Specified Illness

Definitions Guide

Comes with exclusive access to Aviva Care at no extra charge

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What does this brochure cover?

This guide explains our Specified illness Cover plan, including the illnesses and conditions we cover, what we exclude and how to make a claim. Please read this guide in conjunction with the Flexible Protection Cover or Mortgage Protection Cover brochure. Everything you need to know about the 97 illnesses we cover is in here. As far as possible, it has been written in 'layman's' language. The plan contains certain exclusions and restrictions which we have detailed for you.

Important:

In the event of any difference between the wording in this guide and the wording in the policy conditions, the latter will prevail. Where we refer to 'you' or 'your' we are referring to the person/s covered by the plan. You must be a resident of the Republic of Ireland at the time your specified illness plan starts.

Why should I consider having a specified illness cover plan?

No one wants to think they'll be struck down with a serious illness – but unfortunately it can affect anyone, at any age and any time. If this happened to you, have you thought how you'd cope financially? How would your family manage? Could you afford to take time off work or pay for expensive medical treatment? These days there is a good chance of surviving serious illness because medical diagnosis and treatment has progressed so much. That's why it's worth considering one of our Specified illness Cover plans. If serious illness happened to you, and you are eligible to claim, we could pay out a lump sum which you could use to help pay off your mortgage, for example, or invest for a regular income, leaving you to concentrate on getting better without having financial worries.

How does Specified Illness Cover work?

We'll pay a lump sum if you're diagnosed with one of the specified illnesses we cover, as long as you're diagnosed during the term of the plan, your illness meets our definition and you're eligible to claim. There are a number of ways that specified illness cover could help look after you and your family financially. You could use the lump sum provided to:

- Make any necessary alterations to your home,
- Invest for a regular income
- Pay for medical treatment and expenses, or
- Help with your mortgage or other loans or bills.

Full payment illnesses

We cover 52 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.

Partial payment illnesses

We cover 45 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.

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 out.

You cannot 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.

- We guarantee the rates we charge won't change over the lifetime of your plan. This means your payment will not change (apart from any indexation changes you choose) so you will always know how much your regular payments will be.
- If you stop making your payments, you will no longer be protected. You cannot cash in your plan. It is not a savings plan.

We will only pay a claim if you survive for at least 14 days after being diagnosed as having one of the illnesses.

- We will not pay claims if you have not given us full information about your health at outset.
- If you choose Conversion Option, you can convert your cover to another plan.

You can choose from the following cover options:

1. Stand-alone specified illness cover
2. Stand-alone specified illness cover and life cover (two separate covers in one plan)
3. Accelerated specified illness cover (life cover that reduces by the amount of full payment specified illness benefit paid out).
4. Accelerated Mortgage Protection (like option 3 but the cover reduces over the term of the plan in line the outstanding capital on a typical mortgage)

Your plan can cover:

- You only (single cover),
- You and your partner with cover stopping for both of you if we pay a full payment benefit to either of you (joint cover),
- You and your partner and if we pay a full benefit to one of you, cover remains for the other (dual cover)
- Your children are also covered if you take out specified illness.

Other standard features of your plan

Children's 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 or under the age of 25 if in full time education.

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:

(i) the condition was present at birth,

(ii) the symptoms first arose before the child was covered, or

(iii) the child dies within 14 days of diagnosis.

Options in your plan

Conversion Option

This option allows you to convert your cover to a new plan at any stage throughout the term of your plan. You don't have to provide any new evidence of health. The cover on the new plan can't be higher than on the old plan. Depending on your age when you convert, your new plan may include a conversion option. You will pay extra if you want to include conversion option. For more information, please ask your Financial Broker for our terms and conditions booklet.

Indexation Option

This option allows you to increase your cover every year and you don't have to provide evidence of your health. Indexation protects the real value of your cover as time passes. The amount you are covered for will increase by 3% every year. Your payment will go up by 4% each year to reflect the fact that you are older. If you refuse this option two years in a row, we will not offer you any further increases. If you don't take this option, your cover will stay the same throughout the term of your plan.

What specified illnesses are covered?

The following pages provide details of the specified illnesses covered by your plan. For each illness we've first provided the formal definition as it is stated in your policy conditions and then given some more background information to help you understand exactly what you are, and are not, covered for.

Full payment illnesses

ALZHEIMER'S DISEASE OR DEMENTIA - resulting in permanent symptoms

POLICY DEFINITION

A definite diagnosis of Alzheimer's disease or Dementia by a Consultant Neurologist, Psychiatrist or Geriatrician.

There must be permanent clinical loss of the ability to do all of the following:

- Remember,
- Reason; and
- Perceive, understand, express and give effect to ideas.

For the above definition, the following are not covered:

- Dementia secondary to alcohol or drug abuse.

WHAT DOES THIS MEAN?

Alzheimer's disease is a condition which affects the brain. Symptoms include memory loss, confusion, communication problems and general impairment of mental function. The condition gradually worsens, which can lead to changes in personality and makes routine tasks difficult.

Dementia is a term used to describe various different brain disorders that have in common a loss of brain function. Symptoms may include memory loss, confusion and the inability to reason. Dementia is usually progressive and eventually severe. It causes the sufferer to become confused and disorientated and often unable to perform routine tasks. Dementia resulting from alcohol or drug abuse is not covered.

Aorta Graft Surgery - for disease

POLICY DEFINITION

The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches.

For the above definition, the following are not covered:

- Any other surgical procedure, for example the insertion of stents or endovascular repair.
- Surgery following traumatic injury to the aorta

WHAT DOES THIS MEAN?

The aorta is the body's main artery carrying blood from the heart. This definition covers surgery to the aorta, where part of it is removed and replaced with a graft. Surgery may be needed to correct a weakening or bulging in the artery. This definition covers only the aorta, which is the main blood vessel in the chest and abdomen. It doesn't cover the branches of the aorta.

APLASTIC ANAEMIA - of specified severity

POLICY DEFINITION

Confirmation by a Consultant Haematologist of a definite diagnosis of complete bone marrow failure which results in anaemia, neutropenia and thrombocytopenia and requires as a minimum one of the following treatments:

- Blood transfusion;
- Bone-marrow transplantation;
- Immunosuppressive agents;
- Marrow Stimulating agents.

WHAT DOES THIS MEAN?

Aplastic anaemia is a rare but serious condition where bone marrow fails to produce sufficient blood cells or clotting agents. Symptoms include shortness of breath, excessive bleeding and an increased risk of catching infections.

BACTERIAL MENINGITIS - resulting in permanent symptoms

POLICY DEFINITION

Bacterial Meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be confirmed by a Consultant Neurologist. All other forms of meningitis including viral meningitis are not covered. You may claim if your Consultant Neurologist diagnoses meningitis caused by a bacterial infection which results in brain damage causing permanent functional impairment.

WHAT DOES THIS MEAN?

Bacterial meningitis causes inflammation to the meninges, which is the protective layer around the brain and spinal cord. It's caused by a bacterial infection and needs prompt medical treatment. Initial symptoms include headache, fever and vomiting. If left untreated, it can result in brain damage or death. Some people will recover completely, while others may be left with permanent symptoms, which may affect their mobility or use of senses. This definition only covers people left with permanent symptoms. This definition covers the bacterial form of meningitis. It excludes all other forms of meningitis – such as viral meningitis.

BALLOON VALVULOPLASTY

POLICY DEFINITION

The undergoing of balloon valvuloplasty on the advice of a Consultant Cardiologist in order to treat diseased heart valves.

WHAT DOES THIS MEAN?

The valves of the heart open and close as a part of the pumping action, which circulates blood around the body. When these valves become diseased, the ability of the heart to pump properly is reduced. In balloon valvuloplasty; a thin tube (catheter) with a small deflated balloon at its tip is inserted through the skin into a blood vessel, and then is threaded up to the opening of the narrowed heart valve. The balloon is inflated to stretch the valve open and relieve the valve obstruction.

BENIGN BRAIN TUMOUR - of specified severity

POLICY DEFINITION

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in either of the following:

- permanent neurological deficit with persisting clinical symptoms or,
- removal of the tumour by craniotomy or treatment by stereotactic radiosurgery

For the above definition, the following are not covered:

- Tumours in the pituitary gland.
- Angiomas.

WHAT DOES THIS MEAN?

A benign brain tumour is a non-cancerous abnormal growth of tissue that can increase in size and cause pressure in the brain. Symptoms may vary depending on where the tumour is but may include headaches, seizures and blurred vision. This definition covers surgical removal of a tumour (whether permanent neurological symptoms persist or not) and tumours where surgery has not been performed but which result in permanent neurological symptoms. This definition doesn't cover tumours in the pituitary gland (a small gland within the brain) and angiomas (a benign tumour of blood vessels).

BENIGN SPINAL CORD TUMOUR

POLICY DEFINITION

A non-malignant tumour in the spinal canal or spinal cord, resulting in either of the following:-

- permanent neurological deficit with persisting clinical symptoms or
- invasive surgery to remove the tumour

For the above definition, the following is not covered:-

- radiotherapy for any tumour

WHAT DOES THIS MEAN?

