

income cash plan

...key facts and policy document



Changing the image of insurance.

APRIL Ireland Income Cash Plan

summary of cover

Policy Summary – Key Information You the Customer Need To Be Aware Of

This policy summary does not contain the full terms exclusions and conditions of the APRIL Ireland Income Cash Plan these can be found in the policy document which we suggest you read carefully. We have drawn your attention to parts of the policy wording with the use of text boxes.

ABOUT THE APRIL IRELAND INCOME CASH PLAN

The Income Cash Plan can help you and your family financially if you suffer an Accident or Sickness (otherwise known as disability), or Hospitalisation which leaves you unable to work.

WHAT TYPE OF COVER IS AVAILABLE UNDER THE INSURANCE POLICY?

The cover you have will be shown on your policy schedule. We provide cover for:

- Accident and Sickness (known as Disability) and Hospitalisation.

HOW DOES THE POLICY WORK?

- You pay the premium as it falls due on a monthly basis.
- We will not pay out more than 12 monthly benefit payments as specified in your policy documents for Accident or Sickness.
- We will not pay out more than the total monthly benefit as specified in your schedule.

1. WHO PROVIDES INSURANCE COVER?

This insurance is underwritten by Alpha Insurance A/S and the insurance policy is administered by: APRIL (Insurety) Ireland Limited, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24.

Claims are handled by Trent-Services (Administration) Ltd, Trent Lodge, Stroud Road, Cirencester, Gloucestershire, GL7 6JN, e-mail claims@trent-services.co.uk telephone 0044 1285 626020.

2. ARE YOU ELIGIBLE FOR COVER?

You must be:

- Aged 18 or over and under the age of 60 years old;
- Working and residing in the Republic of Ireland continuously for at least the last 6 months;
- Seeking protection against Accident, Sickness and Hospitalisation.

You are not eligible if:

- You are not currently working;
- You are not able to attend work due to an Accident, Sickness or Hospitalisation.

For full details of Eligibility for cover see policy wording section **1. ARE YOU ELIGIBLE FOR COVER?**

3. HOW LONG DOES COVER LAST?

Your cover will last for as long as you pay the monthly premium and we agree to insure you. We will give you a minimum of 30 days notice of any changes in your cover.

Please also see **8. WHEN DOES COVER END?** for more details.

4. WILL MY PREMIUM CHANGE EACH YEAR?

The premiums for future years will depend upon the forecasts of costs to us of settling claims and changes in taxation and inflation. We will not seek to recover, in future years, the costs of any claims already paid out. Changes to your premium will not depend on your individual circumstances but on the cost of overall claims.

5. WHAT COVER DO YOU GET?

The policy will protect you in the event you are unable to work due to Accident and Sickness (known as Disability) and Hospitalisation.

The benefit payable will be the amount you have selected, up to a maximum of €1,000 per month.

SIGNIFICANT FEATURES AND BENEFITS

Accident

If your Doctor certifies that you have been unable to work for longer than the 14 day deferred period due to an Accident we will pay one month's benefit. After this we will continue to pay the benefit you are entitled to on a daily basis monthly in arrears.

Sickness

If your Doctor certifies that you have been unable to work for longer than the 14 day deferred period due to a Sickness we will pay one month's benefit. After this we will continue to pay the benefit you are entitled to on a daily basis monthly in arrears.

Hospitalisation

If you are in Hospital for longer than the 7 day deferred period we will pay one month's benefit. After this we will continue to pay the benefit you are entitled to on a daily basis monthly in arrears.

Loyalty Bonus

Initially you can claim for Accident, Sickness and Hospitalisation for up to 6 months. However, each year that you keep this policy, your benefit period will increase by 3 months, up to a maximum of 12 months.

