

Personal Income Protection

We're **there for you**
when your **income**
isn't.

Retirement
Investments
Insurance



We are **Aviva**

Helping people save for the future and manage the risks of everyday life

Life is complex and unpredictable. People face uncertainty and challenges every day. We're here to help you look forward to the future with confidence. With over 33 million customers in 16 countries worldwide¹, we want to make a difference to you, to allow you to achieve your financial goals. We've been meeting the needs of our Irish customers since 1908. Today we're a leading Life & Pensions company in Ireland, with offices in Dublin, Cork and Galway.

1. Source: www.aviva.com 11 September 2017.



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Just think, for a minute, of a life without an income.

If you ask most people what their biggest asset is, the chances are they'll tell you it's their home. But if you start work after school or college and continue right through to retirement age, without doubt your biggest asset is your income. So if you think your home is worth insuring, it stands to reason that your income is even more deserving of protection.

Money makes your world go around

When life is going well, it's easy to take money for granted. It provides security. It pays the bills and takes care of your social life. It lets you enjoy your home, car, hobbies, sport, evenings out and holidays.

In a nutshell, money is essential to your quality of life. But how would you survive if your income supply was cut off or reduced? What if the money suddenly dried up due to ill health or injury?

Relax with Income Protection

Income Protection is a type of insurance which can help to safeguard your lifestyle, it can get you back on your feet by providing you with a monthly income, should you be unable to work for a period of time, due to illness or injury.



Use our **Income Protection calculator** at www.aviva.ie to calculate the cover you may need in just 3 steps.



How much **Income Protection** do I need?

The first question you should ask yourself when considering an Income Protection policy is what would happen to you if you're unable to work due to illness or injury? Will you be able to pay your mortgage and other household bills? Will you be able to maintain your lifestyle?

Consider your income

If you are an employee or a company director

Some employers may pay you a reduced salary whereas others may be more generous. You should check to see what sick pay arrangements your employer has in place for you.

If you are self-employed

Although your business may continue to generate income in the short term your long-term earnings are likely to be affected.

State benefits

You may be entitled to the state illness benefit, which is currently €193 per week* and is only payable for a limited period. So ask yourself – could you maintain your lifestyle on €193 per week? Or even pay most basic bills?

Savings and investments

In the short term, your savings may be able to provide you with replacement income, but how long will these last?

Consider your outgoings

Housing costs

Most people will have either mortgage or rent payments to make.

Ongoing bills

Most people will have usual household bills such as gas, electricity, telephone and food, but also personal expenses such as credit card or loan repayments. These will still need repaying should you be unable to work.

New costs

Some expenses will increase, or you will find yourself having to pay for something for the first time. For example you may have to pay the cost for heating your home all day if you are not at work. There's also the cost of medicine, doctors visits and possible nursing care.

Lifestyle costs

You can reduce some expenses, by cutting back on holidays and entertainment, but do you really want to economise on these?

*Source: Department of Social Protection, January 2018.

Questions to ask when **setting up** **your Income Protection** policy

What are your employer's sick pay rules? How long will they pay you a salary if you're off sick? Are you self employed, and so at risk of reducing your income as soon as you stop working? Ask yourself these and the following questions to get the best out of your income protection policy.

How much benefit do I need?

Ideally, we would like to protect as much of our salary as possible, but if cost is an issue, remember that some cover is better than none at all. Personal Income Protection from Aviva is flexible, allowing you to select your benefit level from a minimum of €12,000 per annum up to a maximum of 75% of your current earnings (please see page 16).

When should my benefit start from and how long will it continue?

You can choose from a range of possible deferred periods, which means you can choose when you would like your policy to start paying out. You will probably wish to match this to your personal circumstances so that, for instance, if your employer will pay you for a set period such as six months, and if your claim is accepted, the benefit from your Personal Income Protection policy will start after this time. You can choose for your benefit to start from as early as 4 weeks* after falling ill.

How long should my cover last?

Cover is available up to age 55, 60 or 65. Most people will choose the end date of their cover to coincide with their normal retirement date; in any case, your cover will be paid monthly in arrears and will automatically stop on the earlier of your normal retirement the date you return to work, the policy end date or on your death.

*There are certain notification periods that are in place for different deferred periods. Please see page 16 for full details.

TIP:

Ask your employer what their sick pay rules are. If they confirm that they'll pay you in full for a certain period, you won't need your **Income Protection** benefit to kick in until after this time.

What are you **insuring yourself** against, and **what will we pay out** for?

At the heart of an income protection policy is the definition of disability – put simply, your inability to work because of illness or injury. If you are incapacitated and unable to work, and your claim is accepted, then your income protection policy will pay you a pre-determined benefit every month.

When you apply for a Personal Income Protection policy with Aviva, we will assess your details including your occupation, medical history and any dangerous sports or pastimes that you undertake. You or your GP may be asked to provide information on any past or current medical conditions. We reserve the right to decline cover on any application.

Assessing your occupation

We will define disability according to either “own occupation” or “work tasks” as confirmed by us. We will establish which of these definitions of disability applies to you at the start of your policy. In the event of a claim the definition applied to you will be the basis on which your claim is assessed.

Own occupation

The own occupation definition of disability means that you are unable to carry out **the essential duties** of your normal job, and that you are not doing any other paid work. **Essential duties** are those duties that cannot be reasonably omitted without preventing you from carrying out your normal occupation.

We place occupations into four different categories or “classes” and each of these categories have different premium rates. You should consult your Financial Broker regarding these categories.

Work tasks

While in the majority of cases the definition of disability that will apply will be ‘own occupation’, in some occupations such as homemaker, HGV driver, the ‘work tasks’ definition of disability will be applied. What this means is that we will pay a benefit if you are unable to perform at least three of the following tasks.

- Walking
- Rising/sitting
- Fine hand control
- Communication
- Eyesight
- Lifting and carrying

Further details of our definitions of disability are please see your Policy Conditions or speak to your Financial Broker .

Personal accident **cover** - a **valuable** benefit

After you complete an application for Personal Income Protection cover, we will provide you with **free** Personal Accident cover up until the earlier of:

- a.** the date that Aviva issues an underwriting decision in respect of the application, and
- b.** 90 days from the date that the application form was completed.

Within this period, Aviva will pay the Benefit Amount below for Bodily Injury resulting in temporary total disablement from attending to your usual business or occupation. Bodily Injury means injury resulting directly from an accident caused by external violent and visible means.

Benefits will be payable weekly in arrears for a period not more than 24 weeks from the 3rd week after the date on which disablement commences until the 26th week or until earlier recovery, death, retirement or return to work. No benefit will be payable in respect of the first two weeks of disablement, disablement occurring after your income protection cover starts, disablement occurring prior to completion of the application form for income protection or disablement occurring more than 90 days after completion of an application form for income protection.

Benefit Amount: We'll pay the applicant €250 per week, less any other personal accident cover to which the applicant is entitled.

You will not be eligible for free personal accident cover unless your occupation qualifies for inclusion under Aviva's occupation classes 1, 2 or 3. Your financial broker will explain whether your occupation is included.



Personal accident cover - exclusions

There are some situations where we won't pay Personal Accident cover. The benefit won't be paid if at the time of the accident the applicant is:

- affected (temporarily or otherwise) by alcohol or any drug unless the drug is taken in accordance with an authorised medical prescription (but not for the treatment of drug addiction)
- engaging in any form of aerial flight or attempted flight other than as a passenger in a fully licensed passenger carrying aircraft
- residing permanently outside the Republic of Ireland
- engaging in or practising for:
 - › aquatic or subterranean pursuits or past-times (other than swimming) involving an element of personal danger or hazard
 - › Powerboating, Deep sea or aqualung diving yachting or boating outside territorial waters
 - › Motor competitions, Motor cycling (as driver or passenger)
 - › Trials of speed or reliability endurance tests

- › Equestrian Events
- › Football (of any kind) or Hurling
- › Racing of any kind other than on foot
- › Boxing or Martial Arts
- › Parachuting or Hang Gliding
- › Winter Sports
- › Mountaineering Rock or Cliff Climbing necessitating the use of ropes or guides
- › Pot holing or caving

Personal Accident Benefit will not be paid if the accident is due to:

- Attempted suicide or self-inflicted injury
- Any pre-existing physical defect or infirmity
- War, civil war, riot, civil commotion or a similar event,
- Failure to follow medical advice.

We're not in the business of keeping you out of work

We recognise that most people would rather be working than being forced out of their normal lifestyle by illness or injury. Which is why, after your claim has been in payment, we've got a number of benefits in place to help get you back to a normal working life as soon as possible.

Rehabilitation benefit

Personal Income Protection from Aviva may compensate you for reduced earnings if you are unable to return to your original role at work, due to the illness that kept you off, and have to undertake a lesser role at a reduced salary. This benefit is payable for a maximum of twelve months.

We'll need supporting evidence for these benefits to apply. This benefit is not available if you have a 'work tasks' definition of disability.

Linked benefits

If you return to work following a claim, but have to stop work again due to the same cause of illness within six months of the end your original claim, once disability has been established by us, the deferred period will not be reapplied and benefit payments will recommence immediately. However, any claim occurring more than six months after you have returned to work or any claim arising from a different cause will be considered separately and if accepted, will be subject to a new deferred period.

Proportionate benefit

If you are forced to change job completely, working full-time but for a reduced salary, Personal Income Protection from Aviva may also compensate you for those lost earnings.

We'll need supporting evidence for these benefits to apply. This benefit is not available if you have a 'work tasks' definition of disability.





a second **medical opinion**

If you're diagnosed with a serious illness, your Personal Income Protection policy from Aviva 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.).

Who is Eligible?

- you
- your spouse /partner
- your children
- your parents
- your spouse's / partner's parents



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.

An **exclusive benefit** available to you at no extra cost.

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 Personal Income Protection from Aviva 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 & 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 & Qualifying Conditions

- You can only take out Overseas Treatment Plan with your main Personal Income 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 Personal Income Protection Plan in order to apply for this plan.
- You must be both tax resident and reside at an Irish address at the time you complete the application form and throughout the term of the policy.
- The duration of your stay necessary for treatment as an in-patient in the nominated treatment centre must be a minimum of 48 consecutive hours (24 hours for follow up treatment)
- If you're taking out your main Aviva Protection policy on a joint or dual-life basis, then each life assured will need to apply for- and pay the premium- for Overseas Treatment Plan separately. We'll add the premium for Overseas Treatment Plan to the premium for your main protection policy.

What's covered?

Daily Benefit Amount

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

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

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

Subject to the minimum & maximum benefit duration:

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

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

Medical conditions covered

Cancer treatment

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

For the above definition, the following are not covered:

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

Neurosurgery

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

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

Pre-payment of cash benefit

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

Travel & 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 or 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.

Personal Income Protection

- the details

You can apply for Personal Income Protection if you are employed, self-employed, a company director, a homemaker or an unpaid carer and aged between 18 and 59 (please see the table below for full details). You will need to complete an application form, giving us full details of your state of health, your occupation and any hazardous pastimes that you engage in – and it is possible that we may ask you to undergo a further medical examination at our expense.

Who can have a plan...

| | |
|--------------------------|---------------------|
| Minimum age at entry | 18 |
| Maximum age at entry | 59 |
| Maximum cover expiry age | 65th birthday |
| Minimum term | 5 years |
| Maximum term | 47 years |
| Minimum sum assured | €12,000 per annum |
| Maximum sum assured* | €250,000 per annum* |
| Life assured | Single life only |

*Before indexation, if applicable, please see page 19 for more details.

Wide choice of deferred payment periods

A deferred period is the amount of time that you must wait before your policy pays a benefit.

At the start of your policy you decide when you want your claim payments to commence. So if your employer pays you for six months while you are ill, you can have your benefits start when this period runs out. Personal Income Protection from Aviva can be deferred for 4, 8, 13, 26 or 52 weeks. The shorter your deferred period, the higher your premium will be.

What if I move abroad?

Your Personal Income Protection policy is valid worldwide. However, there are some countries where we will only pay benefit for up to 13 weeks while you reside there. Please see page 18 and your Policy Conditions for a complete list of these countries.

Claims notifications for deferred periods

You should inform us as soon as possible when you want to make a claim. Please consult the table below outlining when you should send in your claim form, depending on your deferred period.

| Deferred Period | After you become unable to work as a result of illness or injury you must notify us no later than |
|-----------------|---|
| 4 weeks | 2 weeks |
| 8 weeks | 4 weeks |
| 13 weeks | 8 weeks |
| 26 weeks | 13 weeks |
| 52 weeks | 26 weeks |

Please note that late notification of a claim will result in your deferred period commencing later, which will ultimately delay any payment of a claim.



Top ups

Need more cover than your current policy provides? You can top up your policy to give you additional cover, subject to a total maximum benefit of 75% of your current earnings. Please note that top ups result in the creation of a new policy, which is subject to your age, your state of health and your pastimes at the time your additional cover commences. If you are accepted for cover you will be charged the rates applicable at the time of the top up.

Increase in benefit during a claim

You can choose at outset whether the benefit paid to you in the event of a valid claim under your policy remains level or increases annually this is called indexation. If you select indexation, we will automatically increase your payment amount every year by 3% on the anniversary of the start date of your claim. You can select this option by ticking a box on the application form. There will be an additional charge for this option.

Waiver of Premium

You do not have to pay any premiums while your benefit is being paid to you.

Aviva are the only personal income protection provider who will pay you a benefit if you are engaged full time in household duties*. Keeping a home is still work, Aviva recognise this and if you are unable to perform your household duties, we will pay you a benefit of €15,000 per annum. You can also choose to add the valuable indexation option to this.

We also provide cover for the same amount with the same conditions to full time carers i.e. looking after an ill, disabled or

elderly relative without pay.

For homemakers, and unpaid carers, the “work tasks” definition of disability will automatically apply.

Change of occupation or unemployment

- If you change your occupation, we will continue your cover regardless of what the new job entails with no change in your premium rate.
- It is important to note that this policy does not provide a benefit if you become unemployed and do not suffer an illness or injury
- Where you have an income protection policy in place and become unemployed for reasons other than illness or disability, once you notify us your plan will continue, but the sum assured will reduce to €12,000 p.a. In this case your premium will reduce accordingly, subject to the minimum premium applicable at the time, and your definition of disability will switch to ‘work tasks’.
- If you resume paid work within one year, you will have the option to increase your sum assured up to a maximum of your original benefit without any medical evidence being sought.
- If you do not resume paid work within 1 year, you may keep your benefit at €12,000 p.a. However, if you re-enter the workforce after this time, the reinstatement of your benefit will be subject to underwriting.

*Source: bestadvice.ie, November 2016.

Make sure you have the right cover

Review your insured benefit with your Financial Broker on a regular basis to make sure that it accurately reflects your current earnings. We will review your earnings at the time you make a claim.

If your current earnings decrease, the benefit paid in the event of a claim may be less than your insured benefit. You will need to let us know if your earnings reduce so we can adjust your benefit and premium accordingly.

We will not refund premiums if you do not receive all of your benefit.

Non-smoker reward

Statistically, non-smokers generally enjoy better health. So, when you start your policy if you have not smoked any form of tobacco during the last 12 months we reward you with lower premiums than if you were a smoker.

General exclusions that apply to the policy

No benefit will be payable if disability arises as a result of intentional self-injury, due to the influence of alcohol or drugs or as a result of participation in a criminal act.

Benefit already in payment will cease after 13 weeks of the insured commencing to reside outside the Territorial Limits of the policy. The term "Territorial Limits" means 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, United Arab Emirates or United States of America.

Tax Relief on premiums

With Personal Income Protection from Aviva the tax relief position currently applying is that, you can claim full Irish tax relief on all the premiums you pay (which do not exceed 10% of your total Irish income) at your marginal rate of Irish tax.

Tax relief is only available to policy owners who are income tax payers. A change to your tax or employment status may affect your eligibility to claim tax relief. It is the responsibility of the policy owner to claim tax relief.

Maximum benefit

You can cover up to 75% of your annual earnings, to a maximum of €250,000 before indexation, if applicable, which should allow you peace of mind if you are unable to work due to illness or injury. But you needn't cover this much if cost is an issue. Remember, when it comes to protecting your income, a little goes a long way.

Please note that your benefit will be subject to Financial Evidence at time of claim as detailed on page 20.

If you are awaiting medical results

If you are awaiting the results of medical tests, investigations, referrals or an operation, cover is likely to be postponed until these have been carried out and you return to your normal full time occupation.

However you should contact your Financial Broker if the impending surgery, referral, tests or investigation is trivial as cover may still be available. This is also the case if you are currently off work, for any reason.

Full and proper disclosure

It is extremely important that you make sure that the answers you give within your application and when making a claim are complete and accurate. Non-disclosure may result in us declaring the policy invalid, amending the terms of your policy or the non-payment of a claim.

Your premiums

The cost of your Income Protection will depend on:

- **Your occupation:** the category into which your occupation falls.
- **Your choice of deferred period:** the shorter the deferred period, the higher the premium.
- **The amount of protection:** you decide how much you need.
- **The period of cover:** the longer the term of cover, the higher the cost.
- **Your age:** usually, the younger you are, the less it will cost.
- **Whether or not you smoke:** smokers pay more for their cover.
- **Your current state of health:** if you already have a health problem, your cover will be more expensive.
- **Your lifestyle:** your participation in dangerous or extreme sports will increase your premium.

Any charges will be automatically included in the premiums.

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

With indexation, you have the option to increase your benefit by 3% each year, on the anniversary date of your policy. To meet the cost of these increases in your cover, your premiums will increase on each anniversary by 3.5%.

If you wish to select this valuable feature at the outset of your plan, just tick the box on the application. You also have the option to remove this feature on any anniversary of the policy.

If selected at outset, these automatic increases will continue each year until the policy anniversary prior to the end date of the plan.

Guaranteed premiums

Your premium is fixed from the moment you take out your Personal Income Protection policy. So, no matter how many times you claim or how long you have the policy, your premium will remain the same. The only time we change the premium is if you select indexation to allow for inflation, which will also increase your benefit at the same rate, or if you decide to decrease your insured benefit.

Life assurance premium levy

In accordance with the Stamp Duties Consolidation Act 1999 (as amended) a levy is payable on life assurance premiums (currently 1%). The premium you pay includes this levy.

Premium payments

Premiums are collected monthly by direct debit. 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.

No cash-in value

Your Personal Income Protection plan does not acquire a cash-in value. So, at the end of your chosen term – or, if you stop paying the premiums earlier – your cover will stop and no payment will be made.

Reinstatement

If your Personal Income Protection lapses due to non-payment of premiums, 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.

How do I **make a claim?**

The most important stage of your Personal Income Protection policy is when you need to make a claim. So we've made every effort to make it as easy as possible.

1 Contact us

First, contact us as soon as possible. Different deferred periods require different notification periods (please see page 16); but to be on the safe side, contact us immediately.

2 Provide Proof of Claim

We will need medical and financial evidence to assess if your claim is valid.

Medical evidence

We require medical evidence in order to prove disability under the terms of your policy. This may include reports from your GP and/or any consultant that you may have been attending. We may also ask you to attend further medical tests and examinations (paid for by us). These could include (but are not limited to) X-rays; MRI scans; CT scans.

Financial evidence

In the event of a claim, the insured benefit will have to be financially justified. By this we mean we must receive evidence of your current earnings to make sure that they justify the insured benefit payable under your policy.

- For self-employed we will evaluate average annual net relevant earnings for the 36 months prior to disability, where we define net relevant earnings as net profit as assessed for income tax purposes.
- For company directors and employees we will evaluate average annual earnings from employment (excluding discretionary bonuses, dividends from your employer and overtime) for the 12 months prior to disability. We will request P60s and/or payslips for this purpose.

In addition, we will make a deduction for other income, including any state welfare benefit (whether claimed or not),

other income protection benefit, earned income, sick pay or ill-health retirement income that a claimant is still receiving during the claim. No deduction will be made for pension income from previous employment, investment income, or rental income.

For company directors we will make a further deduction for dividend income from the employer that a claimant is receiving during the claim, which is in excess of the average dividend received from the employer in the previous 36 consecutive months prior to disability.

3 We pay your income protection benefit

Once we have processed the information you've given us and accepted your claim, we pay you a monthly benefit in arrears from the end of the deferred period until you no longer satisfy the definition of disability, you recover, your policy ends, you retire or you die (whichever comes first).

Your benefit will be treated as normal income for tax purposes and so is assessed for income tax (at a rate of 20% or 40%), PRSI (at a rate of up to 4%) and Universal Social Charge (at a rate of up to 8%). We will pay the benefit directly to you and we will take any income tax, PRSI, and USC in the same way as an employer would deduct them from normal income.

From the moment you receive payment and until your claim ends, we will not charge you any further premiums.

We reserve the right to review your disability from time to time to ensure that it continues to meet our definition. We also regularly review claims in payment, and may request confirmation that the insured benefit payable continues to be justified.

Key Contacts

If you have any questions about your Personal Income Protection, 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

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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Aviva is committed to the provision of the highest possible standards of customer service. However, if you are ever dissatisfied with any aspect of our service, do please let us know. We take all complaints very seriously – and aim to rectify any shortcomings as speedily as possible.

If you wish to complain about any aspect of the service you have received, please contact Aviva directly. If your complaint is not dealt with to your satisfaction, you may refer your complaint 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.

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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 policyholders at least 31 days in advance of the end of the policy year.

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