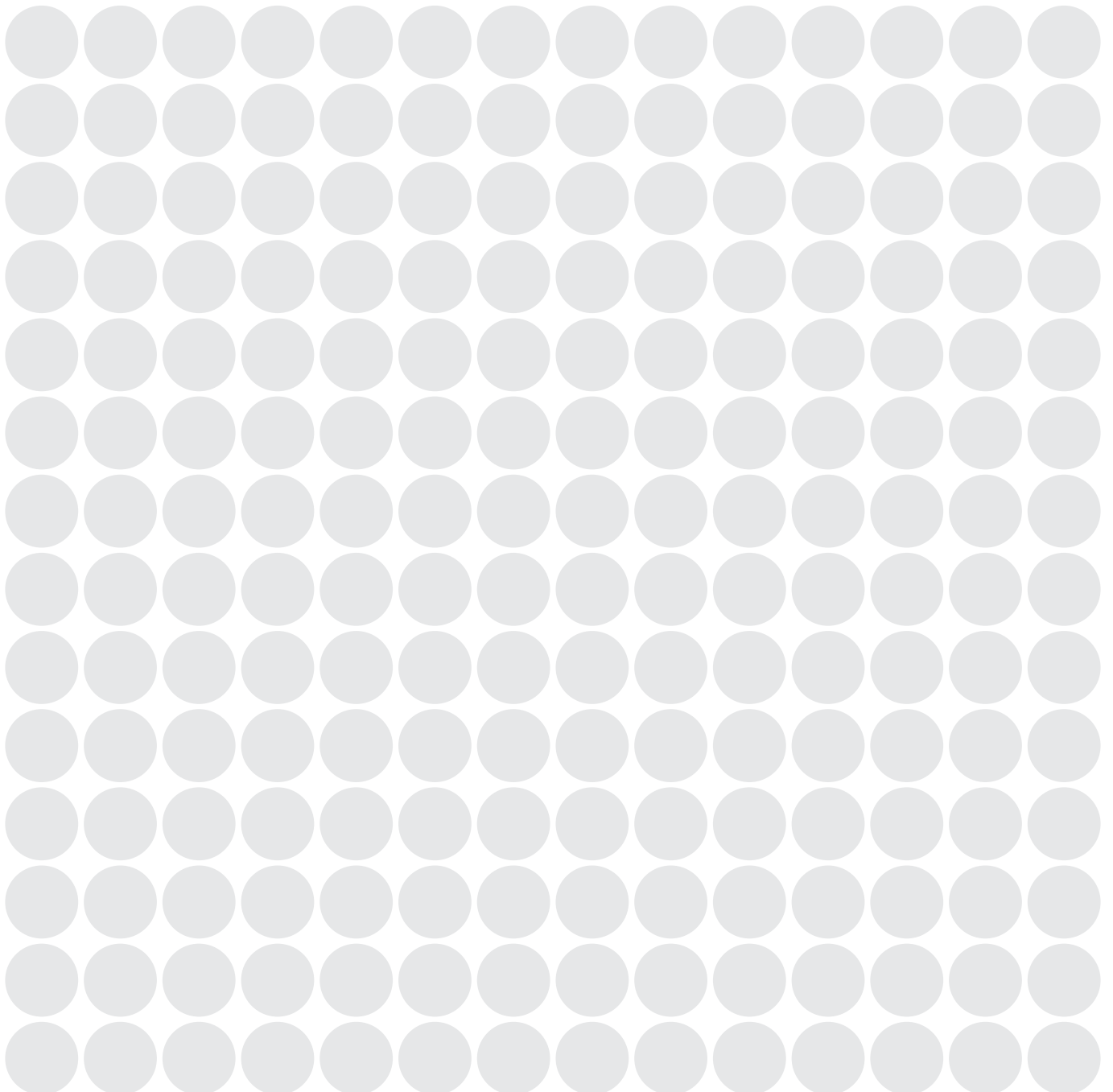


Guaranteed Term Protection

Policy Document



Introduction

This document explains in detail the workings of your Guaranteed Term Protection Policy. It is important that you read each section of the document carefully to ensure that you understand what you are covered for and what events may affect this cover.

The life insurance contract between you and Zurich Life Assurance plc is formed by:

1. the application form that you signed;
2. all the declarations and statements you have made;
3. this Policy Document; and
4. the Policy Certificate (with any Special Terms Appendix).

Zurich Life Assurance plc is referred to throughout the rest of this document as Zurich Life.

Zurich Life will pay to you or your legal representative the insurance benefits when the insured event happens, subject to the conditions contained in this policy and providing that the following requirements are met:

- (a) Premiums are paid as stated on the Policy Certificate or, if applicable, as calculated in the most recent *premium recalculation*; and
- (b) all declarations and statements you, the employer and the Life Insured have made are true.

This is a term insurance policy. Its aim is the provision of a lump sum in the event of your death. It does not provide any benefit on retirement.

Please note when completing the application form you and the Life (Lives) Insured must disclose all Material Facts (including any Material Facts which came to light between the date the original policy was issued and the date this policy is issued, where this policy is replacing another policy). A Material Fact is any fact about the Life Insured's health, family history, smoking or drinking habits, occupation, pastimes, policies with other insurance companies or any other fact that may increase the risk of you making a claim or influence the assessment and acceptance of your application by Zurich Life. You must also advise Zurich Life immediately of any Material Facts or change in Material Facts that come to light between the date you sign the application form and the date the policy is issued. If you fail to disclose all Material Facts or fail to provide Zurich Life with full and accurate information any subsequent claim may be rejected and your policy cancelled from the inception date. If you are in any doubt about whether a fact is material you should disclose full details.

This is a term insurance policy. Its aim is the provision of benefits in the event of either a *Critical Event*, *Cancer Cover Event* or death of a Life Insured. There are a number of additional benefits that may be applicable to you - see the Policy Certificate and Additional Benefits / Special Terms Appendix for details of the applicable benefits.

The only benefits that apply to your policy are those chosen by you in the application form which have been accepted by Zurich Life and are included in your Policy Certificate.

Cover commences on this policy from the Policy Issue Date shown on the Policy Certificate.

So How Does Your Policy Work?

You will pay Premiums to Zurich Life for the Insurance Term shown on the Policy Certificate. The Premium payable will be that amount shown on your Policy Certificate or, if applicable, the amount calculated in the most recent *Premium Recalculation*. A *Premium Recalculation* will take place if you exercise the Inflation Protection or Guaranteed Insurability Options; it can also take place if the Lives Insured travel to or reside in certain foreign countries for an extended period or change their occupations. The Initial Premium shown on your Policy Certificate is guaranteed to provide the initial benefits specified on your Policy Certificate for the duration of the Insurance Term, subject to the terms and conditions of this policy.

This document is divided into sections that contain the detailed description of your policy's operation and conditions. Some conditions may not apply to your policy.

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In this document, certain words have been assigned certain meanings. Any reference to 'you' or the second person applies to the owner of the policy. Any reference to 'he' or the third person should be interpreted in the feminine where appropriate. Any reference to the age of a Life Insured refers to the age next birthday. Any reference to the Relevant Sum Insured or Relevant Benefit means the Sum Insured or Benefit of the Life Insured in respect of whom a claim is being made or an option is being exercised.

The Policy Certificate states whether the basis of cover is Single Life, Joint Life, or Dual Life. This is important in determining the circumstances in which benefits are paid and the effect of such payment on the continuation of your policy. Where the distinction between the different Bases of Cover is relevant, the document deals with each Basis of Cover separately under the headings Single Life, Joint Life, and Dual Life. At any time, only one Basis of Cover is applicable to your policy. If the Basis of Cover stated on the Policy Certificate is Dual Life, in certain circumstances detailed in this Policy Document, the Basis of Cover will change to Single Life. Where the Basis of Cover is Single Life, references to a Life Insured shall mean the Life Insured. Where the Basis of Cover is other than Single Life, references to a Life Insured shall mean either the First or Second Life Insured.

In Appendix A of this document, there is a glossary of technical terms; any technical terms that arise in this document are printed in *italics* and explained in the glossary.

If you have any queries you should contact your Financial Advisor or Zurich Life Customer Services Desk by telephone at 01 799 2711 or by email at customerservices@zurich.com

If you prefer you can write to:

Zurich Life Assurance plc

Zurich House, Frascati Road, Blackrock, Co. Dublin, Ireland.

Section One - Payment of Premiums

This section explains when your Premiums must be paid and what happens if payment stops.

Methods of Payment

1. It is your responsibility to ensure Premiums are received by Zurich Life. If your chosen method of paying Premiums is no longer in operation, you must contact Zurich Life to arrange payment by another, acceptable, method.
2. A receipt for any Premiums paid will not be valid unless it is on Zurich Life's printed form.

Days of Grace

3. Your first Premium is due on the Start Date of your policy. Unless this Premium is received within 30 days of the Start Date, your policy will be deemed never to have commenced, and Zurich Life will have no liability under the policy.
4. Subsequent Premiums are due at the frequency shown in the Policy Certificate. You are allowed 30 *Days of Grace* for the payment of each of your subsequent Premiums. If your Premium is not received within these *Days of Grace*, your policy will be cancelled, and Zurich Life's liability for any benefits under your policy will cease.
5. If a claim occurs during the *Days of Grace*, Zurich Life will deduct any unpaid Premiums from the amount payable on settlement of that claim.

Reinstatement of Your Policy

6. If you, your legal representatives, or the *assignee* of your policy pay the unpaid Premiums due on your policy within three months of the date your first unpaid Premium was due, your policy will be *reinstated*. In these circumstances, paragraph 4 above does not apply, and Zurich Life is entitled to charge you a late payment fee. The late payment fee will be at a rate of 1% per month of the amount of the unpaid Premiums.

Your policy can be *reinstated* even if a claim has arisen for a Life Cover (Lump Sum), Life Cover (Monthly Income), Terminal Illness, Serious Illness, Cancer Cover, Angioplasty, Partial Payment Serious Illness, Partial Payment Cancer Cover or Permanent Total Disablement (Own Occupation) Benefit during this *reinstatement* period. Your policy cannot be *reinstated* if Zurich Life receives a written request from you to cancel your policy.

Ceasing Premium Payment

7. If you cease paying Premiums, Zurich Life's liability for any benefits will cease.
8. You will cease paying Premiums at the end of the Insurance Term.

Definition of Premium

9. Throughout this document, the words 'Premium', 'Total Premium', 'Relevant Premium', 'Relevant Initial Premium', and 'Initial Premium' have a specific meaning. These are defined for each Basis of Cover.

BASIS OF COVER: SINGLE LIFE AND JOINT LIFE

'Premium' means the Premium shown in the Policy Certificate or as subsequently amended in accordance with the conditions of this policy. 'Initial Premium' means the Premium shown on the Policy Certificate.

BASIS OF COVER: DUAL LIFE

'Premium' means the 'Total Premium' shown in the Policy Certificate or as subsequently amended in accordance with the conditions of this policy. 'Relevant Premium' means the First Life Insured's Premium or the Second Life Insured's Premium (shown in the Policy Certificate or as subsequently amended in accordance with the conditions of this policy) as appropriate. 'Relevant Initial Premium' means the First Life Insured's Premium or the Second Life Insured's Premium shown in the Policy Certificate as appropriate.

Section Two - Life Cover (Lump Sum) Benefit

This section explains the Life Cover (Lump Sum) Benefit.

1. This section only applies if there is a Life Sum Insured shown in the Policy Certificate.

Amount Payable on Death

2. On proof of the death of a Life Insured after the Policy Issue Date, Zurich Life will pay the Relevant Life Sum Insured in force at the date of death, subject to the specific restrictions given in this section and the general terms and conditions of this policy on provision of an original Death Certificate and any other documents as required under the terms of the policy.

BASIS OF COVER: SINGLE LIFE AND JOINT LIFE

Your policy will cease on payment of the Life Sum Insured in force.

BASIS OF COVER: DUAL LIFE

On payment of a Life Sum Insured, the Basis of Cover will change to Single Life, and the policy will continue with the remaining Life Sum Insured only.

3. The Relevant Life Sum Insured in force at any date is that shown on your Policy Certificate, or as subsequently amended by your use of the Inflation Protection Option (see Section Sixteen), Guaranteed Insurability Option (see Section Eighteen), Long-term Care Conversion Option (see Section Nineteen), and/or payment of a claim (see Section Five - Serious Illness Benefit, Section Seven - Angioplasty Benefit and Section Ten - Permanent Total Disablement (Own Occupation) Benefit), or as subsequently reduced in accordance with your instructions.

Payment of Benefit

4. If a Life Sum Insured on your policy is not paid within 30 days of Zurich Life's receiving written notification of the death of a Life Insured, the amount payable on death will be increased in respect of the period between the date of notification of death and the date of payment at a rate determined by the *Appointed Actuary*.
5. In the event of a claim, Zurich Life will require the Original Death Certificate. In addition, Zurich Life may obtain reports from doctors that have attended the deceased Life Insured to establish the claim.

Events that may Affect this Benefit (Restrictions)

6. The benefit payable on death under your policy is not affected by the future occupation, residence,

travel, or recreational pursuits of a Life Insured, unless specifically stated in the Policy Certificate or any other Certificate issued to you by Zurich Life.

7. If a Life Insured dies by his own act (whether or not he is sane at the time), the Life Sum Insured in force at the date of death will not be paid if the death occurs within one year of the following dates:
 - the Policy Issue Date of your policy; or
 - the date of *reinstatement* of your policy.

However, if your policy has been *assigned* as a condition of the granting of a loan, and the *assignee* can prove entitlement to some or all of the benefits under your policy, Zurich Life will pay the lesser of the outstanding loan amount or the amount that would otherwise be payable under your policy.

8. If a Life Insured dies by his own act (whether or not he is sane at the time), and the Sum Insured has increased within the preceding year, Zurich Life will limit the amount payable to the amount of the Sum Insured immediately prior to the increase(s).

Section Three - Life Cover (Monthly Income) Benefit

This section explains the Life Cover (Monthly Income) Benefit.

1. This section only applies if there is a Monthly Income Sum Insured shown in the Policy Certificate.

Amount Payable on Death

2. On proof of the death of a Life Insured after the Policy Issue Date, Zurich Life will pay the Relevant Monthly Income Sum Insured in force at the date of death, from the date of death until the end of the Insurance Term shown on the policy certificate but for a minimum of two years, subject to the specific restrictions given in this section and the general terms and conditions of this policy on provision of an original Death Certificate and any other documents as required under the terms of the policy.

BASIS OF COVER: SINGLE LIFE AND JOINT LIFE

Your policy will cease on the first payment of the Monthly Income Sum Insured in force.

BASIS OF COVER: DUAL LIFE

On payment of the first Monthly Income Sum Insured in force in respect of one of the Lives Insured, the Basis of Cover will change to Single Life, and the policy will continue with the remaining Monthly Income Benefit Sum Insured only.

3. The Relevant Monthly Income Sum Insured in force at any date is that shown on your Policy Certificate, or as subsequently amended by your use of the Inflation Protection Option (see Section Sixteen), Guaranteed Insurability Option (see Section Eighteen), or as subsequently reduced in accordance with your instructions.
4. Subject to the terms of this section, the first payment under this benefit is due on the first day of the month following the death of a Life Insured. If the Additional Benefits / Special Terms Appendix states that the Inflation Protection Option applies to the Life Insured in respect of whom the claim is being paid, then this benefit will increase in payment by 3% at each *Policy Anniversary*.

Payment of Benefit

5. If Zurich Life does not pay the first Monthly Income payment within 30 days of Zurich Life's receiving written notification of the death of a Life Insured, Zurich Life will increase such delayed payments in respect of the period between the date of notification of death and the date of payment at a rate determined by the *Appointed Actuary*.
6. In the event of a claim, Zurich Life will require the Original Death Certificate. In addition, Zurich Life may obtain reports from doctors that have attended the deceased Life Insured to establish the claim.

Events that may Affect this Benefit (Restrictions)

7. The benefit payable on death under your policy is not affected by the future occupation, residence, travel, or recreational pursuits of a Life Insured, unless specifically stated in the Policy Certificate or any other Certificate issued to you by Zurich Life.
8. If a Life Insured dies by his own act (whether or not he is sane at the time), the Life Cover (Monthly Income) Benefit will not be paid in respect of that Life Insured if the death occurs within one year of the following dates:
 - the Policy Issue Date of your policy; or
 - the date of *reinstatement* of your policy.
9. If a Life Insured dies by his own act (whether or not he is sane at the time), and the Sum Insured has increased within the preceding year, Zurich Life will limit the amount payable to the amount of the Sum Insured immediately prior to the increase(s).

Section Four - Terminal Illness Benefit

This section explains the Terminal Illness Benefit.

1. This section only applies if there is a Life Sum Insured or a Monthly Income Sum Insured shown in the Policy Certificate.

Amount Payable on Terminal Illness

2. On proof of the diagnosis of a terminal illness of a Life Insured after the Policy Issue Date and at least twelve months before the end of the Insurance Term, Zurich Life will pay the Relevant Life Sum Insured in force and commence paying the Relevant Monthly Income Sum Insured in force at the date of diagnosis of terminal illness, subject to the specific restrictions given in this section and the general terms and conditions of this policy. The relevant Monthly Income Sum Insured will be payable until the end of the Insurance Term shown on the policy certificate but for a minimum of two years.

BASIS OF COVER: SINGLE LIFE AND JOINT LIFE

Your policy will cease on payment of the Terminal Illness Benefit.

BASIS OF COVER: DUAL LIFE

On payment of a Terminal Illness Benefit, the Basis of Cover will change to Single Life, and the policy will continue with the remaining Life Sum Insured and Monthly Income Sum Insured only.

3. On proof of the diagnosis of a terminal illness of a Life Insured in respect of whom a Serious Illness Sum Insured (Accelerated) is shown in the Policy Certificate during the last twelve months of the Insurance Term, Zurich Life will deem the diagnosis of the terminal illness to be a *Critical Event*, and paragraphs 3 and 4 of Section Five - Serious Illness Benefit will apply.