6. ARE THERE ANY EXCLUSIONS IN THE COVER? MAIN REASONS WE DO NOT PAY OUT FOR ACCIDENT, SICKNESS (DISABILITY)

No benefit will be payable if you are unable to work due to:

- Acquired Immune Deficiency Syndrome (AIDS) or infection by Human Immunodeficiency Virus (HIV);
- You deliberately injuring yourself;
- Alcohol, solvent abuse or drugs;
- Any condition where you have previously sought medical treatment;
- Stress, anxiety, depression, mental or nervous disorder unless a Consultant Psychiatrist certifies this condition prevents you from working;
- Back conditions unless there is radiological evidence of medical abnormality, visible wound or contusion or a Hospital Consultant certifies this condition prevents you from working;
- Pregnancy, childbirth or abortion other than a medical complication;
- Medical operations or treatments which are not medically necessary including cosmetic or beauty treatments.
- Sickness which occurs within the first 90 days from the Policy Start Date.

Accident and Sickness exclusions are shown in the Policy document under section **4.1.1 Accident and Sickness Exclusions**.

7. WHAT IS THE DURATION OF THE POLICY?

This policy is arranged on a monthly basis. It is in force whilst the premium is being paid and we agree to provide cover.

8. WHEN DOES COVER END?

Cover ends when:

- You die or;
- You retire from work or reach the age of 65, whichever is the earlier or;
- You stop residing or working in the Republic of Ireland or;
- You default on your premium payment or;
- You have no monthly income (unless you are in a claim); or
- You or we cancel this policy.

See policy wording **Section 2. WHAT WORDS MEAN** for full definition of "Termination Date".

9. CAN YOU CANCEL THE COVER?

You can cancel your cover under this policy by writing to the Administrator, APRIL (Insurety) Ireland Limited, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24, Ireland and quoting your policy number within 30 days of the policy start date and we will refund any premium you have paid, provided that you have not made a claim under this policy.

Thereafter you may cancel your cover under this policy by writing to the Administrator. Your cover will cease on the next premium due date, following receipt of your cancellation letter. No refund of premium will be made if you cancel your cover under this policy more than 30 days after the policy start date.

10. CAN WE CANCEL THE COVER?

We may cancel your policy by giving you at least 30 days notice. This will not depend on your individual circumstances but due to it being impossible, unpractical or unreasonable to continue. This will not affect any rights to monthly benefit which you may already have received under this policy before the termination date of your cover.

11. REVIEWING YOUR COVER

Please remember that it is your responsibility to regularly review your level of cover and to advise the Administrator of any changes in your personal situation.

12. WHAT TO DO IF YOU HAVE A CLAIM?

You must give us notice by telephoning the Claims Administrator Trent-Services on 0044 1285 626020. If you claim you must keep the policy running and continue to pay your premiums as they fall due. If you do not then your policy will end.

For full details of what to do if you have a claim please refer to the Policy document under section **10. HOW TO CLAIM**.

13. WHAT TO DO IF YOU HAVE A COMPLAINT

We aim to provide you with the highest level of service at all times. However, we recognise that things can go wrong occasionally and if this occurs, we are committed to do our best to resolve the matter promptly.

Sales and Administration

If you are unhappy with any aspects of the sale of this insurance or the general administration of the policy please write to the Administrator, APRIL (Insurety) Ireland Limited, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24, Ireland. When you do this quote your policy number, which is on your schedule.

After this action, if you are still not satisfied with the way that your sales or administration complaint has been dealt with, you can ask the Irish Financial Services Ombudsman to review your case.

Claims

If you are unhappy with the claims handling of this insurance please write to the Claims Administrator, Trent-Services (Administration) Ltd, Trent Lodge, Stroud Road, Cirencester, Gloucestershire GL7 6JN. When you do this quote your policy number, which is on your schedule.

After this action, if you are still not satisfied with the way that your claims handling complaint has been dealt with, you can ask the UK Financial Ombudsman Service to review your case.

Further information about compensation scheme arrangements is available from the FSCS.

