

Eagle Star Guaranteed Mortgage Protection Life & Serious Illness

Customer Brochure



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This brochure is designed as a quick reference to all of the main features of the policy. For full details of any individual cover or any other aspect of the policy, you should consult the Policy Document, which is definitive in all matters of interpretation and entitlement to benefit. In the event of any conflict between this brochure and the Policy Document, the provisions of the latter will prevail.



What does this policy do?

Guaranteed Mortgage Protection provides security for the people that matter most to you by protecting the family home if you die, contract one of a number of specified serious illnesses or in the event of permanent total disablement.

The policy provides a form of Life assurance known as **decreasing term insurance**, which means the cover reduces over a chosen period of time by a specified interest rate, usually in line with your mortgage.

Beware of convenience

When you are looking for mortgage protection cover, it is very convenient to join the lender's group mortgage protection scheme by just filling in the mortgage protection part of the loan application form. It saves time in shopping around, and you might think that it does not matter how you arrange your Mortgage Protection Policy.

But wouldn't you prefer to buy an independent policy dedicated to your individual requirements?

Why you need Life cover or Serious Illness cover

Sometimes it's easy to forget when building a career, a home and a family, how important it is to protect your family and business interests against the many ways they can be put at risk.

It is not pleasant to think about what would happen if you (or your partner) were to die or suffer a serious illness. Would you be in a position to cope financially?

If you are the sole earner in the household and were to die or suffer a serious illness, who would pay the mortgage?

With our policy, you can be assured that in the event of your death or serious illness, your family will not be left with a substantial financial burden from a mortgage.

Guaranteed Mortgage Protection is an essential element of protecting the essence of your family.



How much cover do I need?

This depends on your own financial circumstances.

The primary purpose of this policy is to help pay off your mortgage in the event of death or serious illness. Your mortgage provider will insist that you have sufficient cover for your mortgage. Many people take more cover than the mortgage amount for extra security and to cover additional costs, such as your children's education.

Your Financial Advisor can help you calculate the right amount for you.

How many years am I covered for?

This depends on the term you select on the application form. There is a minimum term of 5 years, and a maximum term of 40 years. This is limited to a maximum ceasing age of 85, or 75 if you choose Serious Illness cover.

What premium shall I pay?

Guaranteed Mortgage Protection is one of the cheapest protection products in the market. See page 5 for samples of monthly premiums.

The premium you pay will be determined by factors such as your age, your sex, your health, whether you are a smoker or non-smoker, the term you select and the benefits you choose. These will all be taken into account when calculating your premium. Your Financial Advisor will provide you with a personalised illustration, showing you the premium and benefits under the policy for the term you have chosen.