A benign tumour of the spinal canal or spinal cord is a non-cancerous abnormal growth of tissue. It can be very serious as the growth may be pressing on areas of spinal cord or spinal canal. You can claim if you are diagnosed as having a benign spinal cord tumour and have had surgery to have it removed or are suffering from permanent neurological deficit as a result of the tumour. Neurological symptoms must be permanent. Tumours treated by radiotherapy without surgery or not resulting in persisting clinical symptoms are not covered.

BLINDNESS - permanent and irreversible

POLICY DEFINITION

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

WHAT DOES THIS MEAN?

This means permanent loss of vision. It's measured with a Snellen eye chart: the chart commonly used by opticians, which consists of a gradually decreasing series of letters and numbers. 3/60 vision means you can read a letter at three metres that can normally be read at 60 metres.

To claim, your vision must be 3/60 or worse in your better eye. This definition doesn't cover temporary blindness.

BRAIN INJURY - due to anoxia or hypoxia

POLICY DEFINITION

Death of brain tissue due to reduced oxygen supply (anoxia or hypoxia) resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be made by a Consultant Neurologist or Neurosurgeon.
For the above definition the following are not covered: -

- children under the age of 90 days
- symptoms secondary to alcohol or drug abuse

WHAT DOES THIS MEAN?

Anoxia (no oxygen) or hypoxia (a poor oxygen supply) can result in permanent damage to the brain leaving the individual with lifelong health problems. There are multiple causes including carbon-monoxide poisoning, near drowning, poisoning by anaesthesia and others.

CANCER - excluding less advanced cases

POLICY DEFINITION

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.
- All thyroid tumours unless histologically classified as 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).

WHAT DOES THIS MEAN?

Cancer (also known as a malignant tumour) is a disease where cells change and grow in an abnormal way. If left untreated, they can destroy surrounding healthy cells and eventually destroy healthy cells in other parts of the body. There are about 200 different types of cancer, varying widely in outlook and treatment. Some cancers are not covered by this definition. These tend to be ones that have not yet spread or are localised and can usually be successfully treated. Examples of these include some skin cancers.

CARDIAC ARREST - with insertion of a defibrillator

POLICY DEFINITION

Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted:

- Implantable cardioverter-defibrillator (ICD) or;
- Cardiac resynchronisation therapy with defibrillator (CRT-D)

For the above definition the following are not covered:

- Insertion of a pacemaker
- Insertion of a defibrillator without cardiac arrest
- Cardiac arrest secondary to illegal drug abuse.

WHAT DOES THIS MEAN?

Cardiac arrest happens when the heart suddenly stops beating, sometimes because of an abnormal heart rhythm (arrhythmia) or coronary heart disease. This can stop the heart from pumping blood which prevents oxygen being delivered to the body. A device known as an Implantable Cardioverter Defibrillator (ICD or CRT-D) can be implanted inside your body which will monitor the rhythm in your heart. If the rhythm becomes abnormal, the device will deliver an electric pulse or shock which will restore the rhythm back to normal and prevent a cardiac arrest.

You can claim if you have had a cardiac arrest followed by the permanent insertion of an ICD or CRT-D. A cardiac arrest not accompanied by the insertion of an ICD or CRT-D is not covered under this condition. A cardiac arrest secondary to illegal drug abuse is not covered under this condition.

CARDIOMYOPATHY - of specified severity

POLICY DEFINITION

A definite diagnosis by a consultant cardiologist of primary cardiomyopathy. The disease must result in at least one of the following:-

- Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months by an MRI scan.
- Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III of the New York Heart Association classification) over a period of at least 6 months.
- Implantation of a Cardioverter Defibrillator (ICD) on the specific advice of a cardiologist for the prevention of sudden cardiac arrest.

For the above definition the following are not covered:-

- Any secondary cardiomyopathy
- All other forms of heart disease, heart enlargement and myocarditis

WHAT DOES THIS MEAN?

Cardiomyopathy is the name given to a group of disorders affecting the muscles of the heart that affect its function. Symptoms vary depending on the type of Cardiomyopathy, but may include shortness of breath, fainting and palpitations.

The New York Heart Association (NYHA) functional classification system is commonly used in Ireland to assess heart function. The system relates symptoms to everyday activities and the patient's quality of life. NYHA Class 3 is 'Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation or difficulty in breathing.' (Source: Heart Failure Society of America, 2007).

Chronic Pancreatitis

A definite diagnosis of Chronic Pancreatitis by a Consultant Gastroenterologist. The diagnosis must be evidenced by the following:-

- calcification of the pancreas.
- malabsorption due to failure of secretion of pancreatic enzymes.
- chronic inflammation of the pancreas as shown by Endoscopic Retrograde Cholangiopancreatography (ERCP) or Magnetic Resonance Cholangiopancreatography (MRCP)
- pancreatic duct dilatation, beading and stricture.

For the above definition the following are not covered:-

- chronic pancreatitis secondary to alcohol abuse
- acute pancreatitis.

WHAT DOES THIS MEAN

Chronic pancreatitis is an inflammation of the pancreas which is an important organ in the digestive and endocrine systems of the body. Chronic pancreatitis is inflammation of the pancreas that fails to improve and deteriorates leading to permanent damage. Chronic pancreatitis effects a persons ability to digest food and to make pancreatic hormones.

COMA - resulting in permanent symptoms

POLICY DEFINITION

A state of unconsciousness, including medically induced comas, with no reaction to external stimuli or internal needs which:

- Requires the use of life support systems for a continuous period of at least 96 hours; **and**
- Results in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:

- Coma secondary to alcohol or drug abuse.

WHAT DOES THIS MEAN?

Coma is a state of unconsciousness with no reaction to external stimuli or internal needs which requires the use of life support systems and results in associated permanent neurological deficit with persisting clinical symptoms.

CORONARY ARTERY BY-PASS GRAFTS - with surgery to divide the breastbone

POLICY DEFINITION

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

WHAT DOES THIS MEAN?

Coronary arteries can become narrowed or blocked by the build-up of fatty deposits. This may cause symptoms including chest pain and can sometimes cause a heart attack. Coronary artery by-pass surgery is used to treat blocked arteries in the heart by diverting the blood supply around the blocked artery using a vein, usually taken from the leg, arm or chest. This definition covers surgery if it requires the heart to be reached by a surgical incision through the chest wall or sternum (breastbone), to replace the blocked arteries with a vein. This definition doesn't cover other surgical procedures to treat blocked arteries such as balloon angioplasty or insertion of stents.

CREUTZFELDT-JAKOB DISEASE (CJD) - resulting in permanent symptoms

POLICY DEFINITION

Confirmation by a Consultant Neurologist of a definite diagnosis of Creutzfeldt-Jakob Disease resulting in permanent neurological deficit with persisting clinical symptoms.

WHAT DOES THIS MEAN?

Creutzfeldt-Jakob Disease (CJD) is a rare disease of the nervous system. CJD can be present without symptoms for many years. Once they appear, symptoms may include failing memory, problems with vision, immobility, loss of speech and coma in advanced stages.

DEAFNESS - permanent and irreversible

POLICY DEFINITION

Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

WHAT DOES THIS MEAN?

This means permanent loss of hearing in both ears, measured by using an audiogram across different frequencies, which vary from low to high pitch. The hearing loss must be across all frequencies. This definition doesn't cover partial loss of hearing.

DEMENTIA - resulting in permanent symptoms

See "Alzheimer's Disease or Dementia"

DEVIC'S DISEASE - with persisting symptoms

POLICY DEFINITION

A definite diagnosis of Devic's Disease by a Consultant Neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

WHAT DOES THIS MEAN?

Devic's Disease is an autoimmune, inflammatory disorder in which a person's own immune system attacks the optic nerves and spinal cord. This produces an inflammation of the optic nerve (optic neuritis) and the spinal cord (myelitis). Although inflammation may also affect the brain, the lesions are different from those observed in the related condition, multiple sclerosis. Spinal cord lesions lead to varying degrees of weakness or paralysis in the legs or arms, loss of sensation (including blindness), and/or bladder and bowel dysfunction. Devic's Disease is also known as Neuromyelitis Optica (NMO), or Devic's syndrome.

ENCEPHALITIS - resulting in permanent symptoms

POLICY DEFINITION

A definite diagnosis of Encephalitis by a Consultant Neurologist resulting in permanent neurological deficit with persisting clinical symptoms. Encephalitis in the presence of HIV infection is excluded.

WHAT DOES THIS MEAN?

Encephalitis is inflammation of brain tissue. It is usually caused by an infection. Symptoms might include severe headache, nausea, vomiting, convulsions, personality changes, problems with speech and/or hearing, confusion and disorientation. Encephalitis can range in severity from relatively mild to life threatening.

HEART ATTACK - of specified severity

POLICY DEFINITION

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- Typical clinical symptoms (for example, characteristic chest pain).
- New characteristic electrocardiographic changes.
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:
  - Troponin T> 1.0 ng/ml
  - AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes including but not limited to angina.

WHAT DOES THIS MEAN?

A heart attack, also known as a myocardial infarction (M.I.), happens when part of the heart muscle dies because it has been starved of oxygen. This causes severe pain and an increase in cardiac enzymes and troponins, which are released into the blood stream from the damaged heart muscle. This definition doesn't cover angina or any other heart condition.