APRIL Ireland Income Cash Plan policy document

ARRANGED BY APRIL (INSURETY) IRELAND LIMITED UNDERWRITTEN BY ALPHA INSURANCE A/S

You have applied for and **We** have accepted **Your** application for the APRIL Ireland Income Cash Plan with Alpha Insurance A/S. In return for the appropriate **Premium**, this **Policy** confirms **You** are insured from the **Policy Start Date** against **Accident, Sickness and Hospitalisation** (to the extent specified in **Your Schedule** and subject to the terms, exclusions and conditions of the insurance contract as set out in this **Policy**).

Your application, **Policy** and **Schedule** combine to form this insurance contract.

PLEASE NOTE: **You** have a statutory right to cancel this **Policy** and obtain a refund of any **Premium** paid for 30 days after the **Policy Start Date**. Details of these cancellation rights are set out under the heading **CANCELLATION** in this **Policy**.

1. ARE YOU ELIGIBLE FOR COVER?

You are eligible to take out the Income Cash Plan if on the **Policy Start Date**:-

- **You** are aged 18 or over and are under 60 years old and;
- **You** have been **Working** and residing in the Republic of Ireland continuously for the last 6 months; and
- **You** are seeking protection in the event of **Accident, Sickness, Hospitalisation** to the extent covered by this **Policy**.

You are not eligible for cover if: -

- **You** are not **Working** (this does not apply if **You** are on maternity leave, paternity leave, adoption leave or parental leave), or
- **You** are currently unable to attend **Work** due to an **Accident, Sickness or Hospitalisation**.

It is very important that **You** provide **Us** with all the information **We** reasonably require in order to administer **Your** insurance. It is particularly important that **You** remember to contact the **Administrator** if **You** change **Your** address.

2. WHAT THE WORDS MEAN

Some of the words and phrases **We** use in this **Policy** have special meanings and appear in bold typeface. Except where the context otherwise requires, the masculine shall include the feminine, the singular shall include the plural and vice versa, as appropriate.

Accident or Sickness

Means incapacity resulting solely from an **Accident** or **Sickness** and which is certified by a **Doctor** as preventing **You** from doing **Your** normal **Work** or any similar **Work** for which **You** are reasonably qualified and as a result of which **You** are not doing any **Work**.

Administrator

APRIL (Insurety) Ireland Limited, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24, Ireland.

Benefit Period

Means the maximum number of **Monthly Benefit** payments that would be payable for any **Claim Period** as shown on **Your Schedule**.

Claims Administrator

Trent-Services (Administration) Ltd, Trent Lodge, Stroud Road, Cirencester, Gloucestershire, GL7 6JN.

Claim Period

Means any separate period of time during which **You** are unable to **Work** due to an **Accident, Sickness or Hospitalisation** and receiving **Monthly Benefit** under this **Policy**.

Consultant

Means a **Hospital Doctor**, other than **You, Your Partner** or any of **Your** relatives who is recognised by the **Hospital**.

Deferred Period

Means the period shown in **Your Schedule** during which **You** will need to be continuously unable to **Work** due to an **Accident or Sickness or Hospitalisation** before **You** are entitled to receive **Monthly Benefit**.

Disabled/Disability

Means **You** have a medical condition certified by a **Doctor** or **Consultant** as preventing **You** from doing **Your** normal **Work** or any similar **Work** which **You** are reasonably able to do given **Your** experience, education or training and **You** are not doing any other **Work** for payment or reward.

Doctor

Means a medical practitioner, other than **You, Your Partner** or any of **Your** relatives, practicing in the Republic of Ireland being a fully registered person practicing.

Hospital

Means a government controlled **Hospital**, a Health Service Executive **Hospital**, or a private **Hospital** but will not apply to any long term nursing homes or geriatric unit or any such facilities.

Hospitalisation / Hospitalised

Means **You** are an in-patient of a **Hospital** for a minimum of 7 days under the sole request of a **Doctor** or **Consultant**.

Monthly Benefit

Means the amount of cover **You** have selected as shown on **Your Schedule** up to a maximum of €1,000.