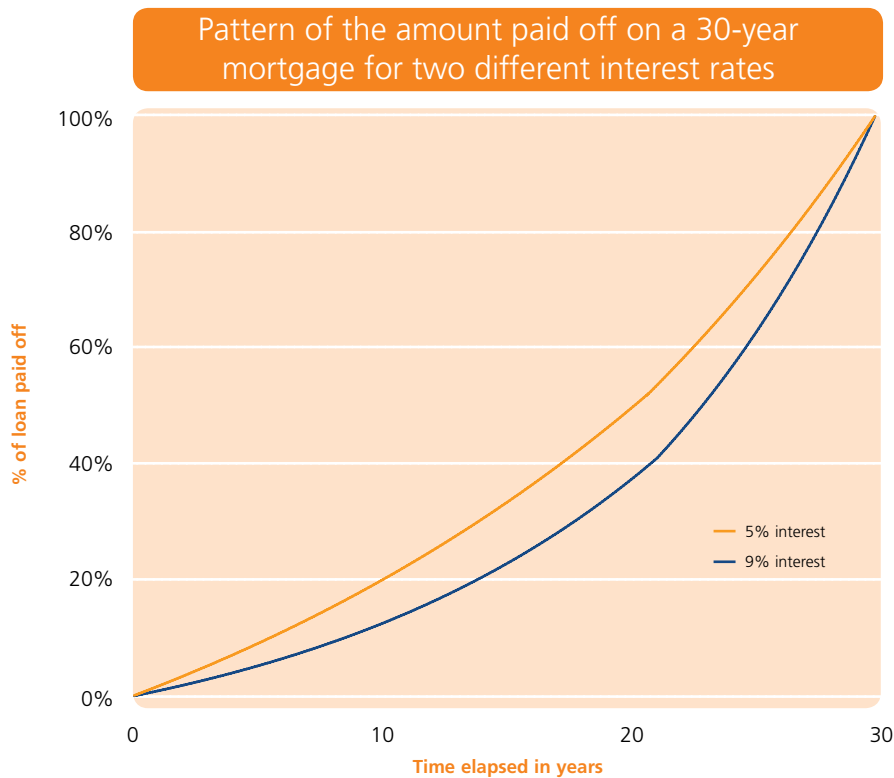
Cover for you and your family

The policy enables you to cover more than one person. You can cover both yourself and your partner under the policy as a single cover payable only on the first claim (called joint cover).

How quickly does a loan get paid off?

The chart below shows how quickly a 30-year loan is paid off for two different interest rates: 5% per annum and 9% per annum.

You will notice how little is paid off in the early years compared to the later years, and that the loan interest rate affects how quickly the loan is paid off. It takes just over 20 years to pay off half the loan if the interest rate is 5% per annum throughout and just under 23 years if it is 9% per annum throughout.





Mortgage protection and interest rates

A Mortgage Protection Policy is designed to pay off the balance outstanding on your mortgage if you die, suffer one of a number of specified serious illnesses or become permanently and totally disabled. In reality, with a variable interest rate mortgage, it is very difficult to predict exactly how much of your mortgage will be outstanding at any future time. We allow you to choose cover from a range of interest rate assumptions.

Each interest rate gives rise to a different schedule of reducing sums insured. For example, consider a mortgage of €250,000 for a 30 year term. The table below shows the sum insured at five year intervals for two interest rates: 5% per annum and 9% per annum.

Schedule of sums insured

Terms Outstanding (years)	Sum Insured 5% Interest	Sum Insured 9% Interest
30	€250,000	€250,000
25	€229,208	€239,024
20	€202,671	€222,135
15	€168,803	€196,150
10	€125,577	€156,168
5	€70,410	€94,651

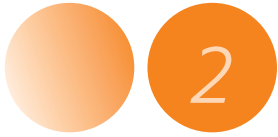
The schedule of sums insured is higher throughout the term if the 9% per annum interest rate is chosen rather than the 5% per annum interest rate. This gives rise to a higher premium for the 9% per annum policy but please bear in mind the higher premium provides for a higher level of cover.

How do premiums vary with mortgage interest rates?

The table below shows how the cost of cover varies depending on the assumed mortgage interest rate. As you can see, premiums increase with the mortgage term and the assumed mortgage rate of interest.

Assumed Interest Rate	Mortgage Term			
	15 Years	20 Years	25 Years	30 Years
5% per annum	€15.00	€15.74	€18.32	€21.24
7% per annum	€15.49	€16.44	€19.31	€22.57
9% per annum	€15.95	€17.05	€20.18	€23.71

Note: Monthly premiums are for joint Life cover on a €250,000 mortgage for a man aged 30 next birthday and a woman aged 27 next birthday, both non-smokers.



Life Cover - additional benefits

There are a number of benefits provided automatically with Life cover.

Increased cover at times when you need it - Guaranteed Insurability

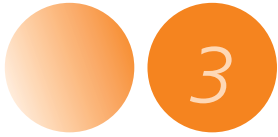
If before the age of 55, you purchase a new main residence, increase your mortgage and want an increase in Life cover, you can do this without providing further medical evidence, up to a maximum of the lesser of €100,000 and 50% of your original sum insured. The maximum increase you can make over the policy term is the lesser of €200,000 and your original sum insured. Your premium will be adjusted accordingly. This option ends on your 55th birthday (if the cover is on a single life basis) or on the 55th birthday of the older person insured (if the cover is on a joint life basis). This benefit is subject to underwriting at the start of the policy.

Accidental Death Benefit

If you choose to take out Life cover, you are provided automatically with accidental death benefit from the time we receive your completed application form (maximum of €130,000). Cover ceases on earlier of application being accepted or declined and 30 days.

Terminal Illness Benefit

We will pay the full amount of Life cover in the event that you are diagnosed with a terminal illness. This sum is paid at date of diagnosis, where the terminal illness is diagnosed at least twelve months before the end of the term you have chosen.



Serious Illness Cover

People automatically select Life cover to cover their mortgage. But is this enough? If you suffer a serious illness, will you be able to continue to pay your mortgage?