4. The Relevant Life and Monthly Income Sums Insured in force at any date is that shown on your Policy Certificate, or as subsequently amended by your use of the Inflation Protection Option (see Section Sixteen), Guaranteed Insurability Option (see Section Eighteen), Long-term Care Conversion Option (see Section Nineteen), and/or payment of a claim (see Section Five - Serious Illness Benefit, Section Seven - Angioplasty Benefit and Section Ten - Permanent Total Disablement (Own Occupation) Benefit), or as subsequently reduced in accordance with your instructions.

Definition of Terminal Illness

5. For the purposes of this policy, 'terminal illness' is defined as an advanced or rapidly progressing, incurable illness where, in the opinion of the attending Consultant and Zurich Life's Chief Medical Officer, the life expectancy is no greater than twelve months. The date of diagnosis for the purposes of this policy shall be the date that Zurich Life receives medical reports confirming that the Life Insured is terminally ill.

Payment of Benefit

6. If a Terminal Illness Benefit on your policy is not paid within 30 days of Zurich Life's receiving written notification of the diagnosis of terminal illness of a Life Insured, the amount payable under this section will be increased in respect of the period between the date of notification of diagnosis of terminal illness and the date of payment at a rate determined by the *Appointed Actuary*.
7. In the event of a claim, Zurich Life may obtain reports from doctors that have attended the Relevant Life Insured to establish the claim.

Events that may Affect this Benefit (Restrictions)

8. *Territorial Limits* apply.
9. If a Life Insured contracts a terminal illness by his own act (whether or not he is sane at the time), no payment will be made under this section.
10. The benefit payable on diagnosis of terminal illness under your policy is not affected by the future occupation or recreational pursuits of a Life Insured, unless specifically stated in the Policy Certificate or any other Certificate issued to you by Zurich Life.

Section Five - Serious Illness Benefit

This section explains the Serious Illness Benefit.

1. This section only applies if there is a Serious Illness Sum Insured shown in the Policy Certificate. Paragraphs 3 and 7 of this section do not apply if there is a Serious Illness Sum Insured (Stand Alone) shown in the Policy Certificate. Paragraphs 2 and 6 of this section do not apply if there is a Serious Illness Sum Insured (Accelerated) shown in the Policy Certificate.

Amount Payable on Serious Illness

2. **STAND ALONE SERIOUS ILLNESS COVER**
On proof that a *Critical Event* has happened after the Policy Issue Date of the policy to a Life Insured that then survived for 14 days after the date of the *Critical Event*, Zurich Life will pay the Relevant Serious Illness Sum Insured in force at the date of the *Critical Event*, subject to the specific restrictions given in this section and the general terms and conditions of this policy.

BASIS OF COVER: SINGLE LIFE AND JOINT LIFE

On payment of the Serious Illness Sum Insured, no further benefit will be paid under this section, Section Seven - Angioplasty Benefit, Section Eight - Partial Payment Serious Illness Benefit, Section Ten - Permanent Total Disablement (Own Occupation) Benefit, Section Thirteen - Surgical Cash Benefit, or paragraphs 5 to 19 of Section Fifteen - Children's Benefits. If the Life Sum Insured and Monthly Income Insured under the policy are zero, the policy will cease, but the provisions of paragraph 13 of Section Twenty One - General Conditions may apply.

BASIS OF COVER: DUAL LIFE

On payment of the Serious Illness Sum Insured, no further benefit will be paid under this section, Section Seven - Angioplasty Benefit, Section Eight - Partial Payment Serious Illness Benefit, Section Ten - Permanent Total Disablement (Own Occupation) Benefit, Section Thirteen - Surgical Cash Benefit, or paragraphs 5 to 19 of Section Fifteen - Children's Benefits in respect of the Life Insured that has suffered the *Critical Event*. If the Life Sum Insured and Monthly Income Sum Insured for the Life Insured that has suffered the *Critical Event* are zero, no further benefit will be paid under the policy in respect of that Life Insured, but the provisions of paragraph 13 of Section Twenty One - General Conditions may apply, and the Basis of Cover will change to Single Life. All benefits relating to the other Life Insured will be unaffected.

3. ACCELERATED SERIOUS ILLNESS COVER

On proof that a *Critical Event* has happened after the Start Date of the policy to a Life Insured, Zurich Life will pay the Relevant Serious Illness Sum Insured in force at the date of the *Critical Event*, subject to the specific restrictions given in this section and the general terms and conditions of this policy.

BASIS OF COVER: SINGLE LIFE AND JOINT LIFE

On payment of the Serious Illness Sum Insured, no further benefit will be paid under this section, Section Seven - Angioplasty Benefit, Section Eight - Partial Payment Serious Illness Benefit, Section Ten - Permanent Total Disablement (Own Occupation) Benefit, Section Thirteen - Surgical Cash Benefit, or paragraphs 5 to 19 of Section Fifteen - Children's Benefits. The Life Sum Insured will be reduced by the Serious Illness Sum Insured; if the revised Life Sum Insured is zero and there is no Monthly Income Sum Insured, the policy will cease, but the provisions of paragraph 13 of Section Twenty One - General Conditions may apply.

BASIS OF COVER: DUAL LIFE

On payment of the Serious Illness Sum Insured, no further benefit will be paid under this section, Section Seven - Angioplasty Benefit, Section Eight - Partial Payment Serious Illness Benefit, Section Ten - Permanent Total Disablement (Own Occupation) Benefit, Section Thirteen - Surgical Cash Benefit, or paragraphs 5 to 19 of Section Fifteen - Children's Benefits in respect of the Life Insured that has suffered the *Critical Event*. The Relevant Life Sum Insured will be reduced by the Relevant Serious Illness Sum Insured; if the revised Life Sum Insured is zero and there is no Monthly Income Sum Insured, no further benefit will be paid under the policy in respect of that Life Insured, but the provisions of paragraph 13 of Section Twenty One - General Conditions may apply, and the Basis of Cover will change to Single Life. All benefits relating to the other Life Insured will be unaffected.

4. The Relevant Serious Illness Sum Insured in force at any date is that shown on your Policy Certificate, or as subsequently amended by your use of the Inflation Protection Option (see Section Sixteen), Guaranteed Insurability Option (see Section Eighteen), and/or payment of a claim (see Section Seven - Angioplasty Benefit, Section Ten - Permanent Total Disablement (Own Occupation) Benefit and paragraph 16 of Section Eight - Partial Payment Serious Illness Benefit), or as subsequently reduced in accordance with your instructions.

Overseas Surgery Benefit

5. On proof that a Life Insured needs an immediate and necessary surgical procedure or operation arising from one of the *Critical Events* that cannot be performed in any *hospital* in Ireland, a lump sum benefit of €12,500 will be paid. A *contributory exclusion* applies to this benefit.

BASIS OF COVER: SINGLE LIFE AND JOINT LIFE

This Overseas Surgery Benefit will not be paid more than once.

BASIS OF COVER: DUAL LIFE

This Overseas Surgery Benefit will not be paid more than once in respect of each Life Insured.

Waiting List Benefit

6. STAND ALONE SERIOUS ILLNESS COVER

50% of the Serious Illness Sum Insured in force, subject to a maximum of €30,000, will be pre-paid on confirmation that a Life Insured is on a waiting list for any one of the following surgeries (as defined in Appendix B):

- aorta graft surgery;
- coronary artery bypass graft;
- heart structural surgery; or
- heart valve replacement or repair.

BASIS OF COVER: SINGLE LIFE AND JOINT LIFE

The Serious Illness and PTD (Own Occupation) Sums Insured will be reduced by the amount paid.

BASIS OF COVER: DUAL LIFE

The Relevant Serious Illness and PTD (Own Occupation) Sums Insured will be reduced by the amount paid.

7. ACCELERATED SERIOUS ILLNESS COVER

50% of the Serious Illness Sum Insured in force, subject to a maximum of €30,000, will be pre-paid on confirmation that a Life Insured is on a waiting list for any one of the following surgeries (as defined in Appendix B):

- aorta graft surgery;
- coronary artery bypass graft;
- heart structural surgery; or
- heart valve replacement or repair.

BASIS OF COVER: SINGLE LIFE AND JOINT LIFE

The Life, Serious Illness, and PTD (Own Occupation) Sums Insured will be reduced by the amount paid.

BASIS OF COVER: DUAL LIFE

The Relevant Life, Serious Illness, and PTD (Own Occupation) Sums Insured will be reduced by the amount paid.

Payment of Benefit

8. If a claim under paragraphs 2, 3, 5, 6 or 7 of this section is not paid within 30 days of Zurich Life's receiving written notification, the amount payable will be increased in respect of the period between the date of notification and the date of payment at a rate determined by the *Appointed Actuary*.
9. In the event of a claim, Zurich Life may obtain reports from doctors that have attended the Life Insured to establish the claim and may require that the Life Insured attend for medical examination(s).

Events that may Affect this Benefit (Restrictions)

10. *Territorial Limits* apply.
11. *Contributory Exclusions* apply.
12. *Change of Occupation Rules* do not apply unless specifically stated in the Policy Certificate or any Additional Benefits / Special Terms Appendix issued to you.
13. A *Claim Time Limit* applies.
14. Zurich Life will not pay claims in respect of Critical Events that were suffered before the Start Date shown in the Policy Certificate.

Definition of *Critical Event*

15. The full list of medical conditions that gives rise to a *Critical Event* is given in Appendix B.
16. The date that a Life Insured suffers a *Critical Event* will be deemed the date of diagnosis if it is an illness, or the date of surgery if it is a surgery.

Section Six - Cancer Cover Benefit

This section explains the Cancer Cover Benefit.

1. This section only applies if there is a Cancer Cover Sum Insured shown in the Policy Certificate.

Amount Payable on Cancer Cover Benefit

2. On proof that a *Cancer Cover Event* has happened after the Policy Issue Date of the policy to a Life Insured, Zurich Life will pay the Relevant Cancer Cover Sum Insured in force at the date of the *Cancer Cover Event*, subject to the specific restrictions given in this section and the general terms and conditions of this policy.

BASIS OF COVER: SINGLE LIFE AND JOINT LIFE

On payment of the Cancer Cover Sum Insured, no further benefit will be paid under this section or under Section Nine - Partial Payment Cancer Cover Benefit. If the Life Sum Insured and Monthly Income Sum Insured under the policy are zero, the policy will cease, but the provisions of paragraph 13 of Section Twenty One - General Conditions may apply.

BASIS OF COVER: DUAL LIFE

On payment of the Cancer Cover Sum Insured, no further benefit will be paid under this section or under Section Nine - Partial Payment Cancer Cover Benefit in respect of the Life Insured that has suffered the *Cancer Cover Event*. If the Life Sum Insured and Monthly Income Sum Insured for the Life Insured that has suffered the *Cancer Cover Event* are zero, no further benefit will be paid under the policy in respect of that Life Insured, but the provisions of paragraph 13 of Section Twenty One - General Conditions may apply, and the Basis of Cover will change to Single Life. All benefits relating to the other Life Insured will be unaffected.

3. The Relevant Cancer Cover Sum Insured in force at any date is that shown on your Policy Certificate, or as subsequently amended by your use of the Inflation Protection Option (see Section Sixteen), Guaranteed Insurability Option (see Section Eighteen), and/or payment of a claim, see paragraph 13 of Section Nine - Partial Payment Cancer Cover Benefit, or as subsequently reduced in accordance with your instructions.

Payment of Benefit

4. If a claim under paragraph 2 of this section is not paid within 30 days of Zurich Life's receiving written notification, the amount payable will be increased in respect of the period between the date of notification and the date of payment at a rate determined by the *Appointed Actuary*.
5. In the event of a claim, Zurich Life may obtain reports from doctors that have attended the Life Insured to establish the claim and may require that the Life Insured attend for medical examination(s).

Events that may Affect this Benefit (Restrictions)

6. *Territorial Limits* apply.
7. A *Claim Time Limit* applies.
8. Zurich Life will not pay a claim in respect of a *Cancer Cover Event* that was suffered before the Start Date shown in the Policy Certificate.

Definition of Cancer Cover Event

9. The definition of a *Cancer Cover Event* is given in Appendix E.
10. The date that a Life Insured suffers a *Cancer Cover Event* will be deemed the date of diagnosis.

Section Seven - Angioplasty Benefit

This section explains the Angioplasty Benefit.

1. This section only applies if there is a Serious Illness Sum Insured shown in the Policy Certificate. Paragraph 4 of this section does not apply if there is a Serious Illness Sum Insured (Stand Alone) shown in the Policy Certificate, in this case your Angioplasty Cover is Stand Alone Angioplasty Cover. Paragraph 3 of this section does not apply if there is a Serious Illness Sum Insured (Accelerated) shown in the Policy Certificate, in this case your Angioplasty Cover is Accelerated Angioplasty Cover.

Amount Payable on an Angioplasty Event

2. The amount of the Relevant Angioplasty Benefit payment on a first *Single Angioplasty Event* will be the lesser of:
 - 50% of the Relevant Serious Illness Sum Insured in force, or
 - €5,000

The amount of the Relevant Angioplasty Benefit payment on a second *Single Angioplasty Event* on the same Life Insured will be the lesser of:

- 50% of the Relevant Serious Illness Sum Insured in force, or
- €95,000

The amount of the Relevant Angioplasty Benefit payment on a *Double Angioplasty Event* will be the lesser of:

- 50% of the Relevant Serious Illness Sum Insured in force, or
- €100,000

The Relevant Serious Illness Sum Insured in force at any specific date is defined in Paragraph 4 of Section Five - Serious Illness Benefit.

3. STAND ALONE ANGIOPLASTY COVER

On proof that an *Angioplasty Event* has happened after the Policy Issue Date of the policy to a Life Insured who then survived for 14 days after the date of the *Angioplasty Event*, Zurich Life will pay the Relevant Angioplasty Benefit in force at the date of the *Angioplasty Event*, subject to the specific restrictions given in this section and the general terms and conditions of this policy. The in-force amounts of the current and future Serious Illness Sum Insured and PTD (Own Occupation) Sum Insured will be reduced by the amount of any Angioplasty Benefit paid.

BASIS OF COVER: SINGLE LIFE AND JOINT LIFE

On payment of the Relevant Angioplasty Benefit in force following a second Single *Angioplasty Event* or a Double *Angioplasty Event* Angioplasty Benefit in force, no further benefit will be paid under this section. The in-force amounts of the current and future Serious Illness Sum Insured and PTD (Own Occupation) Sum Insured will be reduced by the amount of any Angioplasty Benefit paid.

BASIS OF COVER: DUAL LIFE

On payment of the Relevant Angioplasty Benefit in force following a second Single *Angioplasty Event* or a Double *Angioplasty Event* Angioplasty Benefit in force, no further benefit will be paid under this section in respect of the Life Insured that has suffered the *Angioplasty Event*. The in-force amounts of the Relevant current and future Serious Illness Sum Insured and PTD (Own Occupation) Sum Insured will be reduced by the amount of any Relevant Angioplasty Benefit paid. All benefits relating to the other Life Insured will be unaffected.

4. ACCELERATED ANGIOPLASTY COVER

On proof that an *Angioplasty Event* has happened after the Policy Issue Date of the policy to a Life Insured, Zurich Life will pay the Angioplasty Benefit in force at the date of the *Angioplasty Event*, subject to the specific restrictions given in this section and the general terms and conditions of this policy. The in-force amounts of the current and future Life Sum Insured, Serious Illness Sum Insured and PTD (Own Occupation) Sum Insured will be reduced by the amount of any Angioplasty Benefit paid.

BASIS OF COVER: SINGLE LIFE AND JOINT LIFE

On payment of the Relevant Angioplasty Benefit in force following a second Single *Angioplasty Event* or a Double *Angioplasty Event* Angioplasty Benefit in force, no further benefit will be paid under this section. The in-force amounts of the current and future Life Sum Insured, Serious Illness Sum Insured and PTD (Own Occupation) Sum Insured will be reduced by the amount of any Angioplasty Benefit paid.

BASIS OF COVER: DUAL LIFE

On payment of the Relevant Relevant Angioplasty Benefit in force following a second Single *Angioplasty Event* or a Double *Angioplasty Event* Angioplasty Benefit in force, no further benefit will be paid under this section in respect of the Life Insured that has suffered the *Angioplasty Event*. The in-force amounts of the Relevant current and future Life Sum Insured, Serious Illness Sum Insured and PTD (Own Occupation) Sum Insured will be reduced by the amount of any Relevant Angioplasty Benefit paid. All benefits relating to the other Life Insured will be unaffected.

Payment of Benefit

5. If a claim under paragraphs 3 or 4 of this section is not paid within 30 days of Zurich Life receiving written notification, the amount payable will be increased in respect of the period between the date of notification and the date of payment at a rate determined by the *Appointed Actuary*.
6. In the event of a claim Zurich Life may obtain reports from doctors who have attended the Life Insured to establish the claim and may require that the Life Insured attend for medical examination(s).

Events which may Affect this Benefit (Restrictions)

7. *Territorial Limits* apply.
8. A *Claim Time Limit* applies.
9. *Change of Occupation Rules* do not apply unless specifically stated in the Policy Certificate or any Special Terms Appendix issued to you.
10. Zurich Life will not pay claims in respect of an *Angioplasty Event* which was suffered before the Policy Issue Date shown in the Policy Certificate.

Definition of *Angioplasty Event*

11. The definition of an *Angioplasty Event* including the definition of the difference between a Single *Angioplasty Event* and a Double *Angioplasty Event* is given in Appendix C.
12. The date that a Life Insured suffers an *Angioplasty Event* will be deemed the date on which the procedure was carried out.

Section Eight - Partial Payment Serious Illness Benefit

This section explains the Partial Payment Serious Illness Benefit.

1. This section only applies if there is a Serious Illness Sum Insured shown in the Policy Certificate. Paragraph 4 of this section does not apply if there is a Serious Illness Sum Insured (Stand Alone) shown in the Policy Certificate. Paragraph 3 of this section does not apply if there is a Serious Illness Sum Insured (Accelerated) shown in the Policy Certificate.

Amount Payable on Partial Payment Serious Illness

2. The amount of the Partial Payment Serious Illness Benefit payment will be the lesser of:

- 50% of the Serious Illness Sum Insured in force for that life, or
- €15,000

The Serious Illness Sum Insured in force at any specific date is defined in Paragraph 4 of Section Five - Serious Illness Benefit.

