



Mortgage Protection Cover

Taking the worry out of your mortgage

| 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.

Mortgage Protection Cover is the cheapest form of life assurance or combined life and specified illness cover, which is the product described in this brochure.

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.

Mortgage Protection Cover

Mortgage Protection Cover is designed to provide:

- life assurance protection...
- with the option of specified illness cover...
- linked to your mortgage, for...
- maximum peace of mind.

A summary of the benefits

- Provided you have sufficient cover in place, your mortgage will be automatically paid off if you die during the term of the plan.
- With the addition of specified illness cover, there will be a benefit paid if you are diagnosed and proven to have a specified illness (see pages 9 and 10 for illnesses covered) or if you die.
- Your plan automatically includes a valuable extra benefit called Best Doctors®. This is a second medical opinion service which can provide an expert medical review should you be diagnosed with a serious or chronic medical condition (see page 12 and the *Best Doctors brochure* for details).
- Your life assurance or combined life and specified illness cover will reduce each month – so you only pay for the cover that you need.
- If you arrange a joint mortgage, the plan can cover both people.
- There are favourable terms for non-smokers.
- You can arrange additional cover if you increase or extend your mortgage in the future, subject to certain limitations (see page 21).



Your plan **benefits**

This plan is designed to pay off the decreasing sum insured in the event of your death or diagnosis and certification of a specified illness (see pages 9 and 10 for illnesses covered) if applicable during the mortgage term.

The reducing Life Cover

Your life assurance benefit will reduce each month in line with your outstanding mortgage (provided that your mortgage payments are fully up to date and your mortgage interest rate does not exceed the level specified in your Policy Document).

As you would expect, this form of 'reducing cover' is cheaper than cover which remains at the full initial level throughout the term of the policy.

Your cover provides access to Best Doctors®, a second medical opinion service for those diagnosed with a serious or chronic medical condition (see page 12).

Adding Specified Illness Cover

If you wish, you can add Specified Illness Cover for an amount equal to your life cover. By adding the option of Specified Illness Cover, your plan will pay out on the earlier of death or the diagnosis and proof of a prescribed specified illness (see pages 9 and 10 for illnesses covered).

The life and specified illness benefit is also a form of 'reducing cover' and decreases each month in line with your outstanding mortgage (provided that your mortgage payments are fully up to date and your mortgage interest rate does not exceed the level specified in your Policy Document).

Please ask your Financial Broker for a copy of the Specified Illness Definitions Guide, which has full details in 'layman's terms' of the illnesses covered (these are outlined on pages 9 and 10).

Important note: If you are diagnosed with a full-payment specified illness covered under your policy and receive the benefit payout, your plan will stop and no further benefit will be available on death.

The plan can cover one or two people

If you take out a joint mortgage, your plan can be taken out jointly with the benefit being payable on the 'first event' or 'claim'. That means that, if one of you dies or suffers a specified illness (if this option is chosen) which results in a full payment (see page 9) during the period of cover, the plan will pay out a lump sum benefit. As the policy can only pay out once, it will then stop – and no further premiums will be payable.

Eligibility

The plan is only available to people who are aged at least 18. The person to be insured (or both people, in the case of a joint plan) must be no older than 74 when the plan starts, or no older than 69 if the specified illness cover option is chosen.

Accidental death benefit

We will provide you with free accidental death cover while your application for **Mortgage 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.

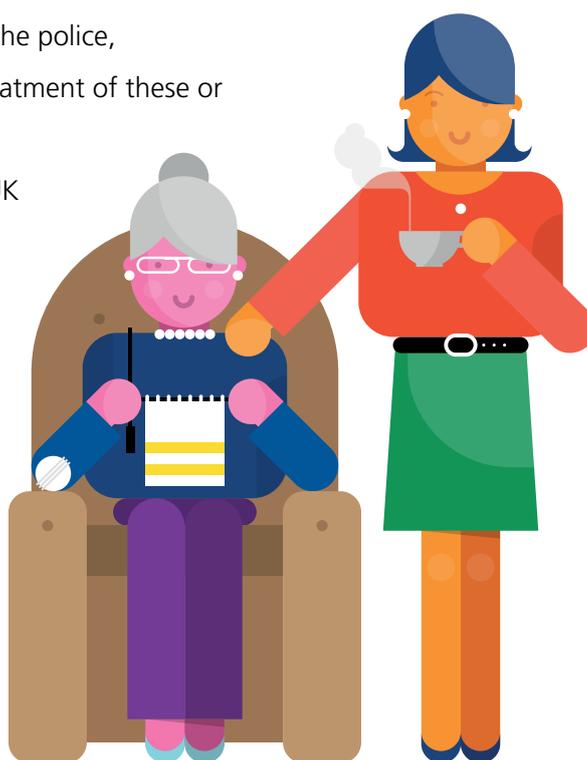
Should death occur within 12 months of an accident that occurred while Accidental death benefit was in place, the full amount of life assurance cover for which you have applied will be paid out, up to a maximum of €150,000.

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.

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 within 12 months of the date of death.



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.

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.

How to make a claim

If specified illness benefit is chosen, and if you are diagnosed with a specified illness under your policy (see pages 9 and 10), you should notify us at our branch, Aviva Life & Pensions Ireland, One Park Place, Hatch Street, Dublin 2 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 at our branch, Aviva Life & Pensions Ireland, One Park Place, Hatch Street, Dublin 2 in the same way.

Replacing an existing policy

If you are thinking of starting Mortgage 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.



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.

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 Mortgage 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 Mortgage 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 Mortgage 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 Mortgage 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 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.