In fact, people are more likely to suffer a serious illness than die prematurely, and Serious Illness cover is a vital element for those who want to protect themselves and their family against the unknown.

Living with serious illness – the facts

According to a report released in May 2001 by the National Cancer Registry of Ireland, in association with the US National Cancer Institute, there have been significant increases in lung cancer cases and breast cancer cases in women under 65 years.

Cancer, heart disease and stroke are the main three serious illnesses affecting men and women in Ireland today. These three serious illnesses are covered by the policy, along with a number of specified illnesses listed further on in this brochure.

Surviving serious illness

The good news is that many illnesses previously thought incurable are now being treated successfully. Scientific research over the past twenty years has helped to produce improved survival rates.

A Life & Serious Illness policy can help ease the financial costs involved in the unfortunate event that you, or an insured member of your family, die or contract a life-threatening illness.

Serious Illness cover – essential protection

Serious illness cover pays a lump sum if you are diagnosed as suffering from one of a number of specified serious illnesses or need to undergo a specified surgery. A serious illness payment will only be made once. Further payments are not made on any subsequent events. The cost of Serious Illness cover is higher than the cost of Life cover because the chance of getting a serious illness is greater. The payment of a Serious Illness sum insured will reduce the Life sum insured by the amount of the claim.

Serious Illness cover – affordable protection

Serious Illness cover is now available as a percentage of the Life sum insured. You can choose between 25%, 50%, 75% and 100%. So if 100% is not affordable for you, you can choose a lower option to provide some peace of mind in the event of a serious illness.

The following tables show that you can get valuable Life and Serious Illness cover at a very reasonable price. The tables outline the costs for different types of cover.

Sample monthly premiums - Life & Serious Illness cover for 30 years

	Male aged 25	Male aged 35	Male aged 45
Life Cover only	€12.99	€22.17	€55.34
Life & Serious Illness Cover	€38.28	€77.97	€200.62

	Female aged 25	Female aged 35	Female aged 45
Life Cover only	€12.50*	€16.82	€38.43
Life & Serious Illness Cover	€37.78	€75.48	€156.36

Note: Monthly premiums are based on both male and female non-smokers. The sum insured used in the example is €250,000, the mortgage interest rate used is 5%. The minimum premium is €12.50.

The term of the policy is 30 years. Age refers to age next birthday.

** For a female aged 25 for Life cover only, the sum insured is increased to €367,260.*



What are the specified serious illnesses?

The following list of serious illnesses are included as part of your policy. For a more detailed description of these illnesses, please see Appendix 2 which starts on page 20.

List of serious illnesses covered

- Angioplasty for Coronary Artery Disease (Cover ceases at age 65)
- Aorta Graft Surgery
- Aplastic Anaemia
- Bacterial Meningitis
- Balloon Valvuloplasty
- Benign Brain Tumour
- Blindness
- Cancer
- Cardiomyopathy
- Chronic Rheumatoid Arthritis
- Coma
- Coronary Artery Bypass Graft
- Creutzfeldt-Jakob Disease (CJD)
- Deafness
- Encephalitis
- Heart Attack
- Heart Valve Replacement or Repair
- HIV Infection (caught in Ireland or the UK from a blood transfusion, a physical assault or at work in an eligible occupation)
- Kidney Failure
- Liver Failure
- Loss of Hands or Feet
- Loss of Independent Existence (based on 'activities of daily living')
- Loss of Speech
- Major Organ Transplant
- Motor Neurone Disease
- Multiple Sclerosis
- Paralysis
- Parkinson's Disease
- Permanent Total Disablement based on 'activities of daily work' (Cover ceases at age 65)
- Pre-senile Dementia (including Alzheimer's Disease)
- Progressive Supra-nuclear Palsy
- Pulmonary Artery Surgery
- Severe Lung Disease (including Emphysema)
- Stroke
- Systemic Lupus Erythematosus (SLE)
- Terminal Illness to end of Policy Term
- Third Degree Burns
- Traumatic Head Injury



Serious Illness cover – additional benefits

There are a number of valuable benefits provided automatically with Serious Illness cover (subject to underwriting).

Increased cover at times when you need it - Guaranteed Insurability

If before the age of 55, you purchase a new main residence, increase your mortgage and want an increase in Serious Illness cover, you can do this without providing further medical evidence, up to a maximum of the lesser of €100,000 and 50% of your original sum insured. The maximum increase you can make over the policy term is the lesser of €200,000 and your original sum insured. Your premium will be adjusted accordingly.