Partner

Your spouse, **Your** civil partner or the person (whether or not of the same sex) with whom **You** are permanently cohabiting in a relationship equivalent to marriage.

Period of Cover

Means the period between the **Policy Start Date** and the **Termination Date** for which the correct **Premium** has been paid by **You**.

Policy

Means the cover provided to **You** under the terms and conditions of this insurance contract.

Policy Review Date

Means the date 12 months after **Your Policy Start Date** and annually thereafter.

Policy Start Date

Means the date cover commences as shown on **Your Schedule**.

Pre-Existing Condition

Means any **Sickness**, condition or injury whether diagnosed or not, which **You** knew or should reasonably have known about or arranged to see a **Doctor** during the 12 months prior to the **Policy Start Date**.

Premium

Means the amount **You** must pay for cover under this **Policy**.

Relative

Means a parent, brother, sister or lineal descendant.

Schedule

Means the document accompanying this **Policy** which confirms the **Benefit Period**, **Policy Start Date**, **Policy Review Date**, **Deferred Period** and **Monthly Benefit** which **You** have applied for and which **We** have accepted.

Termination Date

Means the earliest of the following to occur:-

- a) **You** die or;
- b) **You** retire from **Work** or reach the age of 65, whichever is the earlier or;
- c) **You** stop residing or **Working** in the Republic of Ireland or;
- d) **You** cancel this **Policy** or;
- e) **We** cancel this **Policy**.

We or Us or Our

Means Alpha Insurance A/S, Alpha Insurance A/S, Harbour House I, Sundkrogsgade 21, DK-2100, Copenhagen, Denmark.

Work or Working

Means gainful permanent employment (for a minimum of 16 hours per week) within the Republic of Ireland or self employment within the Republic of Ireland.

You or Your or Yourself

Means the person named on **Your Schedule**.

3. PAYMENT OF PREMIUMS

Premiums are payable by direct debit, monthly in advance by **You**. If **Your Premium** remains unpaid for 30 days after the due date **Your** cover under this **Policy** will cease.

If **You** are in receipt of Monthly Benefits **You** must continue to pay **Your** monthly **Premium** as it falls due in order to ensure continuous cover under this **Policy**.

We will review **Your Policy** at the **Policy Review Date** and any changes **We** wish to make will take effect from that date. Following the review **We** can make changes to **Your Premium** and **Policy** to reflect changes in the cost of providing this cover in the future.

Premiums may go up or down or remain unchanged as a result of this review. The **Policy** cover may also change as a result of this review.

There is no limit on the size or type of these changes.

We will notify **You** in writing at least 30 days before the **Policy Review Date**.

For each review **We** will take a fair and reasonable view on the likely future cost of providing this cover by considering:

- **Our** experience and expectations of the cost of providing this product or similar insurance products;
- Widely available economic information such as rates for inflation, unemployment and interest;
- Changes in law, regulation, taxation and or levies.

The review will not be directly affected by whether **You** have made a claim or not. The only exception to this would be in the event of a change in:

- Law, regulation, taxation; or
- Recommendation of an Ombudsman

Which **We** need to implement prior to the review.

4. PAYMENT OF CLAIMS

4.1 Accident Sickness and Hospitalisation

If **You** are **Working** and become unable to **Work** due to an **Accident**, **Sickness** or **Hospitalisation** during the **Period of Cover** for longer than the **Deferred Period**, **We** will pay to **You** one **Monthly Benefit** on the first day that **You** remain continuously unable to **Work** due to an **Accident**, **Sickness** or **Hospitalisation** following the **Deferred Period**. After that **We** will continue to pay **You** one thirtieth of the **Monthly Benefit** for each day **You** remain continuously unable to **Work** due to **Accident**, **Sickness** or **Hospitalisation**, monthly in arrears.