3. STAND ALONE

On proof that a *Partial Payment Serious Illness Event* has happened after the Policy Issue Date of the policy to a Life Insured who then survived for 14 days after the date of the *Partial Payment Serious Illness Event*, Zurich Life will pay the Partial Payment Serious Illness Benefit in force at the date of the *Partial Payment Serious Illness Event*, subject to the specific restrictions given in this section and the general terms and conditions of this policy.

4. ACCELERATED

On proof that a *Partial Payment Serious Illness Event* has happened after the Policy Issue Date of the policy to a Life Insured, Zurich Life will pay the Partial Payment Serious Illness Benefit in force at the date of the *Partial Payment Serious Illness Event*, subject to the specific restrictions given in this section and the general terms and conditions of this policy.

5. Zurich Life will make a maximum of one payment for each illness defined in Appendix D, in respect of each Life Insured. The total Partial Payment Serious Illness Benefit payable over the life of this policy in respect of each Life Insured shall not exceed the Serious Illness Cover Sum Insured then in force for that Life Insured.
6. If a claim has been paid by Zurich Life under Section Five - Serious Illness Benefit or Section Ten - Permanent Total Disablement (Own Occupation) Benefit then no benefits will subsequently be paid under this section.

Payment of Benefit

7. If a claim under paragraphs 3 or 4 of this section is not paid within 30 days of Zurich Life receiving written notification, the amount payable will be increased in respect of the period between the date of notification and the date of payment at a rate determined by the *Appointed Actuary*.
8. In the event of a claim Zurich Life may obtain reports from doctors who have attended the Life Insured to establish the claim and may require that the Life Insured attend for medical examination(s).

Events which may Affect this Benefit (Restrictions)

9. *Territorial Limits* apply.
10. *Contributory Exclusion(s)* apply.^B
11. A *Claim Time Limit* applies.
12. *Change of Occupation Rules* do not apply unless specifically stated in the Policy Certificate or any Special Terms Appendix issued to you.
13. Zurich Life will not pay claims in respect of *Partial Payment Serious Illness Events* which were suffered before the Policy Issue Date shown in the Policy Certificate.

Definition of *Partial Payment Serious Illness Event*

14. The full list of medical conditions that give rise to a *Partial Payment Serious Illness Event* is given in Appendix D.
15. The date that a Life Insured suffers a *Partial Payment Serious Illness Event* will be deemed the date of diagnosis if it is an illness or the date of surgery if it is a surgery.

Partial Payment Serious Illness Events and Critical Events

16. If a claim is paid under this section, you cannot claim the full Serious Illness Sum Insured under Section Five - Serious Illness Benefit for any *Critical Event* which occurs or is diagnosed within 30 days of the occurrence or diagnosis of the *Partial Payment Serious Illness Event*.

If a Life Insured suffers a *Critical Event* under Section Five - Serious Illness Benefit within 30 days of suffering a *Partial Payment Serious Illness Event* under this section, the Serious Illness Sum Insured in force will be reduced by the amount of the partial payment benefit paid out.

If more than 30 days have elapsed between the Life Insured suffering a *Partial Payment Serious Illness Event* and that Life Insured subsequently suffering a *Critical Event*, the Serious Illness Sum Insured in force will not be reduced by the amount of the partial payment benefit paid out.

When you make a claim under this section, Zurich Life will always check to see if you are eligible to claim the full Serious Illness Sum Insured, subject to the specific restrictions given in Section Five - Serious Illness Benefit and the general terms and conditions of this policy. If you are eligible, then Zurich Life will pay the Serious Illness Sum Insured in force at the date of the *Critical Event*, and no benefits will be paid under this section.

Section Nine - Partial Payment Cancer Cover Benefit

This section explains the Partial Payment Cancer Cover Benefit.

1. This section only applies if there is a Cancer Cover Sum Insured shown in the Policy Certificate.

Amount Payable on Partial Payment Cancer Cover

2. The amount of the Partial Payment Cancer Cover Benefit payment will be the lesser of:

- 50% of the Cancer Cover Sum Insured in force for that life; or
- €15,000

The Cancer Cover Sum Insured in force at any specific date is defined in Paragraph 3 of Section six - Cancer Cover Benefit.

3. On proof that a *Partial Payment Cancer Cover Event* has happened after the Policy Issue Date of the policy to a Life Insured, Zurich Life will pay the Partial Payment Cancer Cover Benefit in force at the date of the *Partial Payment Cancer Cover Event*, subject to the specific restrictions given in this section and the general terms and conditions of this policy.
4. Zurich Life will make a maximum of one payment for each illness defined in Appendix F, in respect of each Life Insured. The total Partial Payment Cancer Cover Benefit payable over the life of this policy in respect of each Life Insured shall not exceed the Cancer Cover Sum Insured then in force for that Life Insured.
5. If a claim has been paid by Zurich Life under Section six - Cancer Cover Benefit then no benefits will subsequently be paid under this section.

Payment of Benefit

6. If a claim under paragraph 3 of this section is not paid within 30 days of Zurich Life receiving written notification, the amount payable will be increased in respect of the period between the date of notification and the date of payment at a rate determined by the *Appointed Actuary*.
7. In the event of a claim Zurich Life may obtain reports from doctors who have attended the Life Insured to establish the claim and may require that the Life Insured attend for medical examination(s).

Events which may Affect this Benefit (Restrictions)

8. *Territorial Limits* apply.
9. A *Claim Time Limit* applies.
10. Zurich Life will not pay claims in respect of *Partial Payment Cancer Cover Events* which were suffered before the Policy Issue Date shown in the Policy Certificate.

Definition of *Partial Payment Cancer Cover Event*

11. The full list of medical conditions that give rise to a *Partial Payment Cancer Cover Event* is given in Appendix F.
12. The date that a Life Insured suffers a *Partial Payment Cancer Cover Event* will be deemed the date of diagnosis if it is an illness or the date of surgery if it is a surgery.

Partial Payment Cancer Cover Events and Cancer Cover Events

13. If a claim is paid under this section, you cannot claim the Cancer Cover Sum Insured under Section Six - Cancer Cover Benefit for a *Cancer Cover Event* which occurs or is diagnosed within 30 days of the occurrence or diagnosis of the *Partial Payment Cancer Cover Event*.

If a Life Insured suffers a *Cancer Cover Event* under Section Six - Cancer Cover Benefit within 30 days of suffering a *Partial Payment Cancer Cover Event* under this section, the Cancer Cover Sum Insured in force will be reduced by the amount of the partial payment benefit paid out.

If more than 30 days have elapsed between the Life Insured suffering a *Partial Payment Cancer Cover Event* and that Life Insured subsequently suffering a *Cancer Cover Event*, the Cancer Cover Sum Insured in force will not be reduced by the amount of the partial payment benefit paid out.

When you make a claim under this section, Zurich Life will always check to see if you are eligible to claim the full Cancer Cover Sum Insured, subject to the specific restrictions given in Section Six - Cancer Cover Benefit and the general terms and conditions of this policy. If you are eligible, then Zurich Life will pay the Cancer Cover Sum Insured in force at the date of the *Cancer Cover Event*, and no benefits will be paid under this section.

Section Ten - Permanent Total Disablement (PTD) (Own Occupation) Benefit

This section explains the Permanent Total Disablement (PTD) (Own Occupation) Benefit.

1. This section only applies if there is a PTD (Own Occupation) Sum Insured shown in the Policy Certificate. Paragraph 4 of this section does not apply if there is a Serious Illness Sum Insured (Stand Alone) shown in the Policy Certificate. Paragraph 3 of this section does not apply if there is a Serious Illness Sum Insured (Accelerated) shown in the Policy Certificate.

Amount Payable on Permanent Total Disablement (Own Occupation)

2. On proof that a Life Insured is suffering PTD (Own Occupation) that arose after the Policy Issue Date of the policy, Zurich Life will pay the Relevant PTD (Own Occupation) Sum Insured then in force, subject to the specific restrictions given in this section and the general terms and conditions of this policy.
3. STAND ALONE SERIOUS ILLNESS COVER

BASIS OF COVER: SINGLE LIFE AND JOINT LIFE

On payment of the PTD (Own Occupation) Sum Insured, no further benefit will be paid under this section, Section Five - Serious Illness Benefit, Section Seven - Angioplasty Benefit, Section Eight - Partial Payment Serious Illness Benefit, Section Thirteen - Surgical Cash Benefit, or paragraphs 5 to 19 of Section Fifteen - Children's Benefits. If the Life Sum Insured and Monthly Income Sum Insured under the policy are zero, the policy will cease, but the provisions of paragraph 13 of Section Twenty One - General Conditions may apply.

BASIS OF COVER: DUAL LIFE

On payment of the PTD (Own Occupation) Sum Insured, no further benefit will be paid under this section, Section Five - Serious Illness Benefit, Section Seven - Angioplasty Benefit, Section Eight - Partial Payment Serious Illness Benefit, Section Thirteen - Surgical Cash Benefit, or paragraphs 5 to 19 of Section Fifteen - Children's Benefits in respect of the Life Insured that has suffered PTD (Own Occupation). If the Life Sum Insured and Monthly Income Sum Insured for the Life Insured that has suffered PTD (Own Occupation) are zero, no further benefit will be paid under the policy in respect of that Life Insured, but the provisions of paragraph 13 of Section Twenty One - General Conditions may apply, and the Basis of Cover will change to Single Life. All benefits relating to the other Life Insured will be unaffected.

4. ACCELERATED SERIOUS ILLNESS COVER

BASIS OF COVER: SINGLE LIFE AND JOINT LIFE

On payment of the PTD (Own Occupation) Sum Insured, no further benefit will be paid under this section, Section Five - Serious Illness Benefit, Section Seven - Angioplasty Benefit, Section Eight - Partial Payment Serious Illness Benefit, Section Thirteen - Surgical Cash Benefit, or paragraphs 5 to 19 of Section Fifteen - Children's Benefits. The Life Sum Insured will be reduced by the PTD (Own Occupation) Sum Insured; if the revised Life Sum Insured is zero and the Monthly Income Sum Insured is zero, the policy will cease, but the provisions of paragraph 13 of Section Twenty One - General Conditions may apply.

BASIS OF COVER: DUAL LIFE

On payment of the PTD (Own Occupation) Sum Insured, no further benefit will be paid under this section, Section Five - Serious Illness Benefit, Section Seven - Angioplasty Benefit, Section Eight - Partial Payment Serious Illness Benefit, Section Thirteen - Surgical Cash Benefit, or paragraphs 5 to 19 of Section Fifteen - Children's Benefits in respect of the Life Insured that has suffered PTD (Own Occupation). The Relevant Life Sum Insured will be reduced by the Relevant PTD (Own Occupation) Sum Insured; if the revised Life Sum Insured for that Life Insured is zero and the Monthly Income Sum is zero, no further benefit shall be payable under the policy for that Life Insured, but the provisions of paragraph 13 of Section Twenty One - General Conditions may apply, and the Basis of Cover will change to Single Life. All benefits relating to the other Life Insured will be unaffected.

5. The Relevant PTD (Own Occupation) Sum Insured in force at any date is that shown on your Policy Certificate, or as subsequently amended by your use of the Inflation Protection Option (see Section Sixteen), Guaranteed Insurability Option (see Section Eighteen), and/or payment of a claim (see Section Five - Serious Illness Benefit and Section Seven - Angioplasty Benefit), or as subsequently reduced in accordance with your instructions.

Payment of Benefit

6. If a claim under this section is not paid within 30 days of Zurich Life's receiving written notification, the amount payable will be increased in respect of the period between the date of notification and the date of payment at a rate determined by the *Appointed Actuary*.
7. In the event of a claim, Zurich Life may obtain reports from doctors that have attended the Life Insured to establish the claim and may require that the Life Insured attend for medical examination(s).

Events that may Affect this Benefit (Restrictions)

8. *Territorial Limits* apply.
9. *Contributory Exclusions* apply.
10. *Change of Occupation Rules* apply.
11. A *Claim Time Limit* applies.

12. In order to qualify for payment of the benefit under this section, PTD (Own Occupation) must occur before the 65th birthday of the Life Insured.
13. At least twelve months is normally required to establish that a Life Insured is suffering PTD (Own Occupation).

Definition of Permanent Total Disablement (Own Occupation)

14. PTD (Own Occupation) requires that a Life Insured be permanently, totally, and irreversibly unable by reason of sickness or bodily injury to carry out the duties pertaining to his normal gainful occupation as stated in the application form.

Section Eleven - Waiver of Premium Benefit

This section explains the Waiver of Premium Benefit.

1. This section only applies if the Additional Benefits / Special Terms Appendix states that Waiver of Premium Benefit applies.

Amount Payable on Claim

2. On proof that the Relevant Life Insured has been disabled for a period of 26 weeks, Zurich Life shall waive the appropriate Premium under this policy, subject to the specific restrictions given in this section and the general terms and conditions of this policy.

BASIS OF COVER: SINGLE LIFE AND JOINT LIFE

The Relevant Life Insured is the First Life Insured, and the appropriate Premium is the current Premium at the date of the claim.

BASIS OF COVER: DUAL LIFE

The Relevant Life Insured is a Life Insured in respect of whom Waiver of Premium Benefit applies, and the appropriate Premium is the current Relevant Premium at the date of the claim.

3. If, within 13 weeks following recovery from disablement, the Relevant Life Insured again becomes totally disabled solely from the same cause or causes, Zurich Life will not require a further 26 weeks before waiving the appropriate Premium.
4. The appropriate Premium will continue to be waived until the earlier of the following events:
 - the death of the Relevant Life Insured;
 - the recovery of the Relevant Life Insured;
 - the 60th birthday of the Relevant Life Insured; and
 - the termination of the policy.
5. If the Inflation Protection Option applies to the policy (see Section Sixteen) and is exercised during a period of disablement of the Relevant Life Insured, the recalculated appropriate Premium will continue to be waived subject to the terms and conditions of this section.

Definition of 'Disabled' for Waiver of Premium Benefit

6. For the purposes of the Waiver of Premium Benefit, the term 'disabled' means being completely unable to follow the occupation, as a result of injury or sickness, that a Life Insured was following prior to disablement and being in no other gainful occupation.
7. If a Life Insured was not in gainful occupation prior to disablement, 'disabled' means that, in *Medical Opinion*, the Life Insured is unable to perform three or more Activities of Daily Living without assistance. Activities of Daily Living are listed in Appendix B under 'Loss of Independent Existence'.

Events that may Affect this Benefit (Restrictions)

8. *Territorial Limits* apply.
9. *Contributory Exclusions* apply.
10. *Change of Occupation Rules* apply.
11. A *Claim Time Limit* applies.

Section Twelve - Hospital Cash Benefit

This section explains the Hospital Cash Benefit.

1. This section only applies if there is a Hospital Cash Sum Insured shown in the Policy Certificate.

Amount Payable on Claim

2. On proof that a Life Insured in respect of whom Hospital Cash Benefit applies has been confined to a *hospital as an in-patient* as a result of illness or bodily injury for a continuous period exceeding 72 hours, Zurich Life will pay the Hospital Cash Benefit for that Life Insured, subject to the specific restrictions given in this section and the general terms and conditions of this policy.
3. The Hospital Cash Benefit is the Hospital Cash Sum Insured then in force multiplied by the number of days (complete periods of 24 hours) the Life Insured in respect of whom Hospital Cash Benefit applies is *hospitalised*.
4. The maximum number of days for which the benefit will be payable for a Life Insured in respect of whom Hospital Cash Benefit applies under this policy is 365.
5. The Hospital Cash Sum Insured in force at any date is that shown for the Relevant Life Insured on your Policy Certificate, or as subsequently amended by your use of the Inflation Protection Option (see Section Sixteen), or as subsequently reduced in accordance with your instructions.

Events that may Affect this Benefit (Restrictions)

6. *Territorial Limits* apply.
7. *Contributory Exclusions* apply.
8. *Change of Occupation Rules* do not apply.
9. A *Claim Time Limit* applies.

10. If a Life Insured has a medical condition that originated before or was foreseeable at the time the policy was effected or at the time the policy was *reinstated*, no benefit will be paid in the period of one year from the Start Date of the policy for claims arising from such medical conditions. No benefit will be paid in respect of any claim due to pregnancy in the period of nine months from the Start Date of the policy.
11. Hospital Cash Benefit will not be paid for periods of *hospitalisation* beginning after a Life Insured's 65th birthday.
12. Hospital Cash Benefit will not be paid for periods of *hospitalisation* arising from psychiatric, mental, or nervous illnesses or any related symptoms.

Section Thirteen - Surgical Cash Benefit

This section explains the Surgical Cash Benefit.

1. This section only applies in respect of a Life Insured if it is stated in the Policy Certificate.

Amount Payable on Claim

2. On proof of a Surgical Event to a Life Insured in respect of whom Surgical Cash Benefit applies, Zurich Life will pay a Surgical Cash Benefit for that Life Insured, subject to the specific restrictions given in this section and the general terms and conditions of this policy.
3. For a Major Surgery, the Surgical Cash Benefit will be the lesser of 10% of the Serious Illness Sum Insured then in force for that Life Insured and €25,000. For an Intermediate Surgery, the Surgical Cash Benefit will be the lesser of 5% of the Serious Illness Sum Insured then in force for that Life Insured and €12,500.
4. The maximum total Surgical Cash Benefit payable for each Life Insured to whom it applies over the life of this policy shall be the lesser of 50% of the Serious Illness Sum Insured then in force for that Life Insured and €125,000.
5. The Relevant Serious Illness Sum Insured in force at any date is that shown on your Policy Certificate, or as subsequently amended by your use of the Inflation Protection Option (see Section Sixteen), Guaranteed Insurability Option (see Section Eighteen), and/or payment of a claim (see Section Five - Serious Illness Benefit and Section Seven - Angioplasty Benefit) or as subsequently reduced in accordance with your instructions.

Events that may Affect this Benefit (Restrictions)

6. Surgical Cash Benefit is not paid for any surgery that is carried out within six months of the Start Date of the policy or within six months of the date the policy was *reinstated*.
7. Where there are two or more valid Surgical Cash claims in respect of a Life Insured to whom Surgical Cash Benefit applies arising from surgical operations within 14 days of each other, only one Surgical Cash Benefit will be paid; if one of the Surgical Cash claims is in respect of Major Surgery, payment will be for Major Surgery rather than Intermediate Surgery.
8. If the condition giving rise to the Surgical Cash claim also gives rise to a claim for Serious Illness Benefit, Surgical Cash Benefit will not be paid.
9. *Territorial Limits* apply.
10. *Contributory Exclusions* apply.