Any increase in the Serious Illness sum insured must be matched by the same increase in the Life sum insured.

This option ends on your 55th birthday (if the cover is on a single life basis) or on the 55th birthday of the older person insured (if the cover is on a joint life basis). This benefit is subject to underwriting at the start of the policy.

Overseas Surgery Benefit

This benefit can provide you with the funds necessary to cover expenses if you suffer a specified serious illness necessitating surgery abroad.

We shall pay a once-off lump sum of €12,500 on proof that you require an immediate and necessary surgical procedure or operation as a result of one of the specified serious illnesses covered by the policy that cannot be performed in any hospital in Ireland.

Waiting List Benefit

This benefit is paid if you are put on a hospital waiting list for specific major surgeries or a major organ transplantation.

In the event that you are put on a waiting list for major organ transplantation, the entire benefit is paid as an advance of your Serious Illness sum insured.

If you are put on a waiting list in respect of any of the three specified surgeries (Aorta Graft Surgery, Coronary Artery Bypass Graft or Heart Valve Replacement or Repair), the benefit will be paid as an advance of 50% of your Serious Illness sum insured, subject to a maximum of €30,000.



Optional Benefits

You can also choose to add optional additional benefits to your policy. These benefits will incur an extra cost, but may particularly suit your circumstances or give additional peace of mind.

Waiver of Premium Benefit

This benefit gives you the added security of knowing that if you are unable to work because of injury or illness, We will pay your premiums after a period of 26 weeks has passed. Payments will stop on your recovery, at the end of the policy term, your 60th birthday or your death, whichever is earliest. While the benefit is payable, it means that you will not fall behind in maintaining your Life cover and/or Serious Illness cover.

Permanent Total Disablement — own occupation (available with Serious Illness cover only)

This benefit is payable if you or someone covered on your policy becomes permanently, totally and irreversibly unable to perform current working duties.

You do not necessarily have to be suffering a serious illness; a significant bodily injury may result in your being in a position where you need to claim Permanent Total Disablement (PTD) benefit. As a rough guide, a period of twelve months must normally pass in order to establish that a claim is payable. This benefit ceases on your 65th birthday. If chosen, the PTD sum insured is always equal to the Serious Illness sum insured. The payment of the PTD sum insured will reduce the Life sum insured by the amount of the claim. If the PTD sum insured is paid, the Serious Illness benefit ceases.

Hospital Cash Benefit

If you are admitted to hospital as a result of illness or bodily injury for three days or more, will your income be affected?

Hospital Cash benefit will help you cope with the effects of a hospital stay on your income. If you are admitted to hospital in Ireland as an in-patient for more than three days (72 hours), we shall pay the amount of Hospital Cash benefit you choose multiplied by the number of days (completed periods of 24 hours) you are in hospital to a maximum of one year (365 days).

Personal Accident Benefit

What would happen if you were to become temporarily disabled as a result of an accident to the extent that you were unable to continue in your current occupation?

This benefit begins 14 days after the accident. The amount paid for each week you are unable to work in your current occupation will be either half your weekly earnings or the amount of benefit you decide to set up (whichever is the lower amount). The benefit can be made for a maximum of 52 weeks but stops on your recovery, 60th birthday or death, whichever is earliest.



Take the first step to protect your future today

If you want to plan for uncertainties ahead and would like to find out more about Guaranteed Mortgage Protection, please follow one of the courses of action below:

- contact your Broker or Financial Advisor;

- call us on telephone: **1850 202 102** or fax: (01) 283 1578;
- e-mail: **customerservices@zurich.ie**; or
- complete and return the coupon below.



I am interested in an **Eagle Star Guaranteed Mortgage Protection** policy and would like some more information/advice.

Name:

Address:

Telephone: Fax:

E-mail:

Financial Advisor Name:

Financial Advisor Address:

Please fax to 01 283 1578
 or post to Eagle Star, Eagle Star House, Frascati Road, FREEPOST, Blackrock, Co. Dublin.



It is important to be happy with the options you have chosen under the Guaranteed Mortgage Protection Policy. If at any time, you need more detail on Life cover, Serious Illness cover or the options available, ask your Financial Advisor or call our Customer Services team on (01) 799 2711.

How do I apply for Guaranteed Mortgage Protection cover?

Once you have completed your application form*, your Financial Advisor will send your application to us to be processed.