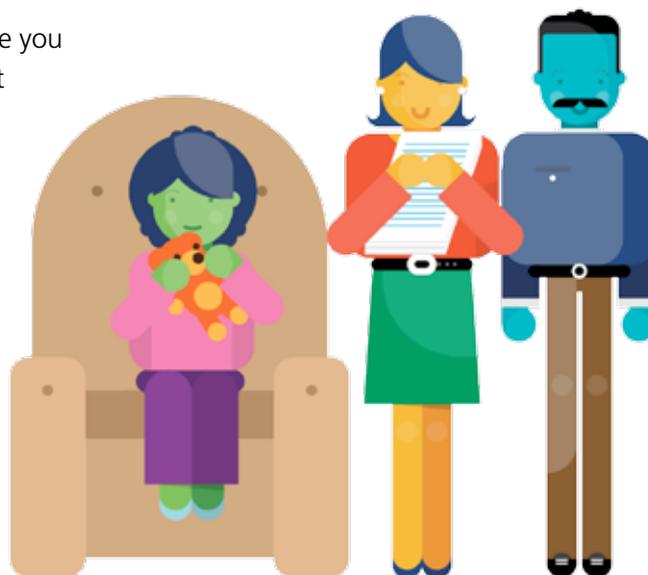
Making a claim under Overseas Treatment Plan

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.

Changing circumstances

(Only applies to plans with Specified Illness Cover)

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

If you change your occupation, you must tell us immediately – and, depending on your new employment, we may revise the premiums payable to your plan and the benefits that it provides. If you have a joint 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

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.

Specified Illness exclusions

We will not pay any Specified 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. Illnesses and disabilities 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 Mortgage Protection Cover will depend on:

- The size of your mortgage – and as a result, the amount of cover that you require.
- Whether you add specified illness cover.
- The length your mortgage – and because of this, the term of the plan.
- Your age.
- Whether you are a smoker or a non-smoker.
- Your current state of health.
- Whether you take out the plan by yourself or jointly with your partner.

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

Premium payments

Premiums may be paid monthly or annually in advance. Monthly premiums must be paid by direct debit; annual premiums may be paid by direct debit or cheque. If you subsequently 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 make a claim during the period of cover, the plan will expire and no benefit will be payable.

If you stop paying the premiums before the end of the premium payment term (see 'Minimum premium' below), your cover will cease – and the plan will have no cash-in value.

Minimum premium

The minimum premium is €20 per month or €200 per annum for single and joint life cover. If your life assurance or combined life and specified illness cover would otherwise have cost you less than the minimum premium, you will be compensated for this by a reduction in the number of years for which you have to pay for your cover.



Ongoing flexibility

Assigning your plan

As your plan is an integral part of your mortgage arrangement with a bank or another lender, the plan may be assigned to this third party. Any changes to the policy while your mortgage remains in force must be approved by your mortgage lender.

Reinstatement

If your **Mortgage 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 that may apply at that time.

Early repayment

If you pay off your mortgage early, you may stop the plan immediately – you need to notify us that you wish to do so. However, you may prefer to leave your plan in force, to provide additional security for your family. Your **Mortgage Protection Cover** does not acquire a cash-in value at any time.

Guaranteed insurability option

If you increase your mortgage or if you extend the term of your mortgage (but not beyond your 70th birthday) you may take out an additional **Mortgage Protection Cover** policy, to meet your increased need for life assurance (the new plan is for life assurance only, specified illness cover cannot be included).

We'll set up a separate **Mortgage Protection Cover** policy for your additional cover, and you'll pay an additional premium for this.

No further evidence of your good health will be required for that new **Mortgage Protection Cover** policy, provided that the term of the policy matches that of your extended mortgage and any increase in your cover is not more than €40,000 – or,

1. if lower, your original level of cover, or
2. if lower, the increase in the amount of cover required

The premiums payable to the new plan will be calculated based on your age, smoker status and on the rates applying at the time.

However, the availability of this option is subject to certain conditions. For example, your original policy must have been issued on standard terms.

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 **Mortgage Protection Cover** is available to you by sending us a request in writing.

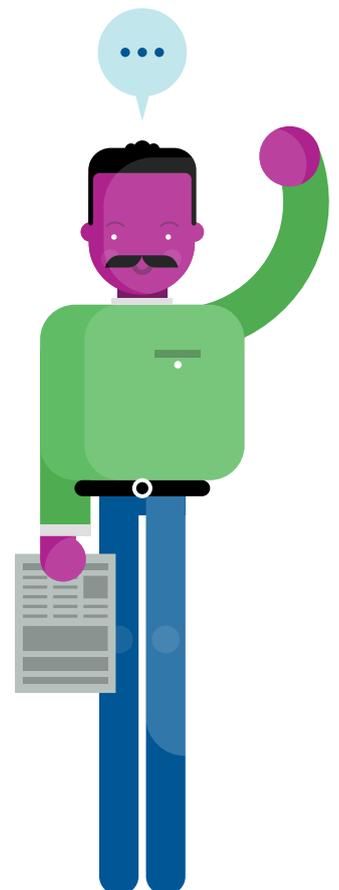
Ensuring the policy meets your needs

We only want you to have **Mortgage Protection Cover** if you are satisfied that it is the right plan for you. So, shortly after your **Mortgage 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 **Mortgage Protection Cover** policy and return all the money you have paid. If your policy has been assigned for lending purposes, you must advise the lender that your policy has been cancelled.



Key Contacts

If you have any questions about your Mortgage 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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[youtube.com/avivaireland](https://www.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.

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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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