We will continue to pay until the **Termination Date** or: -

- a) the last consecutive day of **Your Accident**, **Sickness** or **Hospitalisation**, or
- b) the date **You** stop providing due proof that **You** remain continuously **Disabled**, or
- c) the date **We** have paid **You** a sum equivalent to the maximum number of **Monthly Benefit** payments allowed in the **Benefit Period** as shown in **Your Schedule**.

4.1.1 Accident and Sickness Exclusions

No benefit will be payable to **You** if **Your Accident**, **Sickness** or **Hospitalisation**:-

- is due to or arises from Acquired Immune Deficiency Syndrome (AIDS) or infection by the Human Immunodeficiency Virus (HIV);
- is due to **You** deliberately injuring **Yourself**;
- is due to alcohol, solvent abuse or drugs (other than drugs taken under the direction of a **Doctor** or **Consultant** and not for the treatment of drug addiction);
- is due to stress, anxiety or depression or any mental or nervous disorder unless confirmed by a **Consultant Psychiatrist**.
- results directly or indirectly from a **Pre-Existing Condition** (but this exclusion will not apply to a **Pre-Existing Condition** if **You** have been free from its symptoms, and have not consulted any **Doctor** nor received any treatment for or in connection with it, for a two year period prior to **Your** claim);
- is due to pregnancy, childbirth or abortion other than a medical complication which directly occurs as a result of **Your** pregnancy or pregnancy related conditions;
- results from spinal and related conditions unless there is radiological medical evidence of abnormality, visible wound or contusion confirmed by a **Doctor**, or a **Consultant** certifies that the condition prevents **You** from **Working**;

- arises from medical operations or treatments which in the opinion of **Our** chief medical officer are not medically necessary, including cosmetic or beauty treatments;

In addition, no benefit will be payable to **You** if **Your Sickness**:-

- occurs within the first 90 days from the **Policy Start Date**.

5. GENERAL EXCLUSIONS

No benefit will be payable in respect of **Accident, Sickness or Hospitalisation** directly or indirectly arising as a result of:-

- war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, civil commotion, riot, revolution or military or usurped power.
- radioactive contamination from: -
 - ionising radiation or contamination from any nuclear fuel, or from any nuclear waste arising from burning nuclear fuel; or
 - the radioactive, toxic, explosive or other dangerous effect of any explosive nuclear equipment or part of that equipment;
- biological or chemical contamination due to or arising from terrorism.

6. CLAIM RE-QUALIFICATION

6.1 Claiming for the same Accident or Sickness

If **You** return to **Work** before **We** have paid the maximum number of **Monthly Benefit** payments, but need to claim again in respect of the same **Accident or Sickness**, **Your next Claim Period** will depend on how long **Your** return to **Work** lasted:

- If **You** return to **Work** for less than six continuous months, **Your** claim will be treated as one **Claim Period**. Any benefit already paid will count towards the **Benefit Period**. A **Deferred Period** will not be applied by **Us**.
- If **You** return to **Work** for six continuous months or more, **Your** claim will be treated as a new claim and you will be entitled to a full **Benefit Period**. A **Deferred Period** will be applied by **Us**.

If **You** have been paid the maximum number of **Monthly Benefit** payments, **You** need to return to **Work** for six continuous months before **You** can claim for the same **Accident or Sickness**.

6.2 Claiming for a different Accident or Sickness

If **You** return to **Work** following a claim, but need to claim again in respect of a different **Accident or Sickness**, **Your** claim will be treated as a new claim and you will be entitled to a full **Benefit Period**. A **Deferred Period** will be applied by **Us**.

7. CANCELLATION

You have a statutory right to cancel this **Policy** by giving written notice to the **Administrator** within 30 days of the **Policy Start Date**. In these circumstances **We** will refund all of any **Premium** **You** have paid provided **You** have not made a claim under this **Policy**.

Thereafter **You** may cancel **Your** cover under this **Policy** by writing to the **Administrator** and quoting **Your Policy** number. **Your** cover will cease on the next **Premium** due date, following receipt of **Your** cancellation letter. No refund of **Premium** will be made if **You** cancel **Your** cover under this **Policy** more than 30 days after the **Policy Start Date**.

We may cancel **Your Policy** by giving **You** 90 days notice prior to **Your Policy Review Date**. This will not depend on **Your**

individual circumstances. This will not affect any rights to **Monthly Benefit** which **You** may have already received under this **Policy**.

8. DATA PROTECTION ACT AND DISABILITY DISCRIMINATION ACT

You should understand that any information **You** have provided will be collected and processed by **Us**, in compliance with the provisions of the Data Protection Acts of 1988 & 2003 (DPA), for the purpose of providing insurance and handling claims, if any which may necessitate **Us** providing such information to other parties for this purpose. The DPA gives **you** the right to a copy of **Your** personal data held by **Us** upon payment of a fee. **We** are able to provide upon request a text-phone facility, audio tapes, large print documentation and Braille documentation. **You** should advise **Us** if any of these services are required so that **We** can communicate in the appropriate manner.

9. GENERAL CONDITIONS

- This **Policy** and any endorsements to it together with the application and **Schedule** make up the insurance contract between **Us** and **You**.
- No alterations, variations, or relaxation of any of the terms of this **Policy** can be made except in writing by one or more of **Our** authorised officials and never less than two months prior to the **Policy Review Date**.
- The parties to this insurance contract may choose the law which shall govern it. In the absence of any agreement to the contrary this **Policy** is subject to English law.
- Any fraud mis-statement or concealment in relation to any matter affecting this insurance contract or any claim under this insurance contract may render it null and void and all rights to claim will be lost.
- If at any time any provision or part thereof of this insurance contract becomes invalid, illegal, or unenforceable the remaining parts and/or provisions shall continue in full force and effect.
- All benefits under this insurance contract are currently non-taxable, although this may change in line with any amendments to legislation. In this event, **We** will deduct from any **Monthly Benefit** any sums which by law **We** are required to deduct.
- A person who is not party to this insurance contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.
- Any omission, misrepresentation or false statement of a material fact in **Your** application for this insurance or any claim could affect the payment of benefits under this **Policy**. A material fact is one which is likely to influence the acceptance of **Your** application or claim for insurance. If **You** are uncertain whether a fact is material **You** should declare it. If **You** make a claim which **We** consider to be fraudulent or exaggerated, all benefits under this contract will be lost and **We** will seek to recover any benefits paid under that claim.
- Loyalty Bonus - Initially **You** can claim for **Accident, Sickness and Hospitalisation** for up to 6 months. However, each year that **You** keep this **Policy**, your **Benefit Period** will increase by 3 months, up to a maximum of 12 months.

- j) The benefits of this insurance contract may not be assigned to a third party.
- k) **We** will be entitled to take legal action in **Your** name for **Our** own benefit against any other party in order to recover any payment **We** have made.
- l) This **Policy** will not have any cash-in or surrender value.
- m) The companies which provide the products and services related to this **Policy** are regulated by the Financial Services Authority and are members of the Financial Services Compensation Scheme (FSCS). It is a duty of the FSCS to ensure that a percentage of sums owed to policyholders by an insurance company in liquidation is paid to those policyholders if the company itself is unable to meet its liabilities in full. Further details are available on request.

10. HOW TO CLAIM

You must give **Us** notice of a claim by telephoning the **Claims Administrator** on 0044 1285 626020.

You should do so as soon as reasonably possible and within 30 days after the end of the **Deferred Period**. **We** will send **You** the claim forms. **You** will need to complete these and return them to **Us** as soon as reasonably possible, giving **Us** all the information **We** ask for to enable **Us** to process **Your** claim. This should include at least **Doctor** and **Consultant** reports and medical records. **You** will be responsible for providing **Us** with the proof **We** need. Delay in submitting a claim to **Us** may make **Your** claim harder to confirm and lead to delay in making payment or result in the non payment of **Your** claim. **We** may ask **You** to be medically examined at **Our** expense. If **You** do not do this **Your** claim could either be stopped or denied. **We** reserve the right to carry out investigations and surveillance to verify the entitlement to claim.

Payment of benefit will be made when **We** receive satisfactory evidence of **Your** entitlement to claim. Throughout the period for which the claim is made under this contract **We** will require **You** to provide evidence of continuing to be unable to **Work** due to **Accident, Sickness or Hospitalisation**. Benefit will not be paid for any period of **Accident, Sickness or Hospitalisation** for which the evidence required by **Us** is not provided. Once a claim has been accepted, benefit will be paid to **You** monthly in arrears.

11. COMPLAINTS PROCEDURE

We aim to provide a first-class service. If **You** have any cause to complain, or **You** feel that **We** have not kept **Our** promise, please follow the procedures below;

For complaints relating to the administration or selling of this insurance:

Please write to APRIL (Insurety) Ireland Limited, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24, Ireland. When **You** do this quote **Your Policy** number, which is on **Your Schedule**.

For complaints relating to the claims handling of this insurance:

Please write to the **Claims Administrator**, Trent-Services (Administration) Ltd, Trent Lodge, Stroud Road, Cirencester, Gloucestershire, GL7 6JN. When **You** do this quote **Your Policy** number, which is on **Your Schedule**.

In any of these instances if **You** wish to provide written details please head **Your** letter "Complaint" and give **Your** full name, address and **Your** contact telephone number. Quote the type of **policy** and/or a claim number and explain clearly and concisely the reason(s) for **Your** complaint. Please send the letter to the person dealing with **Your** complaint along with any requested material.

After this action, if **You** are still not satisfied with the way a complaint has been dealt with, please follow the procedures below;

For complaints relating to the administration or selling of this insurance:

You can ask the Irish Financial Services Ombudsman to review **Your** case. Their contact details are Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2.

Tel: 1890 88 20 90 or 01 662 0899.

Email: enquiries@financialombudsman.ie

Website: www.financialombudsman.ie

The Financial Services Ombudsman's Bureau has been set up by law to help settle individual disputes between consumers and financial firms. They can decide if **We** have acted wrongly and if **You** have lost out as a result. If this is the case they will tell **Us** how to put things right and whether this involves compensation. Their service is independent and free of charge. The decision of the Financial Services Ombudsman is binding on both parties. The decision may be appealed to the High Court by either party.

For complaints relating to the claims handling of this insurance:

You can ask the UK Financial Ombudsman Service to review **Your** case. Their address is Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR.

The Financial Ombudsman Service cannot consider **Your** complaint if it is: -

- a) less than eight weeks after receipt of the complaint by the **Administrator, Claims Administrator** or **Us**, or;
- b) more than six months after the date on which the **Administrator, Claims Administrator** or **Us** provided **Our** final response advising that **You** may refer **Your** complaint to the Financial Ombudsman Service, or;
- c) more than six years after the event complained of or more than three years from the date on which **You** became aware that **You** had cause for complaint unless **You** have already referred the complaint to the **Administrator, Claims Administrator** or **Us**.

Trent-Services (Administration) Ltd are authorised and regulated by the Financial Conduct Authority, www.fca.org.uk/register

APRIL (Insurety) Ireland Limited are regulated by the Central Bank of Ireland, registration number C29542.

Alpha Insurance A/S is authorised and regulated by Finanstilsynet (The Danish FSA). As an insurance company authorised within the European Union, Alpha Insurance is permitted to conduct business in the Republic of Ireland and regulated by the Central Bank of Ireland, registered number C55074.

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APRIL Ireland Registered Office: Suite 211, Unit 3013, Lake Drive, Citywest Business Campus, Dublin 24. Tel: 0749 161868 - www.april-ireland.com
Alpha Insurance A/S Registered Office: Harbour House 1, Sundkrogsgade 21, DK-2100, Copenhagen, Denmark.

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Changing the image of insurance.