Your application will be considered taking all the information you have provided into account. For example, the medical questions you complete on the application will form the basis of our decision as to whether or not we accept your application. It is vital that you provide every relevant piece of information at application stage.

Depending on the information you provide on the application form, you may be required to undertake a medical. If your application is accepted, you will receive full information about the policy in the form of a Policy Document and Policy Certificate. If you are not happy with any aspect of your policy, you have 30 days to decide whether or not to go ahead with your application. For further details, please refer to Appendix 1 'Questions & Answers' opposite.

* Your Financial Advisor will firstly conduct a financial review with you. The purpose of this review is to enable your Financial Advisor to provide you with the appropriate advice and recommendation.

Once it is established that Guaranteed Mortgage Protection cover is the most suitable of our products for your needs, you will be required to complete the application form, which will then be submitted to us by your Financial Advisor.

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Appendix 1 - Questions & Answers

Q. I like to travel; how will this affect any possible claims on my policy?

A. It is important to realise that where you reside or travel may affect any future payments on your policy. There are certain regions, termed territorial limits, applying to the policy. If you travel outside of these limits for a particular period of time without informing us, this may affect payments in relation to your policy. Full details of the terms and conditions applying to territorial limits are given in the Policy Document, a copy of which is available from us or from your Financial Advisor.

Q. What would happen if I stop paying premiums?

A. If you stop paying premiums, your policy ceases. As the policy does not involve any savings element, no encashment value will be paid. In such a case, we will have no further liability under the policy.

You can decide to apply for the Waiver of Premium option, whereby, if you are unable to work because of injury or illness, we will pay your premiums after 26 weeks have passed. Payments will stop on your recovery, 60th birthday or death, whichever is earliest. This means that you will not fall behind on maintaining your Life cover and/or Serious Illness cover.

Q. How often do I pay premiums?

A. When filling in the application form, you are given the option of selecting to pay premiums monthly, quarterly, half-yearly or yearly.

Q. In what circumstances will the premium I pay increase or decrease?

A. The initial premium charged is guaranteed to provide the initial benefits selected for the term of the policy and cannot be changed or reviewed by us. This gives you the reassurance that the premium you are paying at the start of the policy will be the premium you pay for the term of the policy.



Q. Do all the benefits I select continue up to the end of the policy?

A. No. Some benefits have age limits attached. For example, Waiver of Premium benefit is only available on your policy up to your 60th birthday. After that point, Waiver of Premium benefit stops and your premiums will no longer be covered in the event that injury or illness forces you out of work. Full details of the benefits that have age limits attached are given in your Customer Guide.

Q. Do I need to undergo a medical examination?

A. Depending on the information you provide on your application form, we may require you to attend a medical examination. This will normally be the case if you have a history of ill-health or you are applying for a particularly high level of cover. Most medical examinations, if required, are completed with your usual family doctor or GP.

Q. If I change my mind during the application process, what options do I have?

A. While this brochure and the accompanying customer guide provide you with the information you need to decide whether to continue with your application, it is important to be happy with the product you are purchasing. When your application is processed, you will receive a Policy Document and Policy Certificate. The Policy Document provides full details of the product, while the Policy Certificate gives details of how much cover has been set up and information on the premiums you are required to pay.

If you decide within 30 days of receiving your Policy Document and Policy Certificate that you no longer wish to proceed with this policy, all you have to do is return both items to us, along with a signed request to cancel the policy. The policy will cease at that point, all premiums will be refunded and no cover or benefits will remain with respect to the policy.



Q. How do I make a claim?

A. If you need to make a claim on the policy, you should first contact the person that set up the policy for you. This will be either your Financial Advisor, one of our financial consultants or another of our representatives. Your Advisor will then guide you through the following steps:

Step 1: You, or the person making the claim, will need to request a claim form from us or from your Financial Advisor. Once completed, you should return this form to your Financial Advisor or us, along with the items listed below.

List of requirements

- A fully completed and signed claim form.
- If the claim is in relation to death or serious illness, we shall require your original Policy Document. If you have mislaid this document, you must complete a Statutory Declaration.
- An original Birth Certificate. We shall return this immediately.
- If the person making the claim is a married woman, and her surname now differs from the surname on her Birth Certificate, we shall also require her original Marriage Certificate.
- If the policy is assigned to a bank or building society, we shall require the original Deed of Assignment from the lending institution. We shall write to the bank or building society for the original Policy Document and the Deed of Assignment and shall then notify your Financial Advisor that we have done so. In such circumstances, the benefit will be paid to the assignee unless we are given written instructions from the assignee to pay the policy owner directly.