11. *Change of Occupation Rules* do not apply.
12. A *Claim Time Limit* applies.
13. Surgical Cash Benefit will not be paid for surgery performed after a Life Insured's 65th birthday.

Definition of a Surgical Event

14. For a particular surgery to be regarded as a Surgical Event, all of the following must apply:
 - it must require a surgical incision and be performed under general or spinal anaesthesia in a *hospital*;
 - it must be considered medically necessary by a consultant surgeon in Ireland or the United Kingdom; and
 - it must be one of the operations listed under Major Surgeries or Intermediate Surgeries below.

MAJOR SURGERIES

The following operations are regarded as Major Surgeries under this policy:

- hip replacement;
- knee replacement;
- surgery to the brain or meninges of the brain;
- surgery to the lungs;
- surgery to the spinal cord or canal;
- surgery to the spinal vertebrae and intervertebral discs;
- surgery to the Cranial Nerves; and
- surgery involving the removal of an eyeball or orbital contents.

INTERMEDIATE SURGERIES

The following operations are regarded as Intermediate Surgeries under this policy:

- amputation or replantation of limbs;
- coronary catheter treatment including angioplasty;
- hand or foot reconstruction (this excludes repair of broken bones even if pins, screws or plates are used in the healing process);
- hysterectomy;
- mastectomy and breast reconstruction;
- removal of spinal disc;
- single vessel coronary angioplasty;
- surgery to the pharynx;
- surgery to the cerebral, carotid, iliac or femoral arteries;
- surgery to the pituitary or pineal glands;
- surgery to a kidney;
- surgery to an inner ear;

- surgery to the bile duct;
 - surgery to the bladder;
 - surgery to the gall bladder;
 - surgery to the larynx;
 - surgery to the liver;
 - surgery to the nerve roots;
 - surgery to the oesophagus, stomach, duodenum, jejunum, ileum, colon, or rectum (excluding haemorrhoidectomy);
 - surgery to the pancreas;
 - surgery to the parathyroid, thymus, or adrenal glands;
 - surgery to the prostate;
 - surgery to the spleen;
 - surgery to the thyroid; and
 - surgery to the ureter.
15. The following classes of surgery are explicitly not covered:
- caesarean section operations;
 - childbirth or termination of pregnancy;
 - dental treatment;
 - exploratory or investigative surgery;
 - eye operations to correct long or short-sightedness;
 - foetal surgery;
 - genetic surgery;
 - haemorrhoidectomy;
 - hernia repair;
 - organ or tissue donation;
 - sterilisation or contraceptive procedure;
 - surgery as a result of pregnancy that occurs during pregnancy or within two months of the termination of pregnancy;
 - treatment for infertility;
 - tonsillectomy;
 - appendectomy;
 - oophorectomy;
 - treatment for incontinence; and
 - knee arthroscopy.

Section Fourteen - Personal Accident Benefit

This section explains the Personal Accident Benefit.

1. This section only applies if there is a Personal Accident Benefit Sum Insured shown in the Policy Certificate.

Amount Payable on Claim

2. On proof that a Life Insured in respect of whom Personal Accident Benefit applies has become temporarily disabled as a result of an accident, Zurich Life will pay the Personal Accident Benefit applicable to that Life Insured.
3. For the purposes of Personal Accident Benefit, temporarily disabled means being completely physically unable to follow the occupation the Life Insured was following as described in the application for insurance, directly as a result of an accident caused by external violent and visible means. Disability which occurs as a result of lifting, twisting, turning or bending cannot be considered as having occurred as a result of external violent and visible means and therefore cannot be considered under this benefit. The benefit will not be paid if the Life Insured is in any other gainful occupation. No benefit will be payable in relation to any psychiatric, mental or nervous disability suffered directly as a result of external violent and visible means.

Payment of Benefit

4. The amount of the Personal Accident Benefit for each week of temporary disablement is equal to the lesser of the Personal Accident Benefit Sum Insured then in force for that Life Insured and 50% of the Life Insured's then current *weekly earnings*.
5. The Personal Accident Benefit Sum Insured in force at any date is that shown for the Relevant Life Insured on your Policy Certificate, or as subsequently amended by your use of the Inflation Protection Option (see Section Sixteen), or as subsequently reduced in accordance with your instructions.
6. Personal Accident Benefit will continue to be paid each week until the earlier of the following events:
 - the death of the Life Insured;
 - the recovery of the Life Insured; and
 - the 60th birthday of the Life Insured.
7. Please note that regardless of paragraph 6 above, Personal Accident Benefit will not be paid for more than 52 weeks in respect of a Life Insured.
8. In the event of a second or subsequent Personal Accident Benefit claim linked to an accident from an earlier claim, no benefit will be paid for the first 14 days of the new claim if the new claim commences more than six months after the previous claim ceased.

Events that may Affect this Benefit (Restrictions)

9. Personal Accident Benefit will not be paid for the first 14 days of temporary disability.
10. *Territorial Limits* apply.
11. *Contributory Exclusions* apply.

12. *Change of Occupation Rules* apply.

13. A *Claim Time Limit* applies.

Section Fifteen - Children's Benefits

This section explains the Children's Benefits.

1. All Children's Benefits are subject to the specific restrictions given in this section and the general terms and conditions of this policy.

Child Life Cover

2. This benefit only applies if the Policy Certificate shows a Life Sum Insured.

3. On proof that a legal child of a Life Insured has died after the Policy Issue Date, a lump sum benefit of €6,000 will be paid to cover funeral expenses of the child.

4. In order to qualify for Child Life Cover, the child must be aged between three months and less than 18 years at the date of his death. If the child is in full-time education, the child will qualify for Child Life Cover if aged between three months and less than 21 years at the date of his death.

Child Serious Illness Benefit

5. This benefit only applies if the Policy Certificate shows a Serious Illness Sum Insured and is subject to the provisions of paragraphs 2 and 3 of Section Five - Serious Illness Benefit and paragraphs 3 and 4 of Section Ten - Permanent Total Disablement (Own Occupation) Benefit, which refer to paragraphs 5 to 19 of this section.

6. On proof that a legal child of a Life Insured has suffered a *Critical Event* (with the exception of Permanent Total Disablement and Loss of Independent Existence) after the Policy Issue Date and has survived for a period of 14 days after the date of diagnosis of the *Critical Event*, a lump sum benefit shall be paid.

7. The amount of the lump sum benefit is equal to the lesser of €25,000 and 50% of the Serious Illness Sum Insured then in force if the Basis of Cover is Single Life or Joint Life, or the lesser of €25,000 and 50% of the higher Serious Illness Sum Insured then in force if the Basis of Cover is Dual Life.

8. The maximum aggregate Serious Illness Benefit payable from all sources in respect of any one child is €25,000.

9. *Territorial Limits* and a *Claim Time Limit* apply.

10. In order to qualify for Child Serious Illness Benefit, the child must be between one year and less than 18 years of age at the date of diagnosis of the *Critical Event*. If the child is in full-time education, the child will qualify for Child Serious Illness Benefit if aged between one year and less than 21 years at the date of diagnosis.

Child Overseas Surgery Benefit

11. This benefit only applies if the Policy Certificate shows a Serious Illness Sum Insured and is subject to the provisions of paragraphs 2 and 3 of Section Five - Serious Illness Benefit and paragraphs 3 and 4 of Section Ten - Permanent Total Disablement (Own Occupation) Benefit, which refer to paragraphs 5 to 19 of this section.

12. On proof that a legal child of a Life Insured needs an immediate and necessary surgical procedure or operation arising from one of the *Critical Events* that arose after the Policy Issue Date and cannot be performed in any *hospital* in Ireland, a lump sum benefit of €25,000 will be paid.
13. In order to qualify for Child Overseas Surgery Benefit, the child must be aged between one year and less than 18 years of age at the date of overseas surgery. If the child is in full-time education, the child will qualify for Child Overseas Surgery Benefit if aged between one year and less than 21 years at the date of surgery.

Child Partial Payment Serious Illness Benefit

14. This benefit only applies if the Policy Certificate shows a Serious Illness Sum Insured and is subject to the provisions of paragraphs 2 and 3 of Section Five - Serious Illness Benefit and paragraphs 3 and 4 of Section Ten - Permanent Total Disablement (Own Occupation) Benefit, which refer to paragraphs 5 to 19 of this section.
15. On proof that a legal child of a Life Insured has suffered a *Partial Payment Serious Illness Event* after the Policy Issue Date and has survived for a period of 14 days after the date of diagnosis of the *Partial Payment Serious Illness Event*, a lump sum benefit shall be paid.
16. The amount of the lump sum benefit is equal to the lesser of €7,500 and 50% of the Serious Illness Sum Insured then in force if the Basis of Cover is Single Life or Joint Life, or the lesser of €7,500 and 50% of the higher Serious Illness Sum Insured then in force if the Basis of Cover is Dual Life.
17. The maximum aggregate Partial Payment Serious Illness Benefit payable from all sources in respect of any one child is €7,500.
18. *Territorial Limits* and a Claim Time Limit apply.
19. In order to qualify for Child Partial Payment Serious Illness Benefit, the child must be between one year and less than 18 years of age at the date of diagnosis of the *Partial Payment Serious Illness Event*. If the child is in full-time education, the child will qualify for Child Partial Payment Serious Illness Benefit if aged between one year and less than 21 years at the date of diagnosis.

Child Hospital Cash Benefit

20. This benefit only applies if the Policy Certificate shows a Hospital Cash Sum Insured.
21. On proof that a legal child of a Life Insured is *hospitalised* in Ireland after the Policy Issue Date as an *in-patient* as a result of illness or bodily injury for more than 72 consecutive hours, a benefit of the lower of €60 and 50% of the Hospital Cash Sum Insured then in force (the higher Sum Insured if there are two) will be payable for each complete period of 24 hours that the child is *hospitalised*. The benefit will not in any case be less than €30 per day. The maximum number of days for which benefit shall be payable in respect of any one such child over the life of the policy is 365.
22. In order to qualify for this benefit, the child must be aged between one year and less than 18 years of age during the period of *hospitalisation*. If the child is in full-time education, the child will qualify for Child Hospital Cash Benefit if aged between one year and less than 21 years during the period of *hospitalisation*.
23. Child Hospital Cash Benefit will not be paid for periods of *hospitalisation* arising from psychiatric, mental, or nervous illnesses or any related symptoms.
24. *Territorial Limits* and a Claim Time Limit apply.

Payment of Benefit

25. If the Children's Serious Illness or Life Cover Benefits on your policy are not paid within 30 days of Zurich Life's receiving written notification of the claim, the amount payable will be increased in respect of the period between the date of notification and the date of payment at a rate determined by the *Appointed Actuary*.
26. The Child Life Cover, Serious Illness, Overseas Surgery and Partial Payment Serious Illness Benefits are payable once only in respect of each child of a Life Insured regardless of the number of policies under which the child is insured.
27. The Life, Serious Illness, and Hospital Cash Sums Insured in force at any date are those shown for the Relevant Lives Insured on your Policy Certificate, or as subsequently amended by your use of the Inflation Protection Option (see Section Sixteen), Guaranteed Insurability Option (see Section Eighteen), Long-term Care Conversion Option (see Section Nineteen), and/or payment of a claim (see Section Five - Serious Illness Benefit, Section Seven - Angioplasty Benefit, Section Ten - Permanent Total Disablement (Own Occupation) Benefit), or as subsequently reduced in accordance with your instructions.

Events that may Affect these Benefits (Restrictions)

28. Where a claim for one of the Children's Benefits arises from a medical condition that was known by a parent or legal guardian to exist before the Start Date of a policy, no Children's Benefit will be paid.
29. Zurich Life will not pay benefits on claims arising from congenital defects known by a parent or legal guardian to exist before the child was eligible for benefit.

Section Sixteen - Inflation Protection Option

This section describes the Inflation Protection Option.

1. This section only applies if the Additional Benefits / Special Terms Appendix states that the Inflation Protection Option applies to a Life Insured. If the Basis of Cover is Dual Life then this option may apply to only one Life Insured.

Increase in Sums Insured

2. Every year, Zurich Life will automatically increase the Relevant Sums Insured under your policy by 3%, subject to the terms and conditions of this section. You will not have to provide Zurich Life with any medical evidence to obtain these increases in benefit.
3. If this policy was issued as a result of exercising the Protection Continuation Option, Life Cover Continuation Option or Guaranteed Insurability Option on a previous Zurich Life individual protection policy the rate of increase in the Relevant Sums Insured will be the rate specified in that original policy, rather than that specified in paragraph 2 above.
4. At the time of an increase in Sums Insured, Zurich Life will inform you of this in writing. You are not obliged to accept the increase. If you are not accepting the increase automatically, you must inform Zurich Life of this within three months of the date the increase is offered. You must accept or refuse the increase in respect of all Sums Insured. If the Basis of Cover is Dual Life, you must accept or refuse the increase in respect of both Lives Insured's Sums Insured if offered. You can not accept the offered increased Sums Insured on one Life Insured and not those on the other.

Increase in Premium Due

5. At the time of an increase in Sums Insured, Zurich Life will increase the Premium due by 4.5%. If the Basis of Cover is Dual Life and the Sums Insured are being increased on one life only, then the Relevant Premium due will be increased by 4.5%.
6. If this policy was issued as a result of exercising the Protection Continuation Option, Life Cover Continuation Option or Guaranteed Insurability Option on a previous Zurich Life individual protection policy the rate of increase in Premium will be the rate specified in that original policy, rather than that specified in paragraph 5 above.

No Further Increases

7. In relation to a Life Insured, Zurich Life will not be obliged to offer any further annual increases as stated in this section if any of the following have occurred:
 - you have previously refused two consecutive offers of increase; or
 - the Life Insured has reached his 65th birthday if the Basis of Cover is Single Life or Dual Life, or the older of the Lives Insured has reached his 65th birthday if the Basis of Cover is Joint Life.

Section Seventeen - Protection Continuation Option

This section describes the Protection Continuation Option.

1. This section only applies if the Additional Benefits / Special Terms Appendix states that the Protection Continuation Option applies to a Life Insured. If the Basis of Cover is Dual Life then this option may apply to only one Life Insured.
2. If this option applies to a Life Insured on this policy then, at any stage before the end of the term of this policy, you will have the option to extend the protection provided by this policy (except for any Life Cover (Monthly Income Benefit) for that Life Insured by replacing this policy with a new policy, without further medical evidence, subject to the terms and conditions of this section. You can also exercise this option up to 90 days after the cessation of this policy.
3. The Protection Continuation Option will be available on the new policy.

Terms of the Protection Continuation Option

4. This option does not apply to the Life Cover (Monthly Income) Benefit.
5. If the Basis of Cover of this policy is Single Life, that of the replacement policy must be Single Life as well.
6. If the Basis of Cover of this policy is Joint Life or Dual Life, that of the replacement policy must be the same Basis of Cover, or you may elect to remove a Life Insured from the policy and change the Basis of Cover to Single Life. If the Special Terms Appendix states that the Protection Continuation Option applies to one Life Insured only, then the replacement policy Basis of Cover will be Single Life on that Life Insured.
7. The maximum term, in years, of the replacement policy will be equal to the lesser of 40 and 85 (or 75 if there is a Serious Illness Sum Insured shown in the Policy Certificate) minus the then age next birthday of the oldest Life Insured in respect of whom protection is being extended.

8. The maximum initial Sums Insured provided by the replacement policy will be equal to those then in force on this policy. The maximum initial Sum Insured provided by the replacement policy is zero for all other benefits.
9. With the exception of the Inflation Protection Option, if you choose to use the Protection Continuation Option, your Policy Document wording (including the Events set out in Appendices B, C, D, E and F) will be replaced in full by Zurich Life's Policy Document wording for its then current protection product. You will be provided with details of the terms and conditions (including the Events covered) at the time you choose to extend your protection.
10. If the Inflation Protection Option is then operative on this policy, the new policy will also have this option with the same terms and conditions as described in Section Sixteen - Inflation Protection Option of this Policy Document.

Premium for the Extended Protection

11. If you choose to use the Protection Continuation Option your premium will be recalculated based on Zurich Life's then current Premium rates.
12. If any special terms apply to this policy, they will continue to apply after you use this option.

Notification to Zurich Life

13. If you choose to use the Protection Continuation Option, you must inform Zurich Life no later than 90 days after the end of the term of this policy.

Section Eighteen - Guaranteed Insurability Option

This section describes the Guaranteed Insurability Option.

1. This section applies unless the Additional Benefits / Special Terms Appendix states otherwise. If the Basis of Cover is Dual Life then this option may apply to only one Life Insured.
2. At any stage during the term of this policy, apart from the restrictions detailed in paragraph 8 of this section, you have the option to increase the Life, Serious Illness, Cancer Cover, Monthly Income, and PTD (Own Occupation) Sums Insured on your policy for a Life Insured, without the need to supply further medical evidence, on the occurrence of any of the following special events:
 - the birth or legal adoption of a child by that Life Insured;
 - the marriage or registered civil partnership of that Life Insured;
 - a promotion or change in job that has resulted in an increase in the Life Insured's *salary* (% increase in Sum Insured is limited to the % increase in *salary*). If your employment status is self employed, company director or partner then you are not eligible to exercise this option on the occurrence of this special event; and
 - where the Life Insured gains approval for a new mortgage or increase in an existing mortgage and subsequently draws down these funds
3. If the Basis of Cover is Dual Life, you may exercise this option in respect of each Life Insured separately.
4. If you exercise this option, you may exercise it for any number of the following Sums Insured that are

shown on the Policy Certificate: Life, Monthly Income, Serious Illness, Cancer Cover, and PTD (Own Occupation). If there is a Serious Illness Sum Insured (Accelerated) shown in the Policy Certificate, the Serious Illness and PTD sum insured cannot exceed the Life Sum Insured.