HEART VALVE REPLACEMENT OR REPAIR

POLICY DEFINITION

The undergoing of surgery on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.

WHAT DOES THIS MEAN?

Healthy heart valves are important to make sure blood flows through the heart in the right direction so that blood is circulated around the body efficiently. There are various causes of heart valve disease including birth defects, rheumatic fever, age and other heart related conditions such as cardiomyopathy. Symptoms of heart valve disease include breathlessness, chest pain, swelling of the ankles and legs and fainting. This definition covers surgery to replace or repair a heart valve.

HIV INFECTION – as a result of a blood transfusion, a physical assault or at work in an eligible occupation

POLICY DEFINITION

Infection by Human Immunodeficiency Virus resulting from:

- A blood transfusion given as part of medical treatment;
- A physical assault; or
- An incident occurring during the course of performing normal duties of employment after the start of the Policy and satisfying all of the following:
  - The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.
  - Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident.
  - There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.

The eligible occupations for HIV caught at work are:

- The emergency services – Gardaí, fire, ambulance
- The medical profession – including administrators, cleaners, dentists, doctors, nurses and porters
- The defence forces - Irish army, naval service and air corps

For the above definition, the following is not covered:

- HIV infection resulting from any other means, including sexual activity or drug abuse.

WHAT DOES THIS MEAN?

This definition covers HIV infection from a blood transfusion, physical assault or when infected at work in an eligible occupation. HIV can lead to the development of Acquired Immune Deficiency Syndrome (AIDS). This is when the body's immune system breaks down, increasing the risk of infections and tumours. When HIV is contracted during an incident at work, our definition includes eligible occupations with established reporting procedures. This definition doesn't cover HIV infection through other means, including sexual activity or drug abuse.

INTENSIVE CARE - requiring mechanical ventilation for 10 days

POLICY DEFINITION

Any sickness or injury requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an authorised unit of an acute care hospital

For the above definition, the following is not covered:

- sickness or injury as a result of drug or alcohol intake or other self-inflicted means

WHAT DOES THIS MEAN?

There are many causes leading to admission to an intensive care unit including illness, accident or surgery. Patients in intensive care may have had organ failure and require medical equipment to take the place of these functions while they recover. To meet our definition you must not be able to breathe on your own and require continuous mechanical ventilation for 10 consecutive days.

KIDNEY FAILURE - requiring dialysis

POLICY DEFINITION

Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is necessary.

WHAT DOES THIS MEAN?

The kidneys perform an important role filtering the body's waste to pass as urine. If the kidneys fail, there is a harmful build-up of the body's waste products. In severe cases it may be necessary for the filtering to be done by a dialysis machine or, in some cases, a transplant may be needed. Kidney failure can become life threatening. This definition covers failure of both kidneys requiring dialysis.

LIVER FAILURE - end stage

POLICY DEFINITION

Chronic liver disease, being end stage and irreversible liver failure due to cirrhosis and resulting in all of the following:

- permanent jaundice
- ascites
- encephalopathy

For the above definition, the following are not covered:

- Liver disease secondary to alcohol or drug abuse.

WHAT DOES THIS MEAN?

The liver is an important organ, which carries out several of the body's vital functions such as helping with digestion and clearing toxins. This definition covers liver failure at an advanced stage. This type of liver failure must lead to permanent jaundice (yellow discolouration of the skin), ascites (build-up of fluid in the abdomen), and encephalopathy (brain disease or damage). This definition doesn't cover liver disease that's resulted from to alcohol or drug abuse.

LOSS OF HAND OR FOOT - permanent physical severance

POLICY DEFINITION

Permanent physical severance of a hand at or above the wrist joint or a foot at or above the ankle joint.

WHAT DOES THIS MEAN?

This means the physical severance at or above the wrist or ankle joints and may be caused by illness or accident.

LOSS OF INDEPENDENT EXISTENCE - permanent and irreversible

POLICY DEFINITION

Loss of Independent Existence - permanent and irreversible loss of the ability to function independently which is defined as follows:
Being permanently unable to fulfil at least three of the following activities unassisted by another person:

- The ability to walk 100 metres on the flat
- The ability to get in & out of a standard motor vehicle
- The ability to put on, take off, secure & unfasten all necessary garments, and any braces, artificial limbs or other surgical appliances
- The ability to wash in the bath or shower (including getting into and out of the bath & shower) such that an adequate level of personal hygiene can be maintained
- The ability to climb a flight of 12 stairs without the assistance of special aids
- The ability to manage bowel & bladder functions such that an adequate level of personal hygiene can be maintained

  OR
- Suffering from severe & permanent intellectual impairment which must:
- Result from organic disease or trauma, and
- Be measured by the use of recognised standardised tests, and
- Have deteriorated to the extent that requires the need for continual supervision & assistance of another person throughout the day.

We will not pay any benefit unless the Loss of Independent Existence has continued without interruption for six months in a row (the qualifying period) or for any longer period we may reasonably decide to be sure that the Loss of Independent Existence is permanent.

In making its assessment of any claim, Aviva will consider evidence from all the claimant's treating consultants, the treatment options available, and the likelihood of recovery. In addition, Aviva may require an Independent Medical Assessment by a Consultant or other health professional.

The diagnosis must be confirmed to the satisfaction of our Chief Medical Officer and by a consultant physician, neurologist or geriatrician of a major hospital in Ireland or the UK.

WHAT DOES THIS MEAN?

Loss of Independent Existence is based on your permanent inability to carry out a range of tasks outlined above without the assistance of another person or the suffering of a mental disorder causing permanent severe dysfunction.

LOSS OF SPEECH - permanent and irreversible

POLICY DEFINITION

Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease

WHAT DOES THIS MEAN?

This is when you won't be able to talk again. It may be caused when the vocal cords need to be removed because of a tumour or a serious injury. This definition doesn't cover temporary loss of speech.

MAJOR ORGAN TRANSPLANT

POLICY DEFINITION

The undergoing as a recipient of a transplant from another donor, of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or a lobe of liver, or a lobe of lung, or inclusion onto the official programme waiting list of a major Irish or UK hospital for such a procedure.

For the above definition, the following is not covered:-

- Transplant of any other organs, parts of organs, tissues or cells.

WHAT DOES THIS MEAN?

Occasionally, an organ may become so diseased that it needs to be replaced. You will be eligible to claim as soon as you are put on an official Irish or UK waiting list for a heart, liver, lung, pancreas or bone marrow transplant or a lobe of liver, or a lobe of lung. This definition doesn't cover donating an organ.

MOTOR NEURONE DISEASE - resulting in permanent symptoms

POLICY DEFINITION

A definite diagnosis of motor neurone disease by a Consultant Neurologist. There must be permanent clinical impairment of motor function.

WHAT DOES THIS MEAN?

Motor Neurone Disease (MND) is a gradual weakening and wasting of the muscles, usually beginning in the arms and legs. This may cause difficulty walking or holding objects. As the disease develops, other muscle groups may be affected, such as those involving speech, swallowing and breathing. Eventually, 24 hour care may be needed. The progression rate of MND varies between individual sufferers.

MULTIPLE SCLEROSIS - with persisting symptoms

POLICY DEFINITION

A definite diagnosis of Multiple Sclerosis by a Consultant Neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

WHAT DOES THIS MEAN?

Multiple Sclerosis (MS) is the most common disabling neurological disease among young adults and is usually diagnosed between the ages of 20 and 40. Symptoms may be slight, particularly in the early stages. Symptoms may include changes in vision, altered sensation, loss of muscle strength and lack of coordination. To claim, there must be a definite diagnosis of MS and symptoms must be present at the time of claim.

MULTIPLE SYSTEM ATROPHY - resulting in permanent symptoms

POLICY DEFINITION

A definite diagnosis of multiple system atrophy by a Consultant Neurologist. There must be evidence of permanent clinical impairment of:

- bladder control with postural hypotension

AND any 2 of the following:

- Rigidity
- Cerebellar ataxia
- Peripheral neuropathy

WHAT DOES THIS MEAN?

Multiple system atrophy is a progressive disease of the nervous system. Symptoms are varied and include muscle weakness, swallowing difficulties and increasingly severe impairment of physical function.

NECROTISING FASCIITIS

POLICY DEFINITION

A definite diagnosis of life-threatening necrotising fasciitis or gas gangrene by a Consultant Physician, requiring immediate surgery to remove necrotic tissue and intravenous antibiotic treatment to prevent imminent death.

For the above definition, the following is not covered: -

- all other forms of gangrene or cellulitis

WHAT DOES THIS MEAN

Necrotising fascitis is a rare but serious bacterial infection. The bacteria releases toxins that damages nearby tissue and can spread rapidly. The condition requires immediate treatment.

OPEN HEART SURGERY - with surgery to divide the breastbone

POLICY DEFINITION

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist, to correct any structural abnormality of the heart.

WHAT DOES THIS MEAN?

Open heart surgery is an operation in which the heart is opened by a surgical incision for a corrective procedure to be carried out. This definition covers any surgery which involves dividing the breast bone. This definition doesn't cover other surgical procedures, such as balloon angioplasty or insertion of stents.

PARALYSIS OF LIMB - total and irreversible

POLICY DEFINITION

Total and irreversible loss of muscle function to the whole of any one limb.

WHAT DOES THIS MEAN?

Paralysis of limb is the complete loss of use of any one limb. A limb is an arm or leg. Although more commonly caused by injury, it may also be caused by illness.

PARKINSON'S DISEASE - resulting in permanent symptoms

POLICY DEFINITION

A definite diagnosis of Parkinson's disease by a Consultant Neurologist. There must be permanent clinical impairment of motor function with associated tremor, muscle rigidity and postural instability.

For the above definition, the following is not covered:

- Parkinson's disease secondary to drug abuse
- Other Parkinsonian syndromes

WHAT DOES THIS MEAN?

Parkinson's disease is a slowly progressive disease of the brain. Symptoms can include tremors (uncontrollable shaking or trembling), muscle stiffness and slowness of movement. Treatment focuses on slowing the progression of symptoms. Parkinson's Disease that has been caused by drug abuse is not covered.

PARKINSON'S PLUS SYNDROMES

POLICY DEFINITION

A definite diagnosis by a Consultant Neurologist of one of the following Parkinson Plus syndromes:

- multiple system atrophy
- progressive supranuclear palsy Parkinsonism-dementia-amyotrophic lateral sclerosis complex
- corticobasal ganglionic degeneration
- diffuse Lewy body disease.

There must also be permanent clinical impairment of at least one of the following:-

- motor function; or
- eye movement; or
- postural instability; or
- dementia

WHAT DOES THIS MEAN?

Parkinson Plus syndromes are a group of neurodegenerative disorders which share the features of idiopathic Parkinson's disease but with other unique characteristics specific to the condition diagnosed. A claim can be made if a Life Assured is diagnosed by a Consultant Neurologist with one of the Parkinson Plus syndromes named above and has permanent symptoms as per definition.

PERIPHERAL VASCULAR DISEASE - with surgery

POLICY DEFINITION

A definite diagnosis of peripheral vascular disease with objective evidence from ultrasound of obstruction in the arteries which results in by-pass graft surgery to the arteries of the legs.

For this definition, the following is not covered:

- Angioplasty

WHAT DOES THIS MEAN?

Peripheral vascular disease is the most common disease of the arteries and refers to any disease or disorder of the circulatory system outside of the brain and heart. It is caused by build-up of fatty material which causes an artery to gradually become blocked, narrowed, or weakened. Peripheral vascular disease is sometimes called arteriosclerosis, or hardening of the arteries. By-pass graft surgery is often performed for severe Peripheral vascular disease that is unresponsive to medication or angioplasty.

PRIMARY PULMONARY HYPERTENSION - of specified severity

POLICY DEFINITION

A definite diagnosis of Primary Pulmonary Hypertension by a Consultant Cardiologist. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class 111 of the New York Heart Association classifications of functional capacity.

WHAT DOES THIS MEAN?

Primary pulmonary hypertension is abnormally high blood pressure in the arteries of the lungs. It's a rare but serious condition, causing a range of symptoms. These commonly include breathlessness, dizziness, fainting, chest pain and palpitations. Symptoms can occur at rest or during mild exercise. Primary pulmonary hypertension may eventually lead to heart failure.

The New York Heart Association (NYHA) functional classification system is commonly used in Ireland to assess heart function. The system relates symptoms to everyday activities and the patient's quality of life. NYHA Class 111 is 'Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation or difficulty in breathing.' (Source: Heart Failure Society of America, 2007).

PRIMARY SCLEROSING CHOLANGITIS – of specified severity

POLICY DEFINITION

A definite diagnosis of Primary Sclerosing Cholangitis as evidenced by imaging confirmation of typical multifocal structuring and dilation of intrahepatic and/or extrahepatic bile ducts.

For the above definition, the following are not covered:

- All other causes of bile duct structuring and dilation,
- Primary Sclerosing Cholangitis secondary to liver disease which is associated with alcohol.

WHAT DOES THIS MEAN?

Primary Sclerosing Cholangitis (PSC) is a chronic (lasting years), progressive (worsening over time) disease of the bile ducts that channel bile from the liver into the intestines. PSC caused by alcohol is not covered.

PROGRESSIVE SUPRANUCLEAR PALSY - resulting in permanent symptoms

POLICY DEFINITION

Confirmation by a Consultant Neurologist of a definite diagnosis of progressive supranuclear palsy.

There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

WHAT DOES THIS MEAN?

Progressive Supranuclear Palsy (PSP) is a brain disease that develops slowly. It progresses to seriously affect vision and movement. PSP can also cause changes in behaviour and personality, memory loss and slurred speech.

PULMONARY ARTERY REPLACEMENT - with surgery to divide the breastbone

POLICY DEFINITION

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiothoracic Surgeon for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

WHAT DOES THIS MEAN?

Pulmonary Artery Replacement is surgery to repair a diseased section of the pulmonary artery with a graft. The procedure involves the surgical division of the breastbone and the opening up of the chest wall to gain access.

SEVERE CROHN'S DISEASE - with persisting symptoms that has not responded to surgical intestinal resection.

POLICY DEFINITION

A definite diagnosis by a consultant gastroenterologist of Crohn's Disease with fistula formation and intestinal strictures. There must have been two or more bowel segment resections on separate occasions. There must also be evidence of continued inflammation with ongoing symptoms, despite optimal therapy with diet restriction, medication use and surgical interventions.

What does this mean?

Crohn's Disease is an inflammatory disease that affects the digestive system. A stricture is an abnormal blockage or partial blockage which forms in the bowel. A fistula is an abnormal passageway that can form between parts of the body that are not normally connected. A bowel resection is when a part of the diseased bowel is removed during surgery. A claim can only be made if the life assured has had a part of the bowel removed on two or more separate occasions as well as experiencing ongoing symptoms, fistula formation and strictures in spite of ongoing treatment.

SEVERE LUNG DISEASE - of specified severity

POLICY DEFINITION

Confirmation by a Consultant Physician of chronic lung disease which is evidenced by all of the following:

- The need for continuous daily oxygen therapy on a permanent basis. Evidence that oxygen therapy has been required for a minimum period of six months;
- FEV1 being less than 40% of normal;
- Vital Capacity less than 50% of normal.

WHAT DOES THIS MEAN?

The lungs allow us to breathe in oxygen and get rid of harmful carbon dioxide. This definition covers advanced lung failure when breathing is severely affected and regular oxygen therapy is required. Severe lung disease may also be described as 'chronic lung disease' or 'respiratory failure'.

Note: FEV1 means Forced Expiratory Volume in one second. This is the amount of air you can exhale in one second. Vital Capacity means the maximum amount of air that can be exhaled after a maximum inhalation.

SHORT BOWEL SYNDROME - requiring permanent total parenteral nutrition

POLICY DEFINITION

A definite diagnosis by a Consultant Gastroenterologist, of short bowel syndrome, resulting from massive loss of the small intestine, and requiring total parenteral nutrition on a permanent basis.

WHAT DOES THIS MEAN?

Short Bowel Syndrome (SBS) occurs when there is impaired ability to absorb food nutrients in the intestinal tract usually caused by surgery, injury or trauma to the small intestine. It usually does not develop unless more than two thirds of the small intestine has been removed. Total parenteral nutrition is where a person needs to be fed intravenously, bypassing the usual process of eating and digestion with no significant nutrition being obtained by other routes.

SPINAL STROKE

POLICY DEFINITION

Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in permanent neurological deficit with persisting clinical symptoms.

WHAT DOES THIS MEAN?

A spinal stroke occurs when there is an interruption in the blood supply to the spinal cord. This may occur when there is a blockage in the blood supply or there is a bleed due to a blood vessel rupture.

STROKE - resulting in permanent symptoms

POLICY DEFINITION

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Transient ischaemic attack.
- Traumatic injury to brain tissue or blood vessels.

WHAT DOES THIS MEAN?

Strokes are caused by a sudden loss of blood supply or haemorrhage to a particular part of the brain. The symptoms and how well a person recovers will depend on which part of the brain is affected and the extent of the damage. Strokes are a significant cause of disability in Ireland. A transient ischaemic attack, sometimes referred to as a 'mini-stroke', is not covered by this definition, because symptoms aren't permanent and will usually disappear within 24 hours.

SYSTEMIC LUPUS ERYTHEMATOSUS - with severe complications

POLICY DEFINITION

A definite diagnosis of Systemic Lupus Erythematosus by a Consultant Rheumatologist resulting in either of the following:

- Permanent neurological deficit with persisting clinical symptoms; or
- The permanent impairment of kidney function tests as follows;
  Glomerular Filtration Rate (GFR) below 30 ml/min.

WHAT DOES THIS MEAN?

Systemic lupus erythematosus (SLE), sometimes called 'lupus', involves chronic inflammation of body tissues caused by autoimmune disease. Autoimmune diseases are illnesses that occur when the body's tissues are attacked by its own immune system, i.e. the body creates antibodies, which work against it. SLE causes a variety of symptoms, which may flare up from time to time but rarely disappear completely. These may include painful, swollen joints, unexplained fever and extreme fatigue. 'Systemic' means it can affect many parts of the body, from the skin to joints and kidneys.

TERMINAL ILLNESS

POLICY DEFINITION

A definite diagnosis by the attending Consultant of an illness that satisfies both of the following:

- The illness either has no known cure or has progressed to the point where it cannot be cured; and
- In the opinion of the attending Consultant, the illness is expected to lead to death within 12 months.

WHAT DOES THIS MEAN?

A terminal illness is an illness with a life expectancy of less than 12 months.

THIRD DEGREE BURNS - covering 20% of the body's surface or 50% of the face's surface

POLICY DEFINITION

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area or over 50% loss of surface area of the face which for the purposes of this definition includes the forehead and ears.

WHAT DOES THIS MEAN?

Third degree burns are the most serious type of burns, involving the full thickness of the skin and underlying connective tissue. These can be life threatening and need numerous skin grafts. For an eligible claim, the burns must cover at least 20% of the body's surface area or 50% of the face.

TOTAL PNEUMONECTOMY

POLICY DEFINITION

The undergoing of surgery on the advice of a consultant medical specialist to both lobes of the lung for any physical injury or disease.

WHAT DOES THIS MEAN?

Total Pneumonectomy is the surgical removal of an entire lung which may be performed for lung disease or due to injury or trauma.

TRAUMATIC HEAD INJURY - resulting in permanent symptoms

POLICY DEFINITION

Death of brain tissue due to traumatic injury resulting in permanent neurological deficit with persisting clinical symptoms.

WHAT DOES THIS MEAN?

Traumatic head injury is covered by this definition when permanent symptoms result from the injury. An example is a severe head injury caused by a road accident.

Partial payment illnesses

ANGIOPLASTY - SINGLE VESSEL - for coronary artery disease of specified severity

POLICY DEFINITION

The undergoing, to treat severe coronary artery disease, of any of the following:

- Atherectomy
- Balloon Angioplasty
- Rotablation
- Laser treatment
- And / or insertion of stents to treat the narrowing or blockage in one Main Coronary Artery.

This procedure must have been carried out on the advice of a Consultant Cardiologist. The intervention must be to treat at least 70% diameter narrowing in the vessel and must be carried out as a single procedure.

For the purposes of this definition Main Coronary Arteries are defined as being:

- Right Coronary Artery
- Left Main Stem
- Left Anterior Descending
- Circumflex

ANGIOPLASTY - TWO OR MORE VESSELS - for coronary artery disease of specified severity

POLICY DEFINITION

The undergoing, to treat severe coronary artery disease, of any of the following:

- Atherectomy
- Balloon Angioplasty
- Rotablation
- Laser treatment
- And / or insertion of stents to treat the narrowing or blockage in two or more Main Coronary Arteries.

This procedure must have been carried out on the advice of a Consultant Cardiologist. The intervention must be to treat at least 70% diameter narrowing in each vessel and must be carried out as a single procedure.

For the purposes of this definition Main Coronary Arteries are defined as being:

- Right Coronary Artery
- Left Main Stem
- Left Anterior Descending
- Circumflex

Two or more procedures in the same artery or procedures to any of the branches of the above arteries are specifically excluded.

WHAT DOES THIS MEAN?

Arteries can become narrowed or obstructed with fatty deposits. Angioplasty is the technique of mechanically widening a coronary artery to restore blood flow to the heart muscle. Angioplasty - single vessel means an angioplasty procedure to correct a narrowing of at least 70% to a single main coronary artery. Angioplasty - two or more vessels means the procedure is to correct a narrowing of at least 70% to at least two main coronary arteries on a single occasion.

AORTIC ANEURSYM - with endovascular repair

POLICY DEFINITION

The undergoing of endovascular repair of an aneurysm of the thoracic or abdominal aorta with a graft.

For the above definition, the following is not covered:-

- procedures to any branches of the thoracic or abdominal aorta.

WHAT DOES THIS MEAN?

The aorta is the main artery of the body and supplies blood rich with oxygen to all other arteries. An aortic aneurysm is an enlargement (dilatation) of the aorta. The enlargement causes weakness in the wall of the aorta increasing the risk of aortic rupture. When rupture occurs, massive internal bleeding can result and, unless treatment is undergone immediately, can be a life-threatening event.

CARCINOMA IN SITU OF THE BREAST - with surgery to remove the tumour

POLICY DEFINITION

Breast cancer in situ positively diagnosed with histological confirmation by biopsy together with the undergoing of surgery to remove the tumour.

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. Early cancerous changes in the breast may be surgically treated to protect against the condition spreading. This definition doesn't cover other types of treatment.

CARCINOMA IN SITU OF THE OESOPHAGUS - with surgery to remove the tumour

POLICY DEFINITION

Cancer of the oesophagus in situ positively diagnosed with histological confirmation by biopsy together with undergoing of surgery to remove the tumour.

For the above definition the following is not covered:

- Treatment by any other method
- Treatment for Barrett's Oesophagus

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The oesophagus connects the mouth to the stomach. You can claim if you have been diagnosed with a carcinoma in situ of the oesophagus and you have been

treated surgically. This definition doesn't cover other types of treatment. This benefit does not cover any other disease or disorder of the oesophagus.

CARCINOMA IN SITU OF THE URINARY BLADDER - requiring surgical removal

POLICY DEFINITION

Carcinoma in Situ of the urinary bladder positively diagnosed with histological confirmation by biopsy which is treated by complete removal of the bladder

For the above definition, the following is not covered:

- Any urinary bladder tumour which has been histologically classified as stage Ta or non-invasive papillary carcinoma.

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. Carcinoma-in-situ of the urinary bladder affects the lining of the bladder without any invasion into the deeper tissues. You can claim if you have been diagnosed as having carcinoma-in-situ of the urinary bladder requiring surgical removal of the entire bladder.

CAROTID ARTERY STENOSIS- treated by endarterectomy or angioplasty

POLICY DEFINITION

The undergoing of endarterectomy or therapeutic angioplasty procedure with or without a stent to correct symptomatic stenosis involving at least 70% narrowing or blockage of the carotid artery.

Angiographic evidence will be required.

WHAT DOES THIS MEAN?

The carotid arteries are the blood vessels that carry oxygen-rich blood to the head, brain and face. They are located at either side of the neck. Carotid artery stenosis (usually the result of a build-up of plaque) is a narrowing of the carotid arteries which can in turn stop or impair blood flow.

CENTRAL RETINAL ARTERY OCCLUSION OR CENTRAL RETINAL VEIN OCCLUSION- resulting in permanent visual impairment

POLICY DEFINITION

Death of the optic nerve or retinal tissue due to inadequate blood supply or haemorrhage within the central retinal artery or vein, resulting in permanent visual impairment of the affected eye.

For the above definition, the following are not covered:-

- branch retinal artery occlusion or haemorrhage
- branch retinal vein occlusion or haemorrhage
- traumatic injury to tissue of the optic nerve or retina.

WHAT DOES THIS MEAN?

Central retinal vein occlusion is a blockage of the main vein in the retina. The blockage causes the walls of the vein to leak blood and excess fluid into the retina. When this fluid collects in the macula (the area of the retina responsible for central vision), vision becomes blurry.

CEREBRAL ABSCESS - requiring surgery

POLICY DEFINITION

The removal or drainage of a cerebral abscess through the undergoing of a craniotomy or burr hole (surgical opening of the skull) by a Consultant Neurosurgeon. There must be evidence of a cerebral abscess on CT or MRI imaging.

For the above definition, the following is not covered:

- Treatment by any other method

WHAT DOES THIS MEAN?

A cerebral abscess results from an infection in the brain. You can claim if you are diagnosed with cerebral abscess by a Consultant Neurosurgeon and you are treated by surgical drainage by craniotomy or burr hole incision. A craniotomy is a surgical operation in which part of the skull is removed in order to access the brain.

CEREBRAL ANEURYSM - with surgical repair

POLICY DEFINITION

The undergoing of either of the following surgical procedures in order to treat a cerebral aneurysm:

- Surgical correction via craniotomy
- Endovascular treatment using coils or other materials (embolisation)

For the above definition, the following is not covered:

- Cerebral arteriovenous malformation.

WHAT DOES THIS MEAN?

The junctions of arteries in the brain may develop weak spots. Aneurysms occur when these weak spots balloon out and fill with blood. Aneurysms may leak or rupture, spilling blood into surrounding tissues.

CEREBRAL ARTERIOVENOUS MALFORMATION -requiring surgery

POLICY DEFINITION

The undergoing of surgery to reduce the risk of haemorrhage and stroke from cerebral arteriovenous malformation requiring craniotomy (surgical opening of the skull) or endovascular repair that reduces blood flow through the cerebral blood vessels.

For the above definition, the following is not covered:

- Intracranial aneurysm

WHAT DOES THIS MEAN?

A cerebral arteriovenous malformation (AVM) is an abnormal connection between the arteries and veins in the brain that usually forms before birth. The condition occurs when arteries in the brain connect directly to nearby veins; the blood does not flow into the capillaries which are the small vessels that normally transport blood from the arteries to the veins. A cerebral arteriovenous malformation (AVM) rupture occurs because of pressure and damage to blood vessel tissue. This allows blood to leak into the brain or surrounding tissue reducing blood flow to the brain.

CROHN'S DISEASE – treated with surgical intestinal resection

POLICY DEFINITION

A definite diagnosis by a Consultant Gastroenterologist of Crohn's disease which has been treated with surgical intestinal resection.

WHAT DOES THIS MEAN?

Crohn's Disease is an inflammatory disease that affects the digestive system. A bowel resection is when a part of the diseased bowel is removed during surgery.

CYSTECTOMY- complete removal of the urinary bladder

POLICY DEFINITION

Complete surgical removal of the urinary bladder.

For the above definition, the following are not covered: -

- urinary bladder biopsy
- removal of a portion of the urinary bladder.

WHAT DOES THIS MEAN?

A claim can be made only where an entire bladder has been removed as a result of injury or disease. Claims for removal of only part of the bladder will not be paid.

EARLY STAGE THYROID CANCER of specified advancement

POLICY DEFINITION

A definite diagnosis by a Consultant of invasive thyroid cancer which has been histologically classified as having progressed to TNM classification T1N0M0.

For the above definition, the following is not covered:-

- Non-invasive follicular thyroid neoplasms with papillary like features (NIFTP).

WHAT DOES THIS MEAN?

A claim can be made following a diagnosis of thyroid cancer by an appropriate Consultant where the tumour has progressed to at least clinical TNM classification of T1N0M0.

GASTROINTESTINAL STROMAL TUMOUR (GIST) of low malignant potential - with surgery

POLICY DEFINITION

A gastrointestinal stromal tumour (GIST) of low malignant potential diagnosed by histological confirmation and that has been treated by surgery to remove the tumour.

For the above definition, the following are not covered: -

- tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment.

WHAT DOES THIS MEAN?

A claim can be made following a diagnosis of gastrointestinal stromal tumour (GIST) and where this has been treated by surgery. Your claim must be supported by a microscopic examination of a sample of the relevant cells. This is known as 'histology' and would usually be carried out as part of a normal hospital investigation.

IMPLANTABLE CARDIOVERTER DEFIBRILLATOR for Primary Prevention of sudden cardiac death

POLICY DEFINITION

Insertion of an Implantable Cardioverter-Defibrillator (ICD) on the advice of a Consultant Cardiologist for primary prevention of sudden cardiac death.

For the above definition, the following is not covered:-

- insertion of a pacemaker.

WHAT DOES THIS MEAN?

An implantable cardiovertor defibrillator (ICD) is a small electrical device implanted in patients who are at risk of sudden death due to life-threatening, irregular heart rhythms. The ICD monitors the rhythm of the patient's heartbeat. When the ICD records arrhythmia (abnormal electrical activity in the heart), it acts to restore rhythm. Inserting a pacemaker is excluded as this is a different device and is used to treat conditions that are generally less serious.

LESS ADVANCED CANCER OF THE ANUS - with surgical removal

POLICY DEFINITION

A definite diagnosis with histological confirmation of cancer in situ of the anus with surgery to remove the tumour.

For the above definition, the following are not covered:-

- Anal Intraepithelial Neoplasia (AIN) grade 1 or 2, Squamous intraepithelial lesions (LGSIL),

All non-surgical therapies which include but are not limited to all forms of ablative therapy and topical therapy.

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the abscence of invasion of tumour cells into the surrounding tissue. The policy will pay your claim if, after diagnosis of carcinoma in situ of the anus, a Life Assured undergoes surgery to remove the tumour.

LESS ADVANCED CANCER OF THE APPENDIX, COLON OR RECTUM - with specified surgery

POLICY DEFINITION

A definite diagnosis with histological confirmation of cancer in situ of the appendix, colon or rectum resulting in surgery to remove a portion of the appendix, colon or rectum.

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay your claim out on positive diagnosis of cancer in situ of the appendix, colon or rectum resulting in surgery to remove a portion of the appendix, colon or rectum.

LESS ADVANCED CANCER OF THE BILE DUCTS - with surgical removal

POLICY DEFINITION

A definite diagnosis with histological confirmation of cancer in situ of the extra-hepatic bile ducts resulting in surgery to remove the tumour.

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay your claim out on positive diagnosis with histological confirmation of cancer in situ of the extra-hepatic bile ducts with surgery to remove the tumour.

LESS ADVANCED CANCER OF THE CERVIX - with specified surgery

POLICY DEFINITION

A definite diagnosis with histological confirmation of cancer in situ of the cervix uteri resulting in trachelectomy (removal of the cervix) or hysterectomy.

For the above definition, the following are not covered:-

- loop excision;
- laser surgery;
- conization;
- cryosurgery;
- Cervical Intraepithelial Neoplasia (CIN) grade I or II, or low grade squamous intraepithelial lesions (LGSIL)
- all grades of dysplasia;
- cervical squamous epithelial lesion (SIL) and;
- cervical intra-epithelia neoplasia (CIN) unless carcinoma in situ is present.

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay your claim if, after diagnosis of carcinoma in situ of the cervix, a Life Assured's cervix is surgically removed (trachelectomy) or they undergo a hysterectomy.

LESS ADVANCED CANCER OF THE GALLBLADDER - with surgical removal

POLICY DEFINITION

A definite diagnosis with histological confirmation of cancer in situ of the gallbladder with surgery to remove the tumour.

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay your claim out on positive diagnosis with histological confirmation of cancer in situ of the gall bladder with surgery to remove the tumour.

LESS ADVANCED CANCER OF THE LARYNX - with specified treatment

POLICY DEFINITION

A definite diagnosis with histological confirmation of cancer in situ of the larynx treated with surgery, laser or radiotherapy

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay your claim out on positive diagnosis with histological confirmation of cancer in situ of the larynx treated with surgery, laser or radiotherapy.

LESS ADVANCED CANCER OF THE LUNG AND BRONCHUS - with specified surgery

POLICY DEFINITION

A definite diagnosis with histological confirmation of cancer in situ of the lung or bronchus or carcinoid tumour resulting in wedge resection or lobectomy.

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay your claim out on positive diagnosis with histological confirmation of carcinoma in situ of the lung or bronchus or carcinoid tumour resulting in wedge resection or lobectomy.

LESS ADVANCED CANCER OF THE OVARY - with surgical removal

POLICY DEFINITION

A definite diagnosis with histological confirmation of ovarian tumour of borderline malignancy or low malignant potential which has resulted in surgical removal of an ovary.

For the above definition, the following is not covered: -

- removal of an ovary due to a cyst.

WHAT DOES THIS MEAN?

A claim can be made if a Life Assured has been diagnosed as having an ovarian tumour of borderline malignancy/low malignant potential, and where this has been treated by surgery to remove an ovary. Your claim must be supported by a microscopic examination of a sample of the relevant cells. This is known as 'histology' and would usually be carried out as part of a normal hospital investigation.

LESS ADVANCED CANCER OF THE ORAL CAVITY OR OROPHARYNX - with surgical removal

POLICY DEFINITION

A definite diagnosis with histological confirmation of cancer in situ of the oral cavity or oropharynx with surgery to remove the tumour.

This includes lip, inside of cheek, floor of the mouth, tongue, gums, hard palate, soft palate and tonsils.

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay your claim out on positive diagnosis with histological confirmation of cancer in situ of the larynx treated with surgery, laser or radiotherapy.

LESS ADVANCED CANCER OF THE PANCREAS - with surgical removal

POLICY DEFINITION

A definite diagnosis with histological confirmation of cancer in situ of the pancreas with surgery to remove the tumour.

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay your claim out on positive diagnosis with histological confirmation of cancer in situ of the pancreas with surgery to remove the tumour.

LESS ADVANCED CANCER OF THE RENAL PELVIS OR URETER - of specified severity

POLICY DEFINITION

A definite diagnosis with histological confirmation of cancer in situ of the renal pelvis or ureter.

For the above definition, the following are not covered:-

- Non-invasive papillary carcinoma
- Tumours of TNM classification stage Ta.

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay your claim out on positive diagnosis with histological confirmation of cancer in situ of the renal pelvis or ureter. For the above definition, the following is not covered:

- Non-invasive papillary carcinoma, Tumours of TNM classification stage Ta.

LESS ADVANCED CANCER OF THE STOMACH - with surgical removal

POLICY DEFINITION

A definite diagnosis with histological confirmation of cancer in situ of the stomach with surgery to remove the tumour.

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay your claim out on positive diagnosis with histological confirmation of cancer in situ of the stomach with surgery to remove the tumour.

LESS ADVANCED CANCER OF THE TESTICLE - with specified surgery

POLICY DEFINITION

A definite diagnosis with histological confirmation of intra-tubular germ cell neoplasia unclassified (ITGCNU) or benign testicular tumour resulting in orchidectomy (removal of a testicle).

WHAT DOES THIS MEAN?

This occurs when there are abnormal cells in the testicle but they are completely contained and so cannot spread, as cancer cells can. The policy will pay your claim out on positive diagnoses of intra-tubuar germ cell neoplasia unclassified (ITGCNU) or benign testicular tumour resulting in orchidectomy.

LESS ADVANCED CANCER OF THE THYMUS - with surgical removal

POLICY DEFINITION

A definite diagnosis with histological confirmation of epithelial of the thymus with surgery to remove the tumour.

WHAT DOES THIS MEAN?

A claim can be made following a positive diagnosis with histological confirmation of epithelial tumour (thymoma) with surgery to remove the tumour.

LESS ADVANCED CANCER OF THE UTERUS - with specified surgery

POLICY DEFINITION

A definite diagnosis with histological confirmation of cancer in situ of the lining of the uterus (endometrium) resulting in hysterectomy.

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay your claim out on positive diagnosis with histological confirmation of cancer in situ of the lining of the uterus (endometrium) resulting in hyterectomy.

LESS ADVANCED CANCER OF THE VAGINA - with surgical removal

POLICY DEFINITION

A definite diagnosis with histological confirmation of cancer in situ of the vagina resulting in surgery to remove the tumour.

For the above definition, the following are not covered:-

- all non-surgical therapies which include but are not limited to all forms of ablative therapy and topical therapy
- vaginal intraepithelial neoplasia (VAIN) grade 1 or 2 or low grade squamous intraepithelial neoplasia.

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay your claim out on positive diagnosis with histological confirmation of cancer in situ of the vagina with surgery to remove the tumour.

LESS ADVANCED CANCER OF THE VULVA - with surgical removal

POLICY DEFINITION

A definite diagnosis with histological confirmation of cancer in situ of the vulva resulting in surgery to remove the tumour.

For the above definition, the following are not covered:-

- all non-surgical therapies which include but are not limited to all forms of ablative therapy and topical therapy.
- vulval intraepithelial neoplasia (VIN) grade 1 or 2 or low grade squamous intraepithelial neoplasia

WHAT DOES THIS MEAN?

Carcinoma in situ is an early form of cancer that is defined by the absence of invasion of tumour cells into the surrounding tissue. The policy will pay your claim out on positive diagnosis with histological confirmation of cancer in situ of the vulva with surgery to remove the tumour.

LIVER RESECTION

POLICY DEFINITION

The undergoing of a partial hepatectomy (liver resection) on the advice of a specialist surgeon in gastroenterology and hepatology.

For the above definition, the following are not covered:-

- surgery relating to liver disease resulting from alcohol abuse
- surgery for liver donation (as a donor)
- biopsy or any other diagnostic test.

WHAT DOES THIS MEAN?

A liver resection(known as partial hepatatectomy) is surgery to remove part of the liver. There are many reasons for removing part of the liver for example benign tumours, cysts, or traumatic injury

LOW GRADE PROSTATE CANCER

POLICY DEFINITION

Tumours of the prostate histologically classified as having a Gleason score between 2 and 6 inclusive provided:

- The tumour has progressed to at least clinical TNM classification T1N0M0; and
- The life assured has undergone treatment by prostatectomy, external beam or interstitial implant radiotherapy.

For the above definition the following are not covered:

- Cryotherapy
- Other less radical treatment (e.g. transurethral resection of the prostate)
- Experimental treatments
- Hormone therapy

WHAT DOES THIS MEAN?

This provides cover for cancer of the prostate, which has been treated but is not advanced enough for it to be covered by the cancer cover definition described earlier.

NEUROENDOCRINE TUMOUR (NET) of low malignant potential - with surgery

POLICY DEFINITION

A neuroendocrine tumour of low malignant potential diagnosed by histological confirmation resulting in surgery to remove the tumour.

For the above definition, the following is not covered:-

- tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment.

WHAT DOES THIS MEAN?

A claim can be made if a Life Assured has been diagnosed as having a neuroendocrine tumour and where this has been treated by surgery. Your claim must be supported by a microscopic examination of a sample of the relevant cells. This is known as 'histology' and would usually be carried out as part of a normal hospital investigation.

PERIPHERAL VASCULAR DISEASE - with angioplasty

POLICY DEFINITION

The undergoing of a balloon angioplasty, atherectomy, laser treatment or stent insertion on the advice of a cardiologist or vascular surgeon to correct a narrowing or blockage to an artery of the legs.

Angiographic evidence will be required.

WHAT DOES THIS MEAN?

Peripheral vascular disease is the most common disease of the arteries and refers to any disease or disorder of the circulatory system outside of the brain and heart. It is caused by build-up of fatty material which causes an artery to gradually become blocked, narrowed, or weakened. Peripheral vascular disease is sometimes called arteriosclerosis, or hardening of the arteries. Balloon angioplasty involves a surgeon passing a fine balloon catheter (a flexible plastic tube) into the narrowed artery. When the balloon reaches the place where the artery has narrowed, it is inflated to force the walls of the artery apart. Atherectomy and laser treatment are also techniques which involve passing a catheter into the blocked artery.

PITUITARY TUMOUR - resulting in permanent symptoms or surgery

POLICY DEFINITION

A definite diagnosis of a non-malignant tumour in the pituitary gland resulting in either of or both of the following:

- permanent neurological deficit with persisting clinical symptoms; or
- treatment of the tumour by surgery or stereotactic radiosurgery.

For the above definition, the following are not covered:-

- tumours in the brain;
- where symptoms of pituitary tumour are absent with ongoing medical treatment

WHAT DOES THIS MEAN?

The pituitary gland makes hormones that control many other glands in the body. A pituitary tumour is a growth of abnormal cells in the pituitary gland. Most tumours of the pituitary gland are benign and slow-growing. However, they can cause a variety of symptoms including headache, loss of vision, and infertility.

SERIOUS ACCIDENT COVER - resulting in at least 28 consecutive days in hospital

POLICY DEFINITION

We will make a limited payment if a Life Insured suffers a serious accident resulting in a severe physical injury where the Life Insured is immediately admitted to hospital for at least 28 consecutive days to receive medical treatment.

Severe physical injury means injury resulting solely and directly from unforeseen, external, violent and visible means and independent of any other causes.

We will also cover treatment in an inpatient rehabilitation centre, if the client is transferred directly from hospital to the rehabilitation centre for continuous treatment.

Only one partial payment will be paid resulting from the same accident.

For the above definition the following are not covered:

- Stays in hospital of less than 28 consecutive days
- Serious accident secondary to alcohol
- Serious accident secondary to drug abuse

WHAT DOES THIS MEAN?

A claim can be made for this benefit if following a serious accident you are confined to hospital for at least 28 consecutive days in order to receive medical treatment for the injuries sustained in the accident. The 28 consecutive days can include time spent in a rehabilitation centre if the transfer is made directly from the hospital in order for treatment to be continued. A serious accident where alcohol or drug abuse is a contributory factor is not covered. You can only make one claim for injuries resulting from the same accident.

SIGNIFICANT VISUAL IMPAIRMENT - permanent and irreversible

POLICY DEFINITION

We will make a limited payment for specified illness cover if a Life Insured suffers the permanent and irreversible reduction in the sight of both eyes to the extent that even when tested with the use of visual aids, vision is measured at 6/18 or worse in the better eye using a Snellen eye chart, while wearing any corrective glasses or contact lenses.

WHAT DOES THIS MEAN?

In order for the life assured to claim under this definition the loss of sight in both eyes must be irreversible to the extent that even when using glasses or other visual aids, the degree of loss is measured at 6/18 or worse on the Snellen eye chart. A Snellen chart is an eye chart used by eye care professionals to measure visual acuity. The chart consists of rows of letters that decrease in size downwards. A result of 6/18 indicates that the life assured can only see at 6 metres what someone with normal sight can see at 18 metres away.

SINGLE LOBECTOMY - for disease or trauma

POLICY DEFINITION

The undergoing of surgery to remove a complete lobe of a lung for disease or traumatic injury.

For the above definition, the following are not covered:

- Partial removal of a lobe of the lungs (segmental or wedge resection)
- Any other form of lung surgery

WHAT DOES THIS MEAN?

A lobectomy is an operation during which a single lobe of the lung is removed. People have two lungs located on either side of the heart. They are not identical, the right lung has three lobes and the left one has two lobes.

SURGICAL REMOVAL OF ONE EYE

POLICY DEFINITION

The permanent, surgical removal of one eye for disease or trauma.

WHAT DOES THIS MEAN?

This means total removal of either eye due to illness or injury.

SYRINGOMYELIA OR SYRINGOBULBIA

POLICY DEFINITION

A definite diagnosis of Syringomyelia or Syringobulbia by a Consultant Neurologist which has been treated surgically. This includes surgical insertion of a permanent drainage shunt.

WHAT DOES THIS MEAN?

Syringomyelia is a disorder in which a cavity forms in the spinal column. This cavity can extend or expand over time causing damage to the spinal cord. Syringobulbia is a cavity that forms in the part of the brain called the brain stem. This cavity can extend or expand over time causing damage to the brain stem. The symptoms of these disorders are wide ranging and may include for example pain, or loss of the ability to feel extreme heat or cold.

THIRD DEGREE BURNS - covering 5% of the body's surface area or 25% of the face's surface

POLICY DEFINITION

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering between 5% and 20% of the body's surface area or between 25% and 50% loss of surface area of the face which for the purposes of this definition includes the forehead and ears.

WHAT DOES THIS MEAN?

Third degree burns are the most serious type of burns, involving the full thickness of the skin and underlying connective tissue. These can be life threatening and need skin grafts. The burns must cover between 5% and 20% of the body's surface area or between 25% and 50% of the face.

ULCERATIVE COLITIS - treated with total colectomy (removal of the entire bowel)

POLICY DEFINITION

A definite diagnosis by a Consultant Gastroenterologist of ulcerative colitis, treated with total colectomy (removal of the entire large bowel).

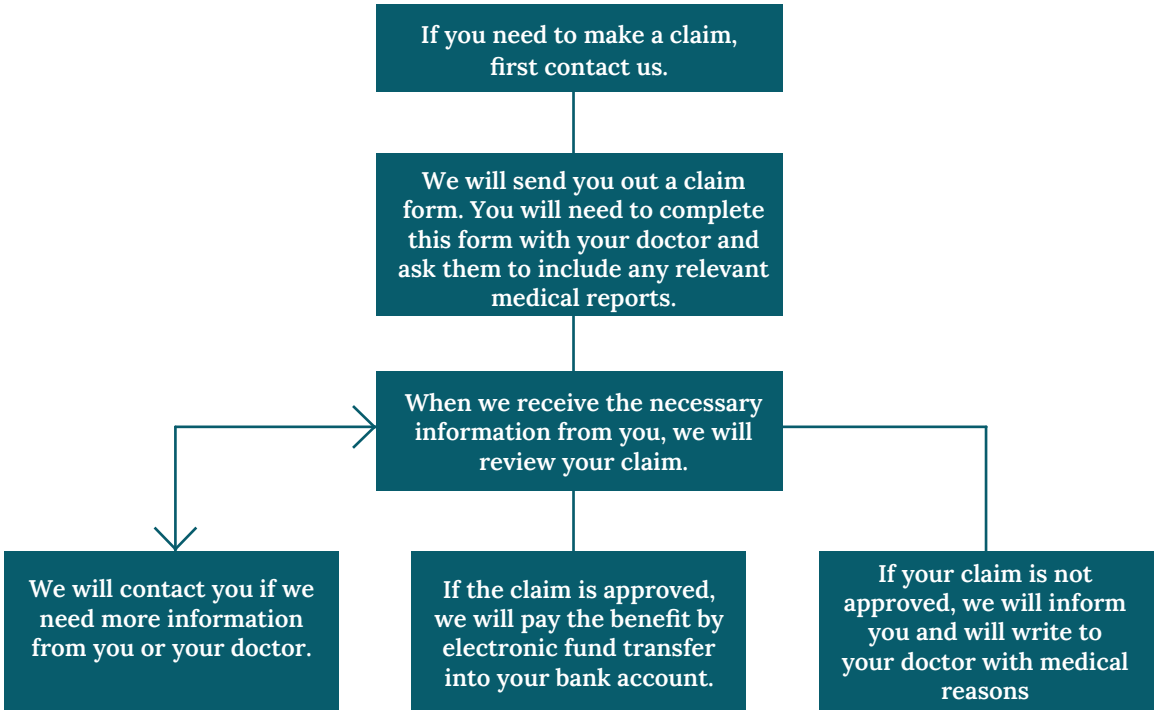
WHAT DOES THIS MEAN?

Ulcerative colitis is a type of inflammatory bowel disease that affects the lining of the large intestine and rectum. To claim you must have had surgery to remove the entire colon (large intestine).

What you can expect when you make a claim

If you or your representatives need to make a claim, please contact us at our registered office in Dublin:
Aviva Life & Pensions Ireland DAC Building 12, Cherrywood Business Park, Loughlinstown, Co. Dublin, D18 W2P5.

Claims Team Helpline: 01 775 6412, email: riskclaims@aviva.com



Situations where we won't pay a claim

We will pay all valid claims as quickly as possible.

We won't pay a claim if your illness is not one that is covered by your plan or does not meet the policy definition.

We may not pay a claim if you have given incorrect information or did not tell us something that would have affected our assessment of your application when you first took out the plan. You must answer the questions on your application form about your health, occupation, hobbies and pastimes accurately and honestly. If you do not and you make a claim, we may not pay your benefit.

We won't pay a claim if you (or your child in the case of a children's cover claim) are living outside any of the following countries for more than 13 weeks in the 12 months immediately before you make a claim.

Territorial Limits:

European Union, Western Europe (Andorra, Channel Islands, Gibraltar, Iceland, Isle of Man, Liechtenstein, Monaco, Norway, San Marino, Switzerland and the United Kingdom), Australia, Canada, Hong Kong, New Zealand, Singapore, South Africa, United Arab Emirates and/or United States of America.

We also won't pay a claim if:

- Your condition is caused by intentional self-inflicted injury.
- Your condition is caused by alcohol or solvent abuse, or the taking of drugs other than under the direction of a qualified medical practitioner.
- You don't reasonably seek or follow medical advice.
- Your condition results from amateur or professional participation in or training for scuba-diving, climbing or mountaineering, pot-holing, motor racing, motorcycle racing, horse racing, any other form of racing other than on foot, or other hazardous pursuits or pastimes.
- Your condition results from any form of war or civil war or wilful participation in acts of violence including riot.
- Your condition results from any form of aerial flight other than as a fare-paying passenger on a licensed public airline.
- Your condition is a result of any breach of the criminal law.

A commitment to quality service

Aviva Life & Pensions Ireland DAC 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 us at our registered office, Aviva Life & Pensions Ireland DAC, Building 12, Cherrywood Business Park, Loughlinstown, Co. Dublin, D18 W2P5.
If your complaint is not dealt with to your satisfaction, you may refer your complaint to:

Financial Services and Pensions Ombudsman

Address: Lincoln House, Lincoln Place, Dublin 2, D02 VH29.

Tel: +353 1 567 7000 E-mail: info@fspo.ie Website: www.fspo.ie

Full details of the remit of the Financial Services and Pensions Ombudsman can be obtained directly from their office.

Aviva Care
The only protection with back 4 defence

Specified Illness from Aviva comes with 4 exclusive benefits at no extra cost

1 Digital GP

It's not always easy or convenient to get to the doctors' surgery. With Aviva Digital GP you can get an online appointment with a doctor without having to wait for a face-to-face appointment. The Aviva Care digital GP service is a private doctor service offering you and your immediate family access to clinical advice and guidance in non-emergency situations.

At home or on holiday, it offers the peace of mind of being able to speak to a doctor quickly, at a time that suits you.

The benefits:

- ✔ **It's easy to use from the comfort of your own home**
- ✔ **Provides quick access to an experienced GP**
- ✔ **You can use it at home or on holiday**
- ✔ **You can get prescriptions sent to your local pharmacy**

Who can use this service?

This service is available to you, your spouse or partner, your children up to age 18. (23 in full time education).

For any health concerns you have, our experienced doctors are available **Monday to Friday from 8am to 8pm and on weekends from 9am to 12 noon**.

2 Family Care Mental Health Support

Managing your mental health is just as important as your physical health. When life brings new and unexpected changes, its normal to feel anxious, stressed or low. Whatever your challenge, you're not alone. Our professional team of Psychologists are here if you're:

- Overwhelmed, stressed or anxious
- Feeling low, depressed or lonely
- Need help managing the emotional impact of life events

Family Care gives you access to a wide variety of specialised forms of therapy, including counselling and Cognitive Behavioural Therapy. Patients under 18 years of age are supported with a single assessment session which they will benefit from a formal diagnosis. At the end of the consultation, practitioner Psychologist will make recommendations and support the patient as well as their carer/guardian/parent, to access specialised services.

The benefits:

- ✔ **You can avail of up to 5 consultations per issue per year**
- ✔ **It's completely confidential**
- ✔ **They can help you develop coping and behavioural skills**
- ✔ **The Psychologists are registered with the Irish Psychological Society**

Who can use this service?

You, your spouse or partner, your children up to 18 (23 if in full time education).

3 Best Doctors Second Medical Opinion

If you or a member of your family become ill or had an accident, it would be reassuring to know that you had the correct diagnosis and treatment plan. With Best Doctors, you can get a second medical opinion from a world leading expert to double check a diagnosis, investigate alternatives or get additional treatment options for any condition affecting your quality of life.

You get access to 50,000 world-renowned specialists with 450 specialities and sub specialities who will work with your own doctors and consultants to advise on the best course of physical action. It can also be used for conditions diagnosed before taking out your cover with Aviva.

The benefits:

- You can double-check a diagnosis you have been given or the treatment being proposed for you with a world leading expert
- Investigate if there are any alternative treatment options
- Review your options if your symptoms haven't been improving
- Can be used if your worried about a parent, partner or child

Who can use this service?

This service is available to you, your children up to age 18 (or 23 if in full-time education). Your spouse or partner.

PLUS your parents AND your spouse/partner's parents.

4 Bereavement Support

Losing a loved one isn't easy. So, it might help to know there's help on hand through bereavement counselling. When you or your spouse/ partner need someone to talk to, our team of counsellors and psychologists are just a phone call away.

The benefits:

- It's completely confidential
- Access is easy, support is just a telephone call away
- They can help you develop ways to cope
- The Psychologists are registered with the Irish Psychological Society

Who can use this service?

The spouse or partner of the deceased customer/ member anytime up to 12 months after the loss of their loved one.

How do I access Aviva Care?

To access Aviva Care - log onto

Once your policy becomes active, you can register for the service the very next day using your email address and policy number or access code. You can also download the Aviva Care app from the App Store or Google Play Store.

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