Step 2: On receipt of the claim form, we shall write to the Life insured's GP and Specialist Doctor(s) for medical reports for our Chief Medical Officer.

Step 3: Confirmation that we have received the claim form and written to these doctors will be sent to your Financial Advisor immediately.

Step 4: On receipt of the medical reports, we may decide in certain circumstances, that an independent medical assessment is required. If so, you will be advised of this immediately.



Q. How quickly must a claim in relation to a serious illness be notified?

A. It is important to make any claims in relation to benefit payments within the time periods stated in your Policy Document.

Q. Is notification required if I change my occupation?

A. If you change occupation after your policy has started, this may affect the terms under which your policy and premium were set up. We ask that if you do change job or retire, you contact us with the details. If you do not, this may result in a claim being declined.

Q. Are there taxation issues to consider?

A. There is no taxation liability on death or disability benefits. However, any death benefit payable to your spouse or dependants may be taxable as part of your estate.

Q. Are there cases where a claim for a benefit would be declined?

A. Yes. While the vast majority of claims are paid, there are incidences where we may have to decline a claim. The most common reasons are non-disclosure of material facts, misdiagnosis of a serious illness and instances where the illness is not covered.

Non-disclosure of Material Facts

What is a Material Fact? A Material Fact is any fact about your 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 us. You must also advise us 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. An example of a Material Fact could be that you suffer from high blood pressure or suffered a heart attack in the past.

Non-disclosure occurs if you have not disclosed all Material Facts known to you prior to the policy's being issued. In such a case, when a claim is made, it will be declined because we would not have allowed the benefit or would have charged a higher premium had you disclosed your medical history on the application.

**Misdiagnosis**

Misdiagnosis occurs where a claim is submitted based on a preliminary diagnosis, but following further specialist investigations in hospital, the diagnosis is not confirmed. An example of this is where a Life insured suffers severe chest pain and a preliminary diagnosis of a suspected heart attack is made. However, following investigation in hospital, there is no evidence of a heart attack and the Life insured is discharged with a diagnosis of angina.

Illnesses not covered

The serious illnesses covered in the policy are specific, and your understanding of what constitutes a serious illness may not be covered under the policy. The Policy Document also contains specific definitions of each of the illnesses covered. A claim cannot be considered if the illness suffered is not one of the specified illnesses (e.g. epilepsy) or if the illness does not fulfill the medical definition (e.g. non-invasive cancer) in the policy.

Exclusions

A claim will not be successful where it is the result of, for example, intentional self-inflicted injuries. These cases are termed exclusions. Full details of the exclusions applying to the policy are given in the Policy Document, a copy of which is available from your Financial Advisor or from us.

Appendix 2 - List of Serious Illnesses

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

Below is a list of the serious illnesses that are currently covered if you choose to opt for Serious Illness cover as part of your application. These illnesses are specific and are defined in your Policy Document, which is sent to you if you decide to proceed with your application. A copy of the Policy Document is available on request from us. It is important to realise that there are actual medical conditions in order for a payment to be made. We or your Financial Advisor will be glad to help if you would like more detail on any of the serious illnesses listed.

Where Medical Opinion is required, we will accept that of our Chief Medical Officer or that of 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, we will seek the opinion of an appropriate independent physician. We will not accept the opinion of any medical expert normally operating outside the Territorial Limits.

Note: Any reference to "he" or the third person should be interpreted in the feminine where appropriate.

Angioplasty For Coronary Artery Disease - of specified severity

The undergoing, before age 65 to treat severe coronary artery disease, of any of the following:

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

to treat the narrowing or blockage in 2 or more Main Coronary Arteries. This procedure must have been carried out on the advice of a Consultant Cardiologist. Angiographic evidence to support the necessity for the procedure will be required.

The intervention must be to treat at least 70% diameter narrowing in each vessel and must be carried out as a single procedure.

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



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

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

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 only be made if the treatment is to correct at least 70% narrowing of at least two coronary arteries.

It may be necessary to undergo the insertion of a coronary catheter to investigate the heart. However, if there is no treatment, as defined, to correct significant narrowing or blockage, a claim cannot be made.