5. On any one special event, the increase in each Sum Insured under this option cannot exceed 50% of the appropriate Sum Insured shown on your Policy Certificate. Over the term of your policy, the total increase in each Sum Insured cannot exceed the appropriate Sum Insured shown on your Policy Certificate. The total increase in each of your Life, Serious Illness, Cancer Cover and PTD (Own Occupation) Sums Insured on all your policies with Zurich Life under this option cannot exceed €100,000 on any one special event or €200,000 over the term of your policy. The total increase in your Monthly Income Sum Insured on all your policies with Zurich Life under this option cannot exceed €1,000 on any one special event or €2,000 over the term of your policy.
6. If the Basis of Cover is Joint Life, the limits in paragraph 5 above apply to the joint Sums Insured, even if the birth/adoption, marriage, registered civil partnership, promotion or mortgage increase/new mortgage applies to both Lives Insured. If the Basis of Cover is Dual Life, the limits apply separately to each Life Insured's Sums Insured.
7. Zurich Life will require evidence to show that the special event has occurred.

Cessation of Option

8. This option will not be available to a Life Insured after he has reached his 55th birthday. If the Basis of Cover is Joint Life, this option will cease to be available on the older Life Insured's 55th birthday.

Premium for a Special Event Increase

9. Your Premium will be recalculated each time you exercise this option based on Zurich Life's then current premium rates.
10. If any special terms apply to this policy, they will continue to apply on the increase in protection.

Notification to Zurich Life

11. You must advise Zurich Life within six months of the occurrence of the special event if you wish to exercise this option.

Section Nineteen - Long-term Care Conversion Option

This section describes the Long-term Care Conversion Option.

1. At any stage during the term of this policy, apart from the restrictions detailed in paragraphs 3, 4, 5, 11, and 12 below, you have the option to convert any unwanted portion of Life Sum Insured into Long-term Care Benefit.
2. The amount of the monthly Long-term Care Benefit will be equal to the converted Life Sum Insured divided by 50.
3. If the Basis of Cover is Joint Life, you can only exercise this option in respect of both Lives Insured together, and the Basis of Cover of the Long-term Care Benefit will also be Joint Life. If the Basis of Cover is Dual Life, you may exercise this option in respect of each Life Insured separately.
4. If the Basis of Cover is Single Life or Joint Life, you may only exercise this option once during the term of the policy; if the Basis of Cover is Dual Life, you may only exercise this option once in respect of each Life Insured.
5. The amount of Life Sum Insured that you can convert to Long-term Care Benefit cannot exceed €150,000. In addition, if there is a Serious Illness Sum Insured (Accelerated) shown on the Policy Certificate, the amount of Life Sum Insured that you can convert is subject to a maximum of the excess of the Life Sum Insured over the Serious Illness Sum Insured in force.

Payment of Benefit

6. If the option under this section has been exercised and a claim arises, Zurich Life will pay the Relevant Long-term Care Benefit each month. The circumstances under which a claim will be deemed to have arisen are set out below for each Basis of Cover. However, no benefit will be paid in the two years following the exercise of the option.

BASIS OF COVER: SINGLE LIFE

If the Life Insured has permanently lost the ability to perform three or more Activities of Daily Living (ADL) (see 'Loss of Independent Existence' in Appendix B for the definition of ADL), Zurich Life will commence paying the monthly Long-term Care Benefit three months after he has lost this ability.

BASIS OF COVER: JOINT LIFE

If either Life Insured has permanently lost the ability to perform three or more Activities of Daily Living (ADL) (see 'Loss of Independent Existence' in Appendix B for the definition of ADL), Zurich Life will commence paying the monthly Long-term Care Benefit three months after he has lost this ability.

BASIS OF COVER: DUAL LIFE

If a Life Insured in respect of whom the option was exercised has permanently lost the ability to perform three or more Activities of Daily Living (ADL) (see 'Loss of Independent Existence' in Appendix B for the definition of ADL), Zurich Life will commence paying his monthly Long-term Care Benefit three months after he has lost this ability.

7. If a payment is not made within 30 days of the date it is due, the amount payable will be increased in respect of the period between the due date and the date of payment at a rate determined by the *Appointed Actuary*.

8. Payment of the Long-term Care Benefit will be made each month until the earlier of following events:
 - the recovery of the Life Insured; and
 - the death of the Life Insured.
9. If the Basis of Cover is Joint Life or Single Life, no more than 50 monthly payments will be made over the term of the policy; if the Basis of Cover is Dual Life, no more than 50 monthly payments will be made in respect of each Life Insured over the term of the policy.
10. In the event of a claim, Zurich Life may obtain reports from doctors that have attended the Life Insured to establish the claim and may require that the Life Insured attend for medical examination(s).

When Option is Available

11. This option will not be available to a Life Insured before he has reached his 60th birthday or after he has reached his 65th birthday. If the Basis of Cover is Joint Life, this option will only become available on the older Life Insured's 60th birthday and will cease to be available on his 65th birthday.
12. You cannot exercise this option if the remaining term of the policy is less than ten years.

Premium

13. The Premium will not change on exercising the option under this section.

Section Twenty - Exclusions And Limits

This section describes some circumstances in which Zurich Life will not pay claims.

Territorial Limits

1. If a Life Insured travels to or resides outside the *Territorial Limits* for more than 13 weeks in any 52-week period, you should inform Zurich Life. Zurich Life may then apply a *Premium Recalculation* or restrict the benefits under this policy. If you do not inform Zurich Life, Zurich Life has the right not to pay these benefits. The reasons for *Territorial Limits* are to ensure that Zurich Life can obtain satisfactory evidence to substantiate a claim and to ensure that Zurich Life has the opportunity to assess the risk in respect of causes of a claim that are more probable outside the *Territorial Limits*.
2. The *Territorial Limits* for the Hospital Cash Benefit and Waiver of Premium Benefit are the following:
 - Norway;
 - Switzerland; and
 - the European Union as at July 2014 – Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom.
3. There are no *Territorial Limits* for the Life Cover (Lump Sum) or Life Cover (Monthly Income) Benefits.
4. The *Territorial Limits* for Terminal Illness, Serious Illness, Angioplasty, Partial Payment Serious Illness, Cancer Cover, Partial Payment Cancer Cover, Permanent Total Disablement (Own Occupation) and Personal Accident Benefits are the following:

- Australia;
 - Canada;
 - Hong Kong;
 - Iceland;
 - Japan;
 - New Zealand;
 - Norway;
 - Singapore;
 - South Africa;
 - Switzerland;
 - USA; and
 - the European Union as at July 2014 – Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom.
5. The Surgical Cash Benefit is only paid in respect of surgery in a *hospital* in Ireland or the United Kingdom.
6. The Serious Illness Benefit in respect of 'HIV Infection' is only payable if the infection occurred in the EU (as at July 2014), North America, Australia or New Zealand.

Contributory Exclusions

7. Zurich Life will not pay for some benefits if the Life Insured has contributed to the likelihood of a claim. This is detailed below.
8. The Life Cover (Lump Sum) and the Life Cover (Monthly Income) Benefit have a *Contributory Exclusion* in respect of suicide only. This is detailed in Section Two - Life Cover (Lump Sum) Benefit and Section Three - Life Cover (Monthly Income) Benefit.
9. The Terminal Illness Benefit has a *Contributory Exclusion* in respect of self-inflicted terminal illness only. This is detailed in Section Four - Terminal Illness Benefit.
10. Zurich Life will not pay Serious Illness Benefit claims in respect of the following *Critical Events* if they arise from intentional self-inflicted injury:
- coma;
 - stroke;
 - intensive care;
 - traumatic head injury;
 - PTSD;
 - paralysis;
 - loss of independent existence;
 - third degree burns;
 - loss of hands or feet.
 - Brain Injury due to Anoxia or Hypoxia;
11. Zurich Life will not pay Partial Payment Serious Illness Benefit claims in respect of the following *Partial Payment Serious Illness Events* if they arise from intentional self-inflicted injury:
- loss of one limb,
 - severe / 3rd degree burns,

- surgical removal of one eye, or
 - significant visual impairment.
12. Zurich Life will not pay claims in respect of Serious Illness Benefit of Partial Payment Serious Illness Benefit if they arise from any of the following:
- alcohol abuse or the taking of drugs other than under the direction of a qualified medical practitioner;
 - any form of aerial flight other than as a fare-paying passenger on a regular public airline;
 - participating in or training for scuba-diving, climbing or mountaineering, pot holing, motor racing, motorcycle racing, horse racing, professional sport, or other hazardous pursuits or pastimes;
 - breach of any criminal law by the Policy Owner or by the Relevant Life Insured.
13. Zurich Life will not pay claims in respect of Permanent Total Disablement (Own Occupation), Surgical Cash, Hospital Cash, Personal Accident, or Waiver of Premium Benefit that arise from any of the following:
- intentional self-inflicted injury, whether the Life Insured be sane or insane, including failure to follow reasonable medical advice in relation to a cause or latent cause of claim;
 - alcohol abuse or the taking of drugs other than under the direction of a qualified medical practitioner;
 - illnesses or bodily injuries that are sustained as a consequence of any form of war or civil war or as a consequence of wilful participation in acts of violence, including riot, civil commotion, insurrection, or usurpation of power or any act incidental to such participation;
 - any form of aerial flight other than as a fare-paying passenger on a regular public airline;
 - participating in or training for scuba-diving, climbing or mountaineering, pot holing, motor racing, motorcycle racing, horse racing, professional sport, or other hazardous pursuits or pastimes;
 - any Human Immunodeficiency virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS);
 - breach of any criminal law by the Policy Owner or by the Relevant Life Insured.
14. For Hospital Cash, Surgical Cash and Overseas Surgery Benefit no claim will be paid in respect of cosmetic or elective surgery not necessary to cure or relieve an acute medical condition.
15. The *Contributory Exclusions* do not apply to any Children's Benefits.

Change of Occupation Rules

16. For the Permanent Total Disablement (Own Occupation), Personal Accident, Waiver of Premium, and, where applicable, Serious Illness Benefit, Zurich Life has taken into account the occupation of the Lives Insured. If the occupation changes, you should inform Zurich Life. Zurich Life may then apply a *Premium Recalculation* or cancel the benefit if, in the opinion of Zurich Life, the Change of Occupation changes the risk. If you do not inform Zurich Life, Zurich Life has the right not to pay these claims.
17. Changes of occupation include retirement and taking on a second occupation.

Claim Time Limits

18. You must make your claim for benefit in writing within the time limits specified below. If you do not, and Zurich Life has difficulty in assessing the claim due to the delay, Zurich Life will not pay the claim. The time limits for different benefits are set out below:
 - Serious Illness, Angioplasty, Cancer Cover, Partial Payment Serious Illness and Partial Payment Cancer Cover: six months from the date a Life Insured suffers a *Critical, Cancer Cover, Angioplasty, Partial Payment Serious Illness or Partial Payment Cancer Cover Event*.
 - PTD (Own Occupation): three months from event that causes the claim.
 - Surgical Cash: three months from the date of surgery.
 - Hospital Cash: three months from the date of admission to *hospital*.
19. Claims arising under the heading 'HIV Infection' must be reported within the time periods set out in the definition of HIV Infection in Appendix B.
20. For the Waiver of Premium Benefit, the first waiver of Premium will take place no earlier than three months after the date of notification of claim.
21. For the Personal Accident Benefit, you must notify Zurich Life of the temporary disablement within two weeks of the date of the accident and you must submit a fully completed Claim Form within four weeks of the date of the accident. If the Claim Form is not received within this period, any benefit payable will only commence from the date the Claim Form is received.
22. In the event of an ongoing Personal Accident Benefit claim, satisfactory medical confirmation of continuing disability must be submitted to Zurich Life every three weeks. If such confirmation is not submitted every three weeks, and Zurich Life is unable to assess your claim, we reserve the right not to pay your claim.

Section Twenty One - General Conditions

This section sets out general conditions and rights that apply to your policy.

Rights of Cancellation

1. You may cancel your policy by returning your Policy Document, the Policy Certificate, and a signed cancellation request to Zurich Life within 30 days of receipt of your policy documentation. On receipt of the above, Zurich Life will refund all the Premiums paid on your policy, and Zurich Life's liability for any benefit will cease.

Notice to Zurich Life

2. You may notify Zurich Life of any fact relating to your policy in writing, by fax, electronically or, subject to satisfactory identification, by telephone. For certain facts given by telephone, Zurich Life may require confirmation in writing.
3. Zurich Life will not be bound by any changes in the terms of your policy unless there is written confirmation from Zurich Life.

Notice from Zurich Life

4. Zurich Life will assume that any correspondence sent has been received by you at the time it would have arrived at the address last notified to Zurich Life. You should notify Zurich Life immediately if you change your address.

Currency

5. All monies payable by or to Zurich Life will be payable in the currency of Ireland. All amounts payable by Zurich Life under this policy shall be payable at Zurich Life's Head Office.

Laws and Interpretation

6. Your policy shall be subject to the Laws of Ireland.
7. On the death of either Policy Owner (where there is more than one Policy Owner), the policy *vests in* the name of the surviving Policy Owner, unless the policy has been previously *assigned*.

Subsequent Legislation

8. Zurich Life will have the right to make such adjustment in the basis of calculating the benefits and/or Premium under the policy as the *Appointed Actuary* will determine in accordance with your *reasonable expectations* if at any future time, as a result of current or subsequent legislation, any of the following occur:
 - the investment rights of Zurich Life are restricted or removed;
 - it becomes impossible or impractical to carry out any or all of the procedures laid down in your policy; or
 - a Premium or additional tax, stamp duty, or levy is imposed.

Disclosure

9. Zurich Life has assessed this policy based on the application form you have signed, together with all declarations and statements you and each Life Insured have made. Zurich Life may cancel your policy if any of the declarations or statements were knowingly or *recklessly* made incorrectly. However, if such incorrect declarations or statements were not knowingly or *recklessly* made, your policy will not be cancelled, but the Premium and benefits will be recalculated by the *Appointed Actuary* to adjust for any under or over-payment of Premium. If your policy is cancelled, Zurich Life will not make any payment of benefit.
10. In the event of a claim on your policy, Zurich Life will require proof of the age of the Life Insured. If the date of birth of a Life Insured on your application form is later than the Life Insured's date of birth as evidenced by a copy of the Life Insured's birth certificate, your policy will not be cancelled, but the benefit(s) will be recalculated by the *Appointed Actuary* using the correct age and the Premiums paid. However, if a Life Insured's date of birth is such that either the Life Insured's age at the Start Date of the policy or the Life Insured's age at the time of claim exceed the maximum limits allowed by Zurich Life at the Start Date of the policy, then Zurich Life will cancel your policy from inception and no benefits will be payable.
11. No benefit will be paid under your policy if you, or anyone acting on your behalf, uses any fraudulent means in order to obtain any benefit under your policy. In such an event, Zurich Life reserves the right to cancel your policy and take any actions as it shall deem proper.

Ceasing of Policy

12. When your policy will cease depends on the Basis of Cover.

BASIS OF COVER: SINGLE LIFE

The policy will cease on the death of the Life Insured or on payment of Terminal Illness Benefit.

BASIS OF COVER: JOINT LIFE

The policy will cease on the death of either Life Insured or on payment of Terminal Illness Benefit in respect of both Lives Insured.

BASIS OF COVER: DUAL LIFE

The policy will cease on the death of both Lives Insured or on payment of Terminal Illness Benefit in respect of both Lives Insured.

13. The policy will cease if, at any time, you do not have at least one of the following in force: Life Sum Insured, Monthly Income Sum Insured, Serious Illness Sum Insured, Cancer Cover Sum Insured, and Long-term Care Benefit.

Please note that regardless of the fact that the policy has ceased, if Life Cover (Monthly Income), Hospital Cash, Personal Accident, or Long-term Care Benefit claims are being paid to a Life Insured, these will continue to be paid until they would have ceased under the conditions of the policy. Where the Basis of Cover is Dual Life, if the policy does not have a Life Sum Insured, Serious Illness Sum Insured, Monthly Income Sum Insured, Cancer Cover Sum Insured, and Long-term Care Benefit in force for one of the Lives Insured but does for the other, and Life Cover (Monthly Income), Hospital Cash, Personal Accident, Monthly Income, or Long-term Care Benefit claims are being paid to the Life Insured that has no Life Sum Insured, Serious Illness Sum Insured, Monthly Income Sum Insured, Cancer Cover Sum Insured, and Long-term Care Benefit in force, these will continue to be paid until they would have ceased under the conditions of the policy.

14. Your policy will cease at the end of the Insurance Term shown in the Policy Certificate.
15. If you *assign* your policy as security for a loan, the policy will remain in force after the loan has been redeemed unless you write to Zurich Life requesting that we cancel the policy.

Claims Administration

16. Where the claim is other than a Life Cover (Lump Sum) or Life Cover (Monthly Income) claim, you must continue to pay the Premium until the claim has been determined.
17. On request, you must provide Zurich Life with any medical or other information it reasonably requires in the assessment of a claim. In the event that you fail to do so no benefit will be paid.
18. In certain circumstances, it may be necessary for the Life Insured to undergo medical or other examinations or tests, including blood tests, in order to verify a claim. In the event that you fail to do so no benefit will be paid.
19. Expenses incurred in the provision of such evidence or information as are required by paragraphs 17 and 18 above are payable by you.
20. Any claim forms, medical reports or other information required by Zurich Life must be completed in English.
21. Where a claim is for Life Cover (Lump Sum) or Life Cover (Monthly Income) and the Policy Owner is deceased Grant of Probate will be required before payment can be made. Payment will be subject to full admission of liability.

Residency

22. This policy has been designed for customers resident in Ireland. Should you or the Life Insured move to another country during the life of the policy, mandatory laws and regulations of the jurisdiction where you or a Life Insured move to may impact Zurich Life's ability to continue to service your policy in accordance with these terms and conditions. Please note in such circumstances Zurich Life may be required to amend your terms and conditions and Zurich Life may not be able to accept premium payments or process transaction requests. Should any such change be required Zurich Life will provide you with reasonable advance notice. If you are not happy with the changes you do have the right to cease premium payments to your policy and Zurich Life's liability for any benefit will cease.

Appendix A - Glossary of Technical Terms

An explanation follows of technical terms found in this document. These terms have been printed in *italics* during the course of this document.

Angioplasty Event

Where a life insured undergoes an angioplasty procedure to treat a narrowing of specified severity of one or more coronary arteries. Full details are given in Appendix C including the definition of the difference between a Single *Angioplasty Event* and a Double *Angioplasty Event*.

Appointed Actuary

Every life insurance company in Ireland is required by Irish Law to have an *Appointed Actuary*. The *Appointed Actuary* has statutory and professional duties in respect of Zurich Life and its policyholders. Reference to the *Appointed Actuary* includes suitable persons acting on the instructions of the *Appointed Actuary*.

Assignee/assigned

An *assignee* is a person or company to whom ownership of your policy is transferred; *assigned* means to transfer ownership to a person or company.

Cancer Cover Event

This is the illness that Zurich Life covers for the Cancer Cover Benefit. Full details are given in Appendix E.

Change of Occupation Rules

These are restrictions on the payment of claims where the risk is occupation-sensitive. Full details are given in Section Twenty - Exclusions and Limits.

Claim Time Limits

These are restrictions on the time that may elapse before a claim must be notified to Zurich Life. Full details are given in Section Twenty - Exclusions and Limits.

Contributory Exclusions

These are circumstances in which Zurich Life will not pay some benefits. Full details are given in Section Twenty - Exclusions and Limits.

Critical Event

This is an illness, occurrence, or event that Zurich Life covers for the Serious Illness Benefit. Full details are given in Appendix B.

Days of Grace

These are extra days after the date on which your Premium is due during which Zurich Life will accept your Premium and maintain your benefits.

Hospital/hospitalised/hospitalisation

A *hospital* is a legally constituted institution that has the following characteristics:

- is licensed to carry out medical and surgical procedures;
 - is operated primarily for the care and treatment of sick and injured persons as *in-patients*;
 - continuously provides 24-hour medical care by registered nurses or doctors;
 - is equipped with an operating room in which anaesthesia is administered under proper medical supervision, and surgical operations are regularly performed by licensed physicians or surgeons;
- and
- is not primarily a clinic, health hydro, nursing home, rest home, convalescent home, or similar establishment.

To be *hospitalised* is to be an *in-patient* in a *hospital*; *hospitalisation* is the condition of being *hospitalised*.

In-patient

This is a patient in a *hospital* that occupies a bed overnight for the sole purpose of receiving surgical or medical procedures whose sole purpose is the cure or relief of acute illness or injury.

Medical Opinion

Where *Medical Opinion* is required, Zurich Life will accept that of its Chief Medical Officer or a physician that currently holds an appointment as a consultant by a *hospital* in Ireland or the United Kingdom. In the event of a dispute with you, Zurich Life will seek the opinion of an appropriate independent physician. Zurich Life will not accept the opinion of any medical expert normally operating outside the *Territorial Limits*.

Partial Payment Cancer Cover Event(s)

This is an illness, occurrence or event that Zurich Life covers for the Partial Payment Cancer Cover Benefit. Full details are given in Appendix F.

Partial Payment Serious Illness Event(s)

This is an illness, occurrence or event that Zurich Life covers for the Partial Payment Serious Illness Benefit. Full details are given in Appendix D.

Policy Anniversary

The date which is the anniversary of the Start Date of the policy.

Premium Recalculation

This is where the premium is recalculated and a revised premium is payable. It happens if you exercise the options described in Section Sixteen - Inflation Protection Option and Section Eighteen - Guaranteed Insurability Option. It can also happen in the circumstances described in paragraphs 1 and 16 of Section Twenty - Exclusions and Limits.

Reasonable Expectations

This is a term used by the actuarial profession implying fair treatment of policyholders from an informed actuarial point of view.

Recklessly

In this context, it means that statements or declarations have been made without caring whether they are true or not.

Reinstated/Reinstatement

This is where Zurich Life agrees to restore a policy that has been lapsed because Premiums due were not paid within their *Days of Grace*.

Salary

In this context, *salary* means your basic annual remuneration before any fluctuating emoluments such as overtime, bonuses or benefits in kind.

Territorial Limits

These are geographical areas within which the Life Insured must generally reside for the policy to operate normally. Full details are given in Section Twenty - Exclusions and Limits.

Vests In

This is a legal term for giving title or rights of ownership.

Weekly Earnings

For the purposes of determining the Personal Accident Benefit payable, this means basic annual *salary* or Net Relevant Earnings (as evidenced by a recent payslip or where the claimant is self employed a copy of Life Insured's recent tax return) divided by 52.

Appendix B - Definition of a *Critical Event*

Critical Events can result from a large number of different conditions or events. These are listed below with the strict definition (in bold italics) followed by some explanation; in some cases, details of conditions or events that Zurich Life will not pay for are also included.

It is important to appreciate that Zurich Life will pay the Serious Illness Sum Insured in force only in respect of conditions or events described below and not excluded under Section Five - Serious Illness Benefit. Zurich Life will not pay for other conditions that may or may not be regarded as serious.

Throughout this Appendix, there are references to diagnoses made by Consultants. In these circumstances, Zurich Life will accept the *Medical Opinion* of its Chief Medical Officer or a physician that currently holds an appointment as a Consultant by a hospital in Ireland or the United Kingdom. In the event of a dispute with you, Zurich Life will seek the opinion of an appropriate independent physician. Zurich Life will not accept the opinion of any medical expert normally operating outside the *Territorial Limits*.

AORTA GRAFT SURGERY

The undergoing of surgery for disease or trauma to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

For the above definition, the following is not covered:

- *Any other surgical procedure, for example the insertion of stents or endovascular repair.*

The aorta is the main artery of the body and supplies blood rich with oxygen to all other arteries. The aorta may become narrowed, usually due to a build-up of fatty deposits on the wall of the artery, or it may become weakened because of an aneurysm (where the artery wall becomes thin and dilated). Surgery, as described in the above definition, to correct these conditions or trauma to the aorta is covered.

APLASTIC ANAEMIA – Of Specified Severity

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.*

All other forms of anaemia are specifically excluded.

Aplastic anaemia is a disease of the bone marrow, which is the organ that produces the body's blood cells. The symptoms of aplastic anaemia are fatigue, bruising, infections and weakness. In patients with aplastic anaemia, the bone marrow goes into failure and stops producing, or produces too few red blood cells, white blood cells, and platelets. Without sufficient red blood cells, oxygen cannot reach organs and tissues throughout the body. A decrease in the number of white blood cells reduces the body's ability to fight infection. A decrease in platelets diminishes the body's clotting ability.

BACTERIAL MENINGITIS – Resulting in Permanent Symptoms

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.

** See definition of this term at the end of Appendix B.*

Bacterial meningitis is often fatal, though with prompt treatment, a full recovery is possible. A claim can be made if a Consultant Neurologist diagnoses bacterial meningitis that results in permanent neurological deficit with persistent clinical symptoms as defined at the end of this Appendix.

BALLOON VALVULOPLASTY

The actual insertion, on the advice of a Consultant Cardiologist, of a balloon catheter through the orifice of one of the valves of the heart, and the inflation of the balloon to relieve valvular abnormalities.

There are four valves in the heart: aortic valve, pulmonary valve, mitral valve, and tricuspid valve. These valves open and close to regulate blood flow through the heart. They are vital to the efficient functioning of the heart. When these valves begin to cause symptoms, patients are generally referred for open-heart surgery. It is, however, sometimes possible to open these valves without resorting to open-heart surgery, and this procedure is known as balloon valvuloplasty. In this procedure, a thin tube with a small deflated balloon is inserted into a blood vessel in the groin and advanced to the heart. The deflated balloon is positioned in the opening of the narrowed heart valve. The balloon at the tip of the tube is then inflated, and this stretches the valve open.

BENIGN BRAIN TUMOUR – Resulting in Permanent Symptoms

A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms.*

The diagnosis must be made by a Consultant Neurologist or Neurosurgeon and must be supported by CT, MRI or histopathological evidence.

For the above definition, the following are not covered:

- *Tumour in the pituitary gland;*
- *Tumours originating from bone tissue;*
- *Angiomas and cholesteatoma.*

The requirement for permanent neurological deficit will be waived if the benign brain tumour is treated by stereotactic radiosurgery or by surgical removal (full or partial).

** See definition of this term at the end of Appendix B*

A benign brain tumour is a non-cancerous abnormal growth of tissue. It can be very serious because the growth may be pressing on areas of the brain. These growths can be potentially life threatening and may have to be removed by surgery. A cyst is a cavity or sac enclosed by a membrane, often containing liquid or semi-solid material.

Tumours which do not result in permanent deficit to the neurological system, unless the tumour is treated by stereotactic radiosurgery or by surgical removal, and where clinical symptoms do not persist are not covered. Tumours in the pituitary gland, spine or originating from bone tissue are not covered because these are outside the actual brain. Angiomas are benign tumours that are made up of small blood vessels. They usually appear at or near the surface of the skin and are not covered. A cholesteatoma is a benign tumour that occurs in the middle section of the ear and/or mastoid process.

BENIGN SPINAL CORD TUMOUR – Resulting in Permanent Symptoms or Requiring Surgery

A non-malignant tumour of the spinal canal or spinal cord, causing pressure and/or interfering with the function of the spinal cord which requires surgery or results in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be made by a Consultant Neurologist or Neurosurgeon and must be supported by CT, MRI or histopathological evidence.*

For the above definition Angiomas are not covered.

The requirement for permanent neurological deficit will be waived if the benign spinal cord tumour is removed by invasive surgery or treated by stereotatic radiosurgery.

** See definition of this term at the end of Appendix B.*

A tumour is an abnormal growth of tissue. A benign tumour is one which is non-cancerous. A benign tumour of the spinal canal or spinal cord can be very serious if it interferes with the function of the spinal cord. If such a tumour causes pressure and/or interference with the spinal cord and either required surgery to remove it or if it means that a Life Insured suffers from permanent neurological deficit then a claim can be made under this definition.

Angiomas are benign tumours that are made up of small blood vessels. They usually appear at or near the surface of the skin and are not covered.

BLINDNESS – Permanent and Irreversible

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.

A claim can be made if the Life Insured has severe loss of sight in both eyes. The loss of sight must be to the extent that, even when tested with the use of visual aids such as glasses or contact lenses, the Life Insured can only see an object up to three feet away that a person with perfect eyesight could see if it were 60 feet away. This condition must be permanent and irreversible. It is important to realise that this definition is very specific. It may be possible to qualify for a Department of Social Protection blind pension but still not be covered by the above definition.

BRAIN INJURY DUE TO ANOXIA/HYPOXIA – Resulting in Permanent Symptoms

Death of brain tissue due to reduced oxygen supply 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.*

** See definition of this term at the end of Appendix B.*

Anoxia (no oxygen) or hypoxia (poor oxygen supply) can result in permanent brain damage. A claim can be made if the Life Insured suffers permanent neurological deficit with persisting clinical symptoms resulting from either anoxia or hypoxia, as long as it has been diagnosed by a Consultant Neurologist or Neurosurgeon.

The policy does not cover young children under the age of 90 days or claims arising from alcohol or drug abuse.

CANCER – Excluding Less Advanced Cases

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 either borderline malignancy; or*
 - *having low malignant potential.*
- *All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above 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 other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).*

The term 'cancer' is used to refer to all types of malignant tumours. A malignant tumour usually grows quickly, often invades surrounding tissue as it expands, and can spread via the bloodstream or lymphatic system to form more growths in other parts of the body. A claim can be made if the Life Insured is diagnosed as suffering from a malignant tumour that has invaded surrounding tissue, unless the type of cancer is specifically excluded. Your claim must be supported by a microscopic examination of a sample of the relevant cells. This is known as a 'histology' and would usually be carried out as part of a normal hospital investigation.

All forms of lymphoma (a cancer of the lymphatic system), including non-Hodgkin's disease are covered. Malignant melanoma (a serious form of skin cancer) is the only form of skin cancer that is covered. This is because most other forms of skin cancer are relatively easy to treat and are rarely life threatening. The policy does not cover 'non-invasive cancer' or 'cancer in situ', which means that the cancer is in its early stages and has not spread to neighbouring tissue or is of a type that is contained and will not tend to spread. As these cancers have been detected at an early stage, they are unlikely to be life threatening.

CARDIAC ARREST – With Insertion of a Defibrillator

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 Resynchronization 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 use*

Cardiac arrest is where the heart stops working normally resulting in an interruption to the blood circulating around the body. This in turn prevents the delivery of oxygen around the body resulting in unconsciousness.

An ICD is a small battery powered device which is implanted in patients who are at risk of sudden cardiac arrest to detect arrhythmia and correct it by delivering an electrical jolt.

CRT-D involves using a specialised Defibrillator to re-coordinate the action of the right and left ventricles of the heart.

In order for a claim to be valid, the Life Insured must have suffered a cardiac arrest and gone on to have either an ICD or CRT-D implanted.

CARDIOMYOPATHY – Permanent and of Specified Severity

The unequivocal diagnosis by a Consultant Cardiologist of permanent cardiomyopathy resulting in:

- *impaired ventricular function and marked limitation of physical activity with the Life Insured unable to progress beyond stage 2 of a treadmill exercise test using the standard bruce protocol; or*
- *is classified as Stage III under the New York Heart Association Functional Classification.*

For the purpose of this definition NYHA Stage III is classified as marked limitation in activity due to symptoms even during less than ordinary activity. Patient is only comfortable at rest.

For the above definition, all other forms of heart disease, heart enlargement and myocarditis are specifically excluded. Cardiomyopathy directly related to alcohol or drug misuse is excluded.

Cardiomyopathy is a serious heart condition, often of unknown cause, in which the heart muscle can no longer effectively receive or pump blood through the body. The symptoms of cardiomyopathy include shortness of breath on moderate exercise, chest pain, and fainting. A claim can be made if there is a definite diagnosis by a Consultant Cardiologist that the Life Insured suffers cardiomyopathy, causing symptoms that significantly hinder normal everyday activities. This will be measured by a treadmill exercise test or using the New York Health Association Functional Classification. This is a classification system which relates a patient's symptoms to everyday activities and the patient's quality of life.

CHRONIC RHEUMATOID ARTHRITIS – Of Specified Severity

Confirmation by a Consultant Rheumatologist of a definite diagnosis of rheumatoid arthritis, which satisfies all of the following:

- *the condition must be diagnosed, established and treated for a period of at least 12 months;*
- *there must be evidence of a positive rheumatoid arthritis factor;*
- *there must be morning stiffness in the affected joints;*
- *there must be arthritis of at least three joint groups with soft tissue swelling of fluid;*
- *observed by a physician;*
- *the arthritis must involve at least one of the following sites:*
 - *wrists or ankles;*

- *hands and fingers;*
- *feet and toes;*
- *there must be symmetrical arthritis;*
- *there must be radiographic changes typical of rheumatoid arthritis.*

Rheumatoid arthritis is a chronic disease involving inflammation of the joints and their surrounding tissue together with morning stiffness in the affected areas. Joints commonly affected are the wrists, ankles, hands, fingers, feet and toes. Before a claim can be made, the disease must have progressed to such severity that it satisfies all of the detailed conditions listed above.

COMA – With Associated Permanent Symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- *requires the use of life support systems;*
and
- *results in permanent neurological deficit with persisting clinical symptoms*.*

For the above definition, the following are not covered:

- *coma secondary to drug abuse.*

** See definition of this term at the end of Appendix B.*

Anyone in a coma is in a state of unrousable unconsciousness, unlikely to respond to any form of physical stimulation, and unlikely to have any control of his or her bodily functions. Often this can occur as a result of injury to the head or a growth in the brain. It is important to realise that there are various depths of coma measured by how the patient responds to repeated external stimuli. The coma may result in permanent neurological damage (brain damage resulting in permanent functional impairment) or the patient may recover completely. The conditions for Zurich Life to pay a claim are that life support systems were necessary for a continuous period and that there is permanent neurological damage with persisting clinical symptoms. No payment will be made if the coma is secondary to drug or alcohol misuse.

CORONARY ARTERY BYPASS GRAFT

The undergoing of surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts, via a thoracotomy or mini thoracotomy.

For the above definition the following procedures are not covered:

- *balloon angioplasty;*
- *atherectomy;*
- *stent insertion;*
- *laser treatment or any other procedures;*

Coronary artery surgery may be required when the coronary arteries are narrowed or blocked. This is done by taking a blood vessel and using it to bypass the diseased or blocked artery in the heart.

CREUTZFELDT-JAKOB DISEASE (CJD) – Resulting in Permanent Symptoms

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

** See definition of this term at the end of Appendix B.*

CJD is a degenerative condition of the brain thought to be due to a viral infection. As the disease progresses, muscular co-ordination diminishes, the intellect and personality deteriorate, and blindness may develop. There is no treatment, and death usually occurs within a year of the first symptoms. A claim can be made if there is a definite diagnosis by a Consultant Neurologist that the Life Insured is suffering from the disease.

DEAFNESS – Permanent and Irreversible

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.

Deafness means a profound loss of hearing (as defined above) in both ears where the condition cannot be cured and is permanent, with no chance of recovery. Please note that being registered deaf may not always be a valid claim.

ENCEPHALITIS – Resulting in Permanent Symptoms

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.*

** See definition of this term at the end of Appendix B.*

Encephalitis means inflammation of the brain. There are a number of causes, which include infections (especially viral) and postinfectious autoimmune processes; however, the cause of many cases of encephalitis remain unidentified. Encephalitis can be a life-threatening condition and can leave people with permanent neurological problems.

HEART ATTACK - With Clinical Proof

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

- *New characteristic electrocardiographic (ECG) changes or other positive changes on diagnostic imaging tests; and*
- *The characteristic rise of cardiac enzymes or Troponins*

The evidence must show a definite acute myocardial infarction.

For the above definition, the following is not covered:

- *Other acute coronary syndromes*
- *Angina without myocardial infarction.*

If the blood supply to the heart is interrupted, this can cause a portion of the heart muscle to die. Doctors call this sudden death of heart muscle an acute myocardial infarction, but the condition is widely known as a heart attack. A heart attack is usually caused by a blocked artery (coronary occlusion) or a blood clot (coronary thrombosis) and causes permanent damage to the part of the heart muscle affected. This damage can be detected using an ECG machine which traces the heartbeat. Also, chemicals such as cardiac enzymes

and troponins are released into the blood stream – these are usually present for several days after the event and can be detected by using a blood test. In order for a claim to be valid, the Life Insured must have suffered a heart attack which results in positive results in all of the tests set out in the definition above.

HEART STRUCTURAL REPAIR – With Thoracotomy

The undergoing of heart surgery requiring thoracotomy on the advice of a Consultant Cardiologist, to correct any structural abnormality of the heart.

Structural abnormalities of the heart can take many forms including for example abnormal openings in the dividing wall separating the left and right chambers of the heart. Having abnormalities of the heart corrected is covered if the procedure is done using open-heart surgery.

HEART VALVE REPLACEMENT OR REPAIR – With Surgery to Divide the Breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.

When a heart valve is not working properly because it has become narrowed or is leaking, an operation may be required to repair or replace the valve. Having a defective heart valve replaced or repaired is covered if the procedure is done using open-heart surgery involving the surgical division of the breastbone.

HIV INFECTION – Caught in the EU, North America, Australia or New Zealand from a Blood Transfusion, a Physical Assault or at Work

Infection by Human Immunodeficiency virus after the start of the policy resulting from:

- a) a blood transfusion given as part of medical treatment;*
- b) a physical assault; or*
- c) an incident occurring during the course of performing normal duties of employment and satisfying all of the following:*
 - The incident must have been reported to the 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 five 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 incident causing infection must have occurred in the EU, North America, Australia or New Zealand.*

For the above definition, the following is not covered:

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

Human Immunodeficiency virus (HIV) is a virus that causes Acquired Immunodeficiency Syndrome (AIDS), a condition in humans in which the immune system begins to fail, leading to life-threatening opportunistic infections. A claim can be made if HIV is caught in the EU, North America, Australia or New Zealand through a blood transfusion, a physical assault or at work.

Where the incident relates to a physical assault, it must be reported to the police. Where it occurred at work, it should be reported in line with the employer's procedures. In all cases, a test for HIV should be taken within five days of the incident. As it takes some time for the HIV antibodies to develop, a negative test result will show that the person did not have HIV before the incident. A further test within a year, with a positive result, will confirm that the infection resulted from the reported incident.

INTENSIVE CARE – Requiring Mechanical Ventilation for Ten Consecutive Days

Any sickness or injury resulting in the Life Insured requiring continuous mechanical ventilation by means of tracheal intubation for ten consecutive days (24 hours per day) or more in an intensive care unit in an Irish or UK hospital.

For the above definition the following are not covered:

- *sickness or injury as a result of drug or alcohol intake or other self-inflicted means;*
- *children under the age of 90 days.*

Mechanical ventilation by means of tracheal intubation is where a tube is inserted into the windpipe and a machine pumps air in and out of the lungs to keep the patient alive. In order to claim under this definition, the Life Insured must undergo this procedure for ten consecutive days.

KIDNEY FAILURE – Requiring Permanent Dialysis

Chronic and end stage failure of both kidneys to function, as a result of which long term regular dialysis is necessary and ongoing or a kidney transplant is necessary.

The kidneys act as filters that remove waste materials from the blood. When the kidneys do not function properly, a build-up of waste products in the blood can lead to life threatening problems. The body can function with only one kidney because the remaining kidney can take over the work of the damaged kidney. However, if both kidneys fail completely and irreversibly, and long term regular dialysis (a process using a machine to perform the functions of the kidneys) or a kidney transplant is required then a claim can be made.

LIVER FAILURE – End Stage

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

- *permanent jaundice;*
- *ascites; and*
- *encephalopathy.*

Liver disease secondary to alcohol or drug misuse is excluded from this definition.

Liver damage can occur as a result of disease or trauma and can lead to liver failure. This means that the liver no longer functions properly and results in a shrinking in liver size, a yellow discolouration of the skin (jaundice), and abnormal liver function tests. Ascites is an abnormal accumulation of fluid in the abdominal cavity. This fluid is characterised by large amounts of protein and electrolytes. Encephalopathy is a complication of the disease that affects the brain. If all these conditions are evident, a claim can be made.

LOSS OF HANDS OR FEET – Permanent Physical Severance

Permanent physical severance of any combination of two or more hands or feet at or above the wrist or ankle joints.

A claim can be made if the Life Insured has lost two or more of his limbs where the limbs are both permanently severed at or above the wrist in the case of a hand, or the ankle in the case of a foot.

LOSS OF INDEPENDENT EXISTENCE

Permanent loss of the ability to perform three or more of the Activities of Daily Living without assistance of another person.

Activities of Daily Living for this purpose are the following:

WASHING: *Ability to take a bath or shower or otherwise maintain adequate cleanliness, with or without the aid of special equipment.*

DRESSING: *Ability to dress and undress, including putting on and taking off medically necessary surgical appliances usually worn, and fastening and unfastening all necessary items of clothing.*

FEEDING: *Ability to eat and drink, once food or drink has been prepared and made available.*

TOILETING: *Ability to use the toilet or otherwise manage bowel and bladder function so as to maintain a satisfactory level of personal hygiene.*

TRANSFERRING: *Ability to move in and out of a chair or bed, with or without the aid of equipment.*

LOSS OF SPEECH – Permanent and Irreversible

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

Loss of speech means completely losing the ability to speak as a result of physical injury or disease where the condition cannot be cured and is expected to be permanent.

MAJOR ORGAN TRANSPLANT – From Another Person

The undergoing as a recipient of a transplant 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.*

Major organ transplant surgery is required when it is necessary to replace a severely diseased or damaged organ with a healthy organ. A claim can be made if a transplant of one or more organs, as listed in the definition, is carried out or the Life Insured is placed on a recognised waiting list in Ireland or the UK for such a transplant. This definition does not cover organ donation.

MOTOR NEURONE DISEASE – Resulting in Permanent Symptoms

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

Motor neurone disease is a degenerative condition that results in weakness and the wasting of muscles. A claim can be made if there is a definite diagnosis by a Consultant Neurologist that the Life Insured is suffering from the disease.

MULTIPLE SCLEROSIS – With Persisting Symptoms

A definite diagnosis of Multiple Sclerosis or Neuromyelitis Optica (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 three months.

Multiple Sclerosis is a disease which attacks the central nervous system. Neuromyelitis Optica or Devic's Disease is similar to Multiple Sclerosis. The definition requires that there are continuous symptoms for a period of at least three months that include the deterioration of the senses (sight, hearing, touch, taste or smell) and/or the ability to control movement. The diagnosis must be confirmed by a Consultant Neurologist.

PARALYSIS

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

A claim can be made if the Life Insured totally and irreversibly loses the ability to move, or use, any of one or more limbs.

PARKINSON'S DISEASE – Resulting in Permanent Symptoms

A definite diagnosis of idiopathic Parkinson's disease by a Consultant Neurologist. There must be permanent clinical impairment that includes bradykinesia (slowness of movement) and at least one of the following:

- *tremor, or;*
- *muscle rigidity; or*
- *postural instability.*

For the above definition, the following is not covered:

- *Parkinsonian syndromes/Parkinsonism.*

Parkinson's disease is a progressive degenerative disorder of the brain that affects the central nervous system. This is characterised by uncontrollable shuffling, tremors in the limbs, slow movement, rigid facial expression, and unstable gait. The progression of the disease is slow, and there is no known cure. The diagnosis must be confirmed by a Consultant Neurologist.

PARKINSON PLUS SYNDROMES – Resulting in Permanent Symptoms

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 disorder; or*
- *postural instability; or*
- *dementia*

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 there is a definite diagnosis by a Consultant Neurologist that the Life Insured is suffering from one of the diseases above.

PERIPHERAL VASCULAR DISEASE – with bypass surgery

A definite diagnosis of peripheral vascular disease, due to atherosclerosis or Buerger's disease, with objective evidence from an ultrasound of obstruction in the arteries which results in by-pass graft surgery to an artery.

For this definition, the following is not covered:

- *Angioplasty.*

Peripheral vascular disease occurs when there is significant narrowing of arteries. Atherosclerosis is caused when fatty deposits build up along the inner walls of an artery. Buerger's disease (thromboangiitis obliterans) is caused by inflammation of the blood vessels (vasculitis). The blood vessels tighten and can become totally blocked. A claim can be made if the flow of blood in the arteries has been restricted due to one of the reasons above, and by-pass surgery takes place to allow blood to flow.

PERMANENT TOTAL DISABLEMENT (ACTIVITIES OF DAILY WORK)

The Life Insured must be aged 65 or lower to claim under this Serious Illness and the benefit will be payable if, in the Medical Opinion of the Company's Chief Medical Officer, the Life Insured becomes permanently unable to perform, without the help of another person or the use of the appropriate assistive aids and appliances, three out of the five Activities of Daily Work. In addition, the claimant must be under the attention of a specialist appropriate to his condition. The Activities of Daily Work for this purpose are as follows:

<i>MOBILITY:</i>	<i>Walking 200 metres within 15 minutes without the use of an assistive device and without stopping.</i>
<i>MANUAL DEXTERITY:</i>	<i>Using a pen or pencil to write his signature.</i>
<i>LIFTING:</i>	<i>Picking up and carrying for two minutes a 2.5Kg bag of potatoes with either hand.</i>
<i>COMMUNICATION:</i>	<i>Answering the telephone, understanding and being understood by a stranger, and reliably taking a message.</i>
<i>KNEELING AND BENDING</i>	<i>Bending, kneeling, or bending and kneeling (squatting) as if to touch his toes.</i>

Alternatively, the benefit will be payable if, in the opinion of the Chief Medical Officer, a Life

Insured suffers mental incapacity that has the following characteristics:

- *it resulted from becoming permanently disabled through an organic brain disease or brain injury that affects the ability to reason and understand;*
- *it has deteriorated to the extent that continual supervision and the assistance of another person is required; and*
- *it is irreversible with no reasonable prospect of there ever being any improvement.*

PNEUMONECTOMY – Removal of a Complete Lung

The undergoing of surgery to remove a complete lung for disease or physical injury suffered by the Life Insured.

For the above definition the following are not covered:

- *removal of a lobe of the lungs (lobectomy);*
- *lung resection or incision.*

A claim can be made only where an entire lung has been removed as a result of injury or disease. Claims for other injuries or removing only a part of a lung will not be paid.

PRE-SENILE DEMENTIA (INCLUDING ALZHEIMER'S DISEASE) – Resulting in Permanent Symptoms

A definite diagnosis of pre-senile dementia or Alzheimer's disease 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.*

Alzheimer's disease or dementia is a neurodegenerative disease which results in a loss of mental functions due to the deterioration of brain tissue. Its exact cause is still unknown, but environmental as well as genetic factors are thought to contribute. A claim can be made if there is a definite diagnosis by a Consultant Neurologist, Psychiatrist or Geriatrician that the Life Insured is suffering from the disease.

PRIMARY PULMONARY HYPERTENSION – Of Specified Severity

Pulmonary arterial hypertension of unknown cause that has resulted in all of the following:

- *elevated pulmonary arterial pressure; and*
- *right ventricle dysfunction; and*
- *shortness of breath.*

For the above definition, the following are not covered:

- *pulmonary hypertension due to established cause;*
- *other types of hypertension.*

Pulmonary hypertension is when the blood pressure in the pulmonary artery (the major artery connecting the heart to the lungs) is higher than normal. This means that the heart is under pressure when pumping blood into the lungs and typical symptoms include the shortness of breath, fatigue and fainting. These and other symptoms appear much more severely when exercising. A claim can be made if heart function

is impaired to a level whereby the pulmonary arterial pressure is elevated, there is dysfunction of the right ventricle of the heart and there is shortness of breath.

PULMONARY ARTERY SURGERY – With Surgery to Divide the Breastbone

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

Pulmonary artery surgery may be carried out for some disorders to the pulmonary artery, including pulmonary atresia and aneurysm. A claim can be made if the Life Insured undergoes open-heart surgery involving the surgical division of the breastbone to replace the diseased pulmonary artery with a graft.

SEVERE CROHN'S DISEASE – With Persistent Symptoms that has not Responded to Surgical Intestinal Resection

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.*

Crohn's is a disease that affects the colon and is a form of inflammatory bowel disease. The primary symptoms are abdominal pain, diarrhoea and tiredness.

A fistula is where abnormal passageways open up, which in the case of Crohn's disease can link the bowel and the skin or link different folds in the bowel for example. Intestinal strictures occur where the intestine becomes partially or fully blocked.

In order to make a valid claim the Life Insured must have had sections of their bowel removed on two separate occasions in the past, and be experiencing ongoing symptoms in spite of ongoing treatment.

SEVERE LUNG DISEASE – Of Specified Severity

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.*

A claim can be made if the confirmation is provided by a Consultant Physician that the Life Insured suffers from a severe and restrictive chronic lung disease which significantly hinders everyday activities and is evidenced by the tests shown above.

STROKE - Resulting in Specified Symptoms

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in all of the following evidence of stroke:

- *Neurological deficit with persisting clinical symptoms lasting at least 24 hours; and*
- *Definite evidence of death of tissue or haemorrhage on a brain scan*

Both of the above must be confirmed by a consultant neurologist or neurosurgeon.

For the above definition, the following are not covered:

- *Transient ischaemic attack.*
- *Traumatic injury to brain tissue or blood vessels.*
- *Death of tissue of the optic nerve or retina/eye stroke.*

A stroke is caused by an interruption to the flow of blood to the brain. This can be due either to a blocked artery which prevents blood reaching the brain or a burst blood vessel in the brain. In either case, a claim will be valid if it causes clinical symptoms of a stroke which last at least 24 hours and results in evidence of brain damage.

SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) – Of Specified Severity

A definite diagnosis of systemic lupus erythematosus by a Consultant Rheumatologist where either of the following are also present:

Severe kidney involvement with SLE as evidenced by:

- *permanent impaired renal function with a glomerular filtration rate (GFR) below 30ml/min;*
and
- *abnormal urinalysis showing proteinuria or haematuria;*

OR

Severe Central Nervous System involvement with SLE as evidenced by:

Permanent deficit of the neurological system as evidenced by at least any one of the following symptoms which must be present on clinical examination and expected to last for the remainder of the claimant's life – paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), difficulty in walking, lack of co-ordination, severe dementia where the insured needs constant supervision or permanent coma.

For the purposes of this definition – seizures, headaches, fatigue, lethargy or any symptoms of psychological or psychiatric origin will not be accepted as evidence of permanent deficit of the neurological system.

Systemic lupus erythematosus is a disease that develops slowly causing inflammation in joints and blood vessels, often with a rash on the skin. It can affect many systems of the body, including the kidneys, heart, skin, and nervous system. A claim will be paid if a definite diagnosis of SLE, to the severity specified above, is made by a Consultant Rheumatologist.

THIRD DEGREE BURNS – Of Specified Severity

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 at least 25% of the surface area of the face which for the purpose of this definition includes the forehead and the ears.

For a valid claim, the Life Insured must suffer third degree burns that involve damage or destruction to the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area or at least 25% of the surface area of the face, as defined above.

TRAUMATIC HEAD INJURY – Resulting in Permanent Symptoms

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

** See definition of this term below.*

***Definition of: "permanent neurological deficit with persisting clinical symptoms"**

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the Life Insured's life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of co-ordination, tremor, seizures, lethargy, dementia, delirium and coma.

The following are **not** covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

Please note that this is not a *Critical Event* in its own right.

Appendix C - Definition of an *Angioplasty Event* (Single and Double)

ANGIOPLASTY FOR CORONARY ARTERY DISEASE - of Specified Severity

The undergoing of any of the following percutaneous coronary procedures:

- *balloon angioplasty;*
- *atherectomy;*
- *laser treatment;*
- *stent insertion; or*
- *rotablation*

on the advice of a Consultant Cardiologist to correct at least 70% narrowing or blockage of one or more Main Coronary Arteries. Angiographic evidence will be required.

For the purpose of this definition Main Coronary Arteries are defined as one of the following:

- *Right Coronary Artery or its branches;*
- *Left Main Stem;*
- *Left Anterior Descending Coronary Artery or its branches; and*
- *Circumflex Coronary Artery or its branches.*

*Two or more procedures on the same main Coronary Artery or a branch of the same main Coronary Artery or two or more procedures on multiple branches of the same main Coronary Artery will be regarded as one **Single Angioplasty Event** even if the procedures are performed at different times.*

*The undergoing of the above procedures on two or more main Coronary Arteries at the same time is regarded as a **Double Angioplasty Event**.*

There are several procedures involving the use of coronary catheters (flexible plastic tubes). One of these is balloon angioplasty, which involves the insertion of a catheter into the body; the catheter is then inflated to force the narrowed or blocked artery apart.

A stent is a small permanent metal tube that acts as an internal support to the artery. Stenting is often used in conjunction with balloon angioplasty.

Atherectomy and laser treatment are other techniques that involve the insertion of a catheter into a blocked artery to help clear it. Rotablation is when a small device is used to drill through the blockage in the coronary arteries.

If the Life Insured requires

- balloon angioplasty;
- rotablation;
- atherectomy;
- laser treatment;
- and/or the insertion of stents;

a claim can be made.

Appendix D - Definition of a *Partial Payment Serious Illness Event*

Partial Payment Serious Illness Events can result from a number of different conditions or events. These are listed below with the strict definition (in bold italics) followed by some explanation; in some cases, details of conditions or events that Zurich Life will not pay for are also included.

It is important to appreciate that Zurich Life will pay the Partial Payment Serious Illness Benefit in force only in respect of conditions or events described below and not excluded under Section Eight - Partial Payment Serious Illness Benefit. Zurich Life will not pay for other conditions that may or may not be regarded as serious.

Throughout this Appendix, there are references to diagnoses made by Consultants. In these circumstances, Zurich Life will accept the *Medical Opinion* of its Chief Medical Officer or a physician that currently holds an appointment as a consultant by a *hospital* in Ireland or the United Kingdom. In the event of a dispute with you, Zurich Life will seek the opinion of an appropriate independent physician. Zurich Life will not accept the opinion of any medical expert normally operating outside the *Territorial Limits*.

BRAIN ABSCESS – Drained via Craniotomy

Surgical drainage of an intracerebral abscess within the brain tissue through a craniotomy by a Consultant Neurosurgeon. There must be evidence of an intracerebral abscess on CT or MRI imaging.

Brain abscess in the presence of HIV infection is excluded.

A brain abscess occurs when there is an immune response within the skull to an infection of the brain. White blood cells try to transmit antibodies to the site of the infection to fight it off. A membrane can develop around the area in the brain where the body is fighting this infection and abscess develops. As the skull is a confined space, pressure can be applied to the brain as a result of this abscess and surgery may be necessary to remove this abscess.

A craniotomy involves the removal of part of the skull in order for the surgeon to access the brain.

A claim can be made if a Life Insured is diagnosed, with supporting CT or MRI evidence, as having an intracerebral abscess and where this abscess is removed through a craniotomy by a Consultant Neurosurgeon.

CARCINOMA IN SITU – Breast, Treated by Surgery

Breast cancer in situ, including ductal and lobular carcinoma in situ, positively diagnosed with histological confirmation by biopsy together with the undergoing of surgery to remove the tumour.

For the above definition the following are not covered:

- *Other forms of treatment*

Carcinoma in situ is an early form of carcinoma which affects only the cells in which it originated and has not yet begun to spread to other cells, i.e. it is non-invasive.

Ductal means that these malignant cells develop within the milk ducts of the breast so ductal carcinoma in situ means that the carcinoma has not moved outside of these cells and into the surrounding breast tissue.

Lobular means that the malignant cells develop in the lobules of the breast.

CARCINOMA IN SITU – Oesophagus, Treated by Specific Surgery

A definite diagnosis of a carcinoma in situ of the oesophagus which has been treated surgically by removal of a portion or all of the oesophagus. A carcinoma in situ is a malignancy that has not invaded the basement membrane but shows cytologic characteristics of cancer. Histological evidence will be required.

Treatment by any other method is specifically excluded.

The oesophagus is the tube through which food passes from the mouth to the stomach.

Carcinoma in situ is an early form of carcinoma which affects only the cells in which it originated and has not yet begun to spread to other cells, i.e. it is non-invasive.

A claim can be made if a Life Insured has been diagnosed as having carcinoma in situ of the oesophagus and where this has been treated by the removal (or partial removal) of the oesophagus.

CARCINOMA IN SITU – Testicles, requiring surgical removal of one or both testicles

A definite diagnosis and specified treatment of carcinoma in situ of the testicle (also known as intratubular germ cell neoplasia unclassified or ITGCNU), histologically confirmed by biopsy, and as a result treated with an orchiectomy (complete surgical removal of the testicle).

This benefit will be payable only once even if both testicles are removed (whether at the same time or on separate occasions).

Carcinoma in situ is an early form of carcinoma which affects only the cells in which it originated and has not yet begun to spread to other cells, i.e. it is non-invasive. An orchiectomy is a surgical procedure to remove one or both testicles.

CAROTID ARTERY STENOSIS – Treated by Endarterectomy or Angioplasty

The undergoing of endarterectomy or angioplasty to correct symptomatic stenosis involving at least 70% narrowing or blockage of the carotid artery. Angiographic evidence will be required.

A carotid artery is an artery that supplies blood to the head and neck. This artery can narrow or become partially blocked by deposits of plaque. These deposits are dangerous because if this material travelled to the brain it could cause a stroke.

Carotid stenosis can be corrected by procedures such as carotid endarterectomy (where the surgeon opens up the artery and removes the plaque) or angioplasty with or without stents (where the surgeon uses a balloon to expand the artery). A claim can be made if a Life Insured undergoes one of these procedures to correct carotid artery stenosis where the artery was at least 70% narrowed. The Life Insured's doctor will need to provide angiographic evidence for a claim to be valid. You cannot make a claim for other treatments for carotid stenosis.

CEREBRAL ANEURYSM – with surgery or radiotherapy

Treatment of a cerebral aneurysm via craniotomy, or stereotactic radiosurgery, or endovascular treatment using coils to cause thrombosis (embolization) of a cerebral aneurysm.

A cerebral aneurysm is a weak or thin spot on a blood vessel in the brain that balloons out and fills with blood.

A craniotomy involves the removal of part of the skull in order for the surgeon to access the brain. Stereotactic radiosurgery is a form of radiation therapy that focuses on a small area of the body. Endovascular treatment is where the surgeon accesses the brain via arteries.

CEREBRAL ARTERIOVENOUS MALFORMATION – Treated by Craniotomy or Endovascular Repair

Treatment of a cerebral arteriovenous fistula or malformation via craniotomy or stereotactic radiosurgery, or endovascular treatment by a Consultant Neurosurgeon or Radiologist using coils to cause thrombosis.

The arteries carry oxygen-rich blood away from the head and the veins carry oxygen-low blood back to the heart. Cerebral Arteriovenous Malformation is a condition whereby there is an abnormal connection between the arteries and the veins in the brain.

An arteriovenous fistula (AV fistula) is one such abnormal connection. This can be a problem if the oxygenated blood flows directly from arteries to veins through one of these abnormal connections before the oxygenated blood has reached its intended destination within the brain. The most common symptoms include headaches and seizures. In more serious cases blood vessels may rupture and there will be hemorrhaging within the brain.

A craniotomy involves the removal of part of the skull in order for the surgeon to access the brain. Stereotactic radiosurgery is a form of radiation therapy that focuses on a small area of the body. Endovascular treatment is where the surgeon accesses the brain via arteries.

CROHN'S DISEASE – Treated with Surgical Intestinal Resection

A definite diagnosis of Crohn's disease by a Consultant Gastroenterologist or by histological confirmation, resulting in surgery to remove part of the small or large intestine.

For the above definition, the following are not covered:

- *Other types of inflammatory bowel disease*
- *Intestinal biopsy*

Crohn's is a disease that affects the colon and is a form of inflammatory bowel disease. The primary symptoms are abdominal pain, diarrhoea and tiredness.

In order to make a valid claim the Life Insured must have had parts of their intestines removed.

EARLY STAGE BLADDER CANCER – of Specified Advancement

Positive diagnosis of carcinoma in-situ of the urinary bladder. The diagnosis must be histologically confirmed on a pathology report.

Non-invasive papillary carcinoma, stage Ta bladder carcinoma and all other forms of non-invasive carcinoma are specifically excluded.

Carcinoma in situ is an early form of carcinoma which affects only the cells in which it originated and has not yet begun to spread to other cells, i.e. it is non-invasive.

LIVER RESECTION

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

For this definition the following are not covered:

- *Surgery relating to liver disease resulting from alcohol or drug abuse*
- *Surgery for liver donation (as a donor)*
- *Biopsy or any diagnostic test*

A liver resection is a surgical procedure to remove all or a portion of the liver.

Claims for surgery carried out for liver disease as a result from alcohol or drug abuse, for liver donors or for tests will not be paid.

IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) FOR PRIMARY PREVENTION OF SUDDEN CARDIAC DEATH

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*

An implantable cardioverter-defibrillator is a small battery-powered electric pulse generator that is implanted in patients who are at risk of sudden cardiac death.

LOSS OF ONE LIMB

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

A claim can be made if the Life Insured has lost one limb, where the limb has been severed above the wrist in the case of a hand or above the ankle in the case of a foot.

LOW LEVEL PROSTATE CANCER – With Gleason Score Between 2 and 6 – and with Specific Treatment

Positive diagnosis with a prostate cancer which has been histologically classified as having a Gleason score between 2 and 6 provided:

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

For the above definition, the following are not covered: treatment with cryotherapy, transurethral resection of the prostate, 'experimental' treatments or hormone therapy.

The term 'cancer' is used to refer to all types of malignant tumours. A malignant tumour usually grows quickly, often invades surrounding tissue as it expands, and can spread via the bloodstream or lymphatic system to form more growths in other parts of the body.

The Gleason Score is specifically designed to help evaluate the prognosis of a man who has been diagnosed with prostate cancer scoring patients between 2 and 10, with 10 having the worst prognosis. The TNM classification system stages the extent and spread of cancer in the body.

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. In order for a claim to be valid, this examination must show a Gleason Score of between 2 and 6.

PERIPHERAL VASCULAR DISEASE - treated by Angioplasty

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.

Peripheral vascular disease is a condition of the blood vessels that leads to narrowing and hardening of the arteries that supply the legs.

Balloon angioplasty involves the insertion of a catheter into the body; the catheter is then inflated to force the narrowed or blocked artery apart.

Atherectomy and laser treatment are other techniques that involve the insertion of a catheter into a blocked artery to help clear it.

A stent is a small permanent metal tube that acts as an internal support to the artery. Stenting is often used in conjunction with balloon angioplasty.

PITUITARY TUMOUR – resulting in permanent symptoms or surgery

A definite diagnosis of a non-malignant tumour in the pituitary gland resulting in either 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*

The pituitary gland is found at the base of the brain below the optic nerve. It releases hormones that control and regulate the other glands in the body.

Pituitary tumours can cause significant health problems because of their location near the brain and because many of them secrete excess hormones.

SERIOUS ACCIDENT COVER – Resulting in at Least 28 Consecutive Days in Hospital

A serious accident resulting in severe physical injury where the Life Insured is immediately admitted to hospital for at least 28 consecutive days to receive medical treatment. The 28 days can include a stay in a rehabilitation hospital as long as the Life Insured goes straight from the hospital to the rehabilitation centre.

Severe physical injury means injury resulting solely and directly from unforeseen, external violent and visible means and independent of any other cause. A Life Insured may claim only once under this cover.

For the above definition, the following are not covered:

- *stays in hospital of less than 28 consecutive days;*
- *stays in hospital arising from psychiatric, mental, or nervous illness or any related*

symptom;

- *stays in hospital arising from intentional self-inflicted injury;*
- *an accident as a result of involvement in the armed forces;*
- *an accident as a result of involvement in hazardous pursuits;*
- *an accident secondary to alcohol where there is a history of alcohol abuse;*
- *an accident secondary to illegal drug abuse.*

SEVERE / THIRD DEGREE BURNS – Covering at Least 10% of the Body's Surface

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 10% and less than 20% of the body's surface area.

For a valid claim, the Life Insured must suffer third degree burns that involve damage or destruction to the skin to its full depth through to the underlying tissue and covering at least 10% but less than 20% of the body's surface area.

SIGNIFICANT VISUAL IMPAIRMENT – Permanent and Irreversible

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.

If you are 'registered blind', your claim will only be met if the loss of sight meets the criteria outlined in the definition above.

A claim can be made if the Life Insured has significantly impaired vision. The impairment of sight must be to the extent that, even when tested with the use of visual aids such as glasses or contact lenses, the Life Insured can only see an object up to 6 feet away that a person with perfect eyesight could see if it were 18 feet away. This condition must be permanent and irreversible. It is important to realise that this definition is very specific. It may be possible to qualify for a Department of Social Protection blind pension but still not be covered by the above definition.

SINGLE LOBECTOMY – Removal of a Complete Lobe of a Lung

The undergoing of medically essential 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.*

The human lungs are divided into sections called lobes. The left lung has two lobes and the right lung has three. A claim can be made if an entire lobe is removed as a result of injury or disease.

SURGICAL REMOVAL OF ONE EYE

Surgical removal of a complete eyeball for disease or trauma.

A claim can be made if the Life Insured has had an entire eyeball removed due to either disease or trauma.

SYRINGOMYELIA or SYRINGOBULBIA – Of Specified Severity

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

Syringomyelia is a term used to describe a disorder of the spinal cord where fluid filled cysts form and gradually destroy the spinal cord. Syringobulbia is a related disorder of the brainstem. 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.

In order to make a valid claim, the symptoms must be severe and permanent, with a diagnosis backed up by appropriate scans.

ULCERATIVE COLITIS – Treated with Total Colectomy

A definite diagnosis of ulcerative colitis by a Consultant Gastroenterologist treated with total colectomy.

Ulcerative colitis is a disease that affects the colon and is a form of inflammatory bowel disease. Symptoms include ulcers and chronic diarrhoea mixed with blood. It is important to note that symptoms vary in their severity and a valid claim can only be made if a Life Insured's colon has been totally removed as part of their treatment.

Appendix E - Definition of a Cancer Cover Event

It is important to note that Zurich Life will pay the Cancer Cover Sum Insured in force only when the strict definition (in bold italics) below is satisfied and the claim is not excluded under Section Six - Cancer Cover Benefit. Zurich Life will not pay for cancer diagnoses which do not satisfy this definition whether or not the diagnosis is regarded as serious.

In these circumstances, Zurich Life will accept the *Medical Opinion* of its Chief Medical Officer or a physician that currently holds an appointment as a consultant by a *hospital* in Ireland or the United Kingdom. In the event of a dispute with you, Zurich Life will seek the opinion of an appropriate independent physician. Zurich Life will not accept the opinion of any medical expert normally operating outside the *Territorial Limits*. This definition refers to a positive diagnosis made by a consultant.

CANCER – Excluding Less Advanced Cases

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 either borderline malignancy; or*
- *having low malignant potential.*

- *All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above 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 other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).*

The term 'cancer' is used to refer to all types of malignant tumours. A malignant tumour usually grows quickly, often invades surrounding tissue as it expands, and can spread via the bloodstream or lymphatic system to form more growths in other parts of the body.

A claim can be made if the Life Insured is diagnosed as suffering from a malignant tumour that has invaded surrounding tissue, unless the type of cancer is specifically excluded. Your claim must be supported by a microscopic examination of a sample of the relevant cells. This is known as a 'histology' and would usually be carried out as part of a normal *hospital* investigation.

All forms of lymphoma (a cancer of the lymphatic system), including non-Hodgkin's disease are covered. Malignant melanoma (a serious form of skin cancer) is the only form of skin cancer that is covered. This is because most other forms of skin cancer are relatively easy to treat and are rarely life threatening.

The policy does not cover 'non-invasive cancer' or 'cancer in situ', which means that the cancer is in its early stages and has not spread to neighbouring tissue or is of a type that is contained and will not tend to spread. As these cancers have been detected at an early stage, they are unlikely to be life threatening.

Appendix F - Definition of a *Partial Payment Cancer Cover Event*

Partial Payment Cancer Cover Events can result from three different conditions or events. These are listed below with the strict definition (in bold italics) followed by some explanation; in some cases, details of conditions or events that Zurich Life will not pay for are also included.

It is important to appreciate that Zurich Life will pay the Partial Payment Cancer Cover Benefit in force only in respect of conditions or events described below and not excluded under Section Nine - Partial Payment Cancer Cover Benefit. Zurich Life will not pay for other conditions that may or may not be regarded as serious. Throughout this Appendix, there are references to diagnoses made by Consultants. In these circumstances, Zurich Life will accept the *Medical Opinion* of its Chief Medical Officer or a physician that currently holds an appointment as a Consultant by a hospital in Ireland or the United Kingdom. In the event of a dispute with you, Zurich Life will seek the opinion of an appropriate independent physician. Zurich Life will not accept the opinion of any medical expert normally operating outside the *Territorial Limits*.

CARCINOMA IN SITU – Breast, Treated by Surgery

Breast cancer in situ, including ductal and lobular carcinoma in situ, positively diagnosed with histological confirmation by biopsy together with the undergoing of surgery to remove the tumour.

For the above definition the following are not covered:

- *Other forms of treatment*

Carcinoma in situ is an early form of carcinoma which affects only the cells in which it originated and has not yet begun to spread to other cells, i.e. it is non-invasive.

Ductal means that these malignant cells develop within the milk ducts of the breast so ductal carcinoma in

situ means that the carcinoma has not moved outside of these cells and into the surrounding breast tissue. Lobular means that the malignant cells develop in the lobules of the breast.

CARCINOMA IN SITU – Oesophagus, Treated by Specific Surgery

A definite diagnosis of a carcinoma in situ of the oesophagus which has been treated surgically by removal of a portion or all of the oesophagus. A carcinoma in situ is a malignancy that has not invaded the basement membrane but shows cytologic characteristics of cancer. Histological evidence will be required.

Treatment by any other method is specifically excluded.

The oesophagus is the tube through which food passes from the mouth to the stomach. Carcinoma in situ is an early form of carcinoma which affects only the cells in which it originated and has not yet begun to spread to other cells, i.e. it is non-invasive. A claim can be made if a Life Insured has been diagnosed as having carcinoma in situ of the oesophagus and where this has been treated by the removal (or partial removal) of the oesophagus.

CARCINOMA IN SITU – Testicles, requiring surgical removal of one or both testicles

A definite diagnosis and specified treatment of carcinoma in situ of the testicle (also known as intratubular germ cell neoplasia unclassified or ITGCNU), histologically confirmed by biopsy, and as a result treated with an orchiectomy (complete surgical removal of the testicle).

This benefit will be payable only once even if both testicles are removed.

Carcinoma in situ is an early form of carcinoma which affects only the cells in which it originated and has not yet begun to spread to other cells, i.e. it is non-invasive. An orchiectomy is a surgical procedure to remove one or both testicles.

EARLY STAGE BLADDER CANCER – of Specified Advancement

Positive diagnosis of carcinoma in-situ of the urinary bladder. The diagnosis must be histologically confirmed on a pathology report.

Non-invasive papillary carcinoma, stage Ta bladder carcinoma and all other forms of non-invasive carcinoma are specifically excluded.

Carcinoma in situ is an early form of carcinoma which affects only the cells in which it originated and has not yet begun to spread to other cells, i.e. it is non-invasive.

LOW LEVEL PROSTATE CANCER – with Gleason Score Between 2 and 6 and with Specific Treatment

Positive diagnosis with a prostate cancer which has been histologically classified as having a Gleason score between 2 and 6 provided:

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

For the above definition, the following are not covered: Treatment with cryotherapy, transurethral resection of the prostate, 'experimental' treatments or hormone therapy.

The term 'cancer' is used to refer to all types of malignant tumours. A malignant tumour usually grows quickly, often invades surrounding tissue as it expands, and can spread via the bloodstream or lymphatic system to form more growths in other parts of the body.

The Gleason Score is specifically designed to help evaluate the prognosis of a man who has been diagnosed with prostate cancer scoring patients between 2 and 10, with 10 having the worst prognosis. The TNM classification system stages the extent and spread of cancer in the body. 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. In order for a claim to be valid, this examination must show a Gleason Score of between 2 and 6.

If you have any queries outstanding regarding the above terms or other terms in this document, please contact Zurich Life customer services desk by telephone at 01 799 2711 or by email: customerservices@zurich.com

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