

medical cash plan

...key facts and policy document



Changing the image of insurance.

APRIL Ireland Medical Cash Plan

summary of cover

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.

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.

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

WHO PROVIDES THIS COVER?

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

MEDICAL CASH PLAN BENEFITS

	Professional Services Cash Benefits								
LEVEL OF COVER	Dental <i>(max 2 claims per year)</i>	Optical Tests <i>(max 1 claim per year)</i>	Optical Equipment <i>(max 1 claim per year)</i>	Specialist Consultations	Chiropody	Maternity	Doctor Expenses <i>(max 2 claims per year)</i>	Hearing Aid <i>(max 1 claim per year)</i>	Physiotherapy, Acupuncture, Homeopathy, Osteopathy, Chiropractic
BRONZE	€20 per appt	€30 per appt	€50 per claim	€80 per appt <i>(max 1 claim per year)</i>	€50 per appt <i>(max 1 claim per year)</i>	€150 per child	€20 per appt	€40 per appt	€60 per appt <i>(max 2 claims per year)</i>
SILVER	€40 per appt	€30 per appt	€100 per claim	€80 per appt <i>(max 2 claims per year)</i>	€50 per appt <i>(max 2 claims per year)</i>	€300 per child	€30 per appt	€80 per appt	€60 per appt <i>(max 4 claims per year)</i>
GOLD	€60 per appt	€30 per appt	€150 per claim	€120 per appt <i>(max 2 claims per year)</i>	€50 per appt <i>(max 3 claims per year)</i>	€450 per child	€40 per appt	€120 per appt	€60 per appt <i>(max 6 claims per year)</i>
PLATINUM	€80 per appt	€30 per appt	€200 per claim	€150 per appt <i>(max 2 claims per year)</i>	€50 per appt <i>(max 4 claims per year)</i>	€600 per child	€50 per appt	€160 per appt	€60 per appt <i>(max 8 claims per year)</i>

MEDICAL CASH PLAN BENEFITS (CONTINUED)

LEVEL OF COVER	Hospital Cash Benefits						Bonus Cash Benefits		
	Inpatient Admission	Joint Inpatient Admission	Day Case Admission	Worldwide Inpatient Admission	Accident & Emergency Unit Admission	Recovery Bonus (max 1 claim per year)	Accident & Sickness Cash	Serious Injury Cash	Accidental Death Cash
BRONZE	€50 per night	€80 per night	€50 per day	€50 per night	€20 per visit	€150 per claim	€25 per day	€8,000 lump sum	€8,000 lump sum
SILVER	€100 per night	€160 per night	€100 per day	€100 per night	€40 per visit	€300 per claim	€50 per day	€16,000 lump sum	€16,000 lump sum
GOLD	€150 per night	€240 per night	€150 per day	€150 per night	€60 per visit	€450 per claim	€75 per day	€24,000 lump sum	€24,000 lump sum
PLATINUM	€200 per night	€320 per night	€200 per day	€200 per night	€80 per visit	€600 per claim	€100 per day	€32,000 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 6 months from the start of the policy.

Hospital Cash Benefits

You can claim for Inpatient Admission relating to an accident and Accident & 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 6 months from the start of the policy.

You can claim for Inpatient Admission, Joint Inpatient Admission or Accident & 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 6 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 & Sickness Cash can be claimed after 6 months from the start of the policy.

WHAT IS NOT COVERED?

Please refer to section 'Exclusions' and 'General Terms & 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:

- a) The appropriate qualifying period has been completed.
 - b) 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.
 - c) 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 spas, 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 & 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 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 Limited, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24, Ireland. Or e-mail: enquiries@april-uk.com or call 0749 161868, 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: 0749 161868.

WHAT SHOULD I DO IF I 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.

If you have a complaint relating to the sale, administration or claims handling of your policy, please contact APRIL Ireland and you will be provided with details of our complaints procedure. If you are still not satisfied with the way that your sale, administration or claim complaint has been dealt with, you can ask the Irish Financial Services Ombudsman to review your case.

If you have a complaint relating to the policy wording, please contact Axeria Assistance Limited and you will be provided with details of their complaints procedure. If you are still not satisfied with the way that your complaint has been dealt with, you can ask the Consumer Complaints Manager (MFSA) at the Malta Financial Services Authority to review your case.

For further information regarding the complaints procedure, please refer to the Policy Document.

APRIL Ireland Medical Cash Plan 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 6 months from the start of the policy.

Hospital Cash Benefits

You can claim for Inpatient Admission relating to an accident and Accident & 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 6 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 & Sickness Cash can be claimed after 6 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**.

BENEFITS TABLE

	Professional Services Cash Benefits								
LEVEL OF COVER	Dental (max 2 claims per year)	Optical Tests (max 1 claim per year)	Optical Equipment (max 1 claim per year)	Specialist Consultations	Chiropody	Maternity	Doctor Expenses (max 2 claims per year)	Hearing Aid (max 1 claim per year)	Physiotherapy, Acupuncture, Homeopathy, Osteopathy, Chiropractic
BRONZE	€20 per appointment	€30 per appointment	€50 per claim	€80 per appt (max 1 claim per year)	€50 per appt (max 1 claim per year)	€150 per child	€20 per appointment	€40 per appointment	€60 per appt (max 2 claims per year)
SILVER	€40 per appointment	€30 per appointment	€100 per claim	€80 per appt (max 2 claims per year)	€50 per appt (max 2 claims per year)	€300 per child	€30 per appointment	€80 per appointment	€60 per appt (max 4 claims per year)
GOLD	€60 per appointment	€30 per appointment	€150 per claim	€120 per appt (max 2 claims per year)	€50 per appt (max 3 claims per year)	€450 per child	€40 per appointment	€120 per appointment	€60 per appt (max 6 claims per year)
PLATINUM	€80 per appointment	€30 per appointment	€200 per claim	€150 per appt (max 2 claims per year)	€50 per appt (max 4 claims per year)	€600 per child	€50 per appointment	€160 per appointment	€60 per appt (max 8 claims per year)

	Hospital Cash Benefits						Bonus Cash Benefits		
LEVEL OF COVER	Inpatient Admission	Joint Inpatient Admission	Day Case Admission	Worldwide Inpatient Admission	Accident & Emergency Unit Admission	Recovery Bonus <i>(max 1 claim per year)</i>	Accident & Sickness Cash	Serious Injury Cash	Accidental Death Cash
BRONZE	€50 per night	€80 per night	€50 per day	€50 per night	€20 per visit	€150 per claim	€25 per day	€8,000 lump sum	€8,000 lump sum
SILVER	€100 per night	€160 per night	€100 per day	€100 per night	€40 per visit	€300 per claim	€50 per day	€16,000 lump sum	€16,000 lump sum
GOLD	€150 per night	€240 per night	€150 per day	€150 per night	€60 per visit	€450 per claim	€75 per day	€24,000 lump sum	€24,000 lump sum
PLATINUM	€200 per night	€320 per night	€200 per day	€200 per night	€80 per visit	€600 per claim	€100 per day	€32,000 lump sum	€32,000 lump sum

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 & Emergency Unit Attendance

Accident & Emergency Unit Attendance **benefit** is payable when you receive **Accident & 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 **chiroprapist**. 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**. 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 & 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 & 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 powerboat 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 & 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 Limited, Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24, Ireland. Or e-mail: enquiries@april-uk.com or call 0749 161868, 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 0749 161868. **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.

MAKING 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.

For complaints relating to the selling, administration or claims handling of your policy:

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

After this action, if **you** are still not satisfied with the way **your** complaint has been dealt with, **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

For complaints relating to the policy wording:

Please write to Axeria Assistance Limited, 108 Triq it-Tiben, Swieqi SWQ 3032, Malta. Telephone: +356 2137 7107.

After this action, if **you** are still not satisfied with the way **your** complaint has been dealt with, **you** can ask the Consumer Complaints Manager (MFSA) at the Malta Financial Services Authority to review **your** case. Their contact details are The Consumer Complaints Manager, Malta Financial Services Authority, Notabile Road, Attard BKR 3000, Malta.

Telephone: (+356) 2548 5313.

Email: consumerinfo@mfsa.com.mt

Website: www.mfsa.com.mt/Consumer

A leaflet explaining the functions of the Consumer Complaints Manager (MFSA) is also available on request.

Both the Financial Service Ombudsman and the service of the Consumer Complaints Manager (MFSA) 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.

Axeria Assistance Limited (Company Registration number C 55905) is a company authorised under the Maltese Insurance Business Act, 1998 to carry out general business and is regulated by the Malta Financial Services Authority.

APRIL Ireland is a trading name of APRIL (Insurety) Ireland Limited (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.

APRIL UK (Insurance Services) Ltd (registered in England No. 3179382) is authorised and regulated by the Financial Services Authority, registered number 308655.

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 & 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 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.

“**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:

- (i) for which **you** received treatment in the 2 years up to and including the policy **start date**, or
- (ii) which **you** were aware of, or in **our** opinion **you** should have been aware of, during the 2 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 5 years.

“**Start Date**” the commencement date shown in the schedule.

“**Therapists**” 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 Assistance Limited.

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

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.

DATA PROTECTION ACT – INFORMATION USERS

For the purposes of the Data Protection Act 1998, the Data Controller(s) in relation to any personal data you supply are APRIL Ireland and Axeria Assistance Limited. Both are members of the APRIL Group.

Insurance Administration

Your information may be used for the purposes of insurance administration by the insurer, its associated companies and agents and APRIL Ireland. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer’s compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. Where this happens, we will ensure that anyone to whom we pass your information agrees to treat your information with the same level of protection as if we were dealing with it.

If you give us information about another person, in doing so you confirm that they have given you permission to provide it to us and for us to be able to process their personal data (including any sensitive personal data) and also that you have told them who we are and what we will use their data for, as set out in this notice.

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, you have the right to access and, if necessary, to rectify information held about you.

In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, County Court judgements, bankruptcy orders or repossessions).

Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

Sensitive Data

In order to assess the terms of the insurance contract or administer claims that arise, the insurer and/or APRIL Ireland may need to collect data that the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this policy you will signify your consent to such information being processed by the insurer and/or APRIL Ireland and/or its agents.

april | Ireland

APRIL Ireland Registered Office: Suite 211, Unit 3013, Lake Drive, Citywest Business Campus, Dublin 24. Tel: 0749 161868 - www.april-ireland.com
Axeria Assistance Limited Registered Office: 108 Triq it-Tiben, Swieqi, SWQ 3032, Malta - Tel: (+356) 2137 7107.

APRIL Ireland is a trading name of APRIL (Insurety) Ireland Limited (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.
Axeria Assistance Limited (Company Registration Number C 55905) is a company authorised under the Maltese Insurance Business Act, 1998 to carry out general business and is regulated by the Malta Financial Services Authority.
MCPIRPD 11/12

© APRIL Ireland 2012. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior written permission of APRIL Ireland.



Changing the image of insurance.