Aorta Graft Surgery – for disease

The undergoing of surgery for disease 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 are not covered:

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

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 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 2.*

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 in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms.*

For the above definition, the following are not covered:

- *Tumour in the pituitary gland.*
- *Angiomas.*

** See definition of this term at the end of Appendix 2.*

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 and where clinical symptoms do not persist are not covered. Tumours in the pituitary gland or spine 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.

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 Welfare blind pension but still not be covered by the above definition.



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, lymphoma and sarcoma.

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 greater than 6 or having progressed to at least clinical TNM classification T2N0M0.*
- *Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.*
- *Any skin cancer 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.



Cardiomyopathy – of specified severity

The unequivocal diagnosis by a Consultant Cardiologist of 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.

Coma – resulting in permanent symptoms

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

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

For the above definition, the following are not covered:

- *coma secondary to alcohol;*
- *coma secondary to drug abuse.*

** See definition of this term at the end of Appendix 2.*

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 Eagle Star to pay a claim are that Life support systems were necessary for a continuous period of at least 96 hours 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 – 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 correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

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.

Claims will only be valid if the bypass surgery is done using surgery to divide the breastbone.

Other procedures to treat narrowing or blocked coronary arteries are not covered under this definition. Examples of other procedures which are not covered include balloon angioplasty, cases involving less invasive surgery, the use of scrapers, cutters, lasers or the insertion of stents.

Creutzfeldt-Jakob Disease (CJD) – resulting in permanent symptoms

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

** See definition of this term at the end of Appendix 2.*

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.



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.

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 2.*

Encephalitis means inflammation of the brain. There are a number of causes, which include infections (especially viral) and postinfectious auto-immune 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 – of specified severity

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

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

The evidence must show a definite acute myocardial infarction.

For the above definition, the following is not covered:

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

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, you must have suffered a heart attack which results in positive results in all of the tests set out in the definition above.



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. Structural abnormalities include abnormal openings in the dividing wall separating the left and right chambers of the heart. 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 to correct valvular or structural abnormalities.

HIV Infection - caught in Ireland or the UK from a blood transfusion, a physical assault or at work in an eligible occupation

Infection by Human Immunodeficiency Virus 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 from the eligible occupations listed below*

after the start of the policy 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 5 days of the incident.*
- There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.*
- The incident causing infection must have occurred in Ireland or the UK.*

For the above definition, the following is not covered:

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

Eligible occupations covered in part (c) are the following: Ambulance Workers; Dental Nurses; Dental Surgeons; District Nurses; Fire Fighters; Gardaí; General Practitioners and Nurses employed by them; Hospital Caterers, Cleaners and Laundry Workers; Hospital Doctors, Surgeons and Consultants; Hospital Laboratory Technicians; Hospital Nurses; Hospital Porters; Midwives; Paramedics and Prison Officers.



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 Ireland or the UK through a blood transfusion, a physical assault or at work in an eligible occupation.

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 5 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.

Kidney Failure – requiring dialysis

Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis 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 regular dialysis (a process using a machine to perform the functions of the kidneys) 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

The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official Irish waiting list 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 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 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 six months.

Multiple sclerosis is a disease which attacks the central nervous system. The definition requires that there are continuous symptoms for a period of at least six 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 two limbs.

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



Parkinson's Disease - resulting in permanent symptoms

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

For the above definition, the following is not covered:

- *Parkinson's disease secondary to drug abuse.*

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. A claim can be made if the Life Insured has Parkinson's disease which is not secondary to alcohol or drug misuse. The diagnosis must be confirmed by a Consultant Neurologist.

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:

MOBILITY:	<i>Walking 200 metres within 15 minutes without the use of an assistive device and without stopping.</i>
MANUAL DEXTERITY:	<i>Using a pen or pencil to write his signature.</i>
LIFTING:	<i>Picking up and carrying for 2 minutes a 2.5Kg bag of potatoes with either hand.</i>
COMMUNICATION:	<i>Answering the telephone, understanding and being understood by a stranger, and reliably taking a message.</i>
KNEELING AND BENDING:	<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.*

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.

Progressive Supra-nuclear Palsy – resulting in permanent symptoms

Confirmation by a Consultant Neurologist of a definite diagnosis of progressive supra-nuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

Progressive Supra-nuclear Palsy (PSP) is a degenerative disease of the brain. The exact cause is unknown but there is evidence in some cases to suggest it may run in families. The disease affects the part of the brