890 64 64 64

By email

csc@aviva.com

Web

www.aviva.ie

To enable Aviva to assess the quality and consistency of its customer service, phone calls to and from our office may be recorded for training and verification purposes.

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@avivaireland



youtube.com/avivaireland

Aviva Online

You can access your policy information online through our new customer online offering "Aviva Online".

With Aviva Online, you can:

- › see the total amount of your life cover
- › download useful booklets and guides
- › access online calculators

We'll be adding new features to Aviva Online throughout 2016.

How do I get started?

In order to sign up for Aviva Online, we need your email address. Shortly after your protection policy is up and running, you'll receive an email asking if you'd like to register for online access. To ensure you receive this invitation, please include your email address when completing the application form. Further product information is available in the Life & Pensions section of www.aviva.ie

Best Doctors provides an expert second medical opinion service available at no extra cost with new protection policies taken out with Aviva. The service is available to you and certain family members. Aviva may withdraw this service at any time. If we withdraw the Best Doctors Second Medical Opinion service, we'll write to notify you at least 31 days in advance of the removal of the service. Best Doctors is not a regulated financial service.

Overseas Treatment Plan is a regulated service provided as an additional benefit to you with your main Protection policy from Aviva Life & Pensions UK Limited. We reserve the right to cancel the Overseas Treatment Plan benefit if we're no longer able to offer this product on commercial terms, resulting in us having to withdraw it. If this happens, we'll continue to provide cover under the policy until the next anniversary of the start date, and write to notify you at least 31 days in advance of the end of the policy year.

This brochure has been produced by Aviva Life & Pensions UK Limited. Great care has been taken to ensure the accuracy of the information it contains. However, the company cannot accept responsibility for its interpretation, nor does it provide legal or tax advice.

This brochure is based on Aviva's understanding of current law, tax and Revenue practice October 2016. This brochure is not a legal document and, should there be any conflict between the brochure and the policy document, the latter will prevail.

Aviva Life & Pensions UK Limited, October 2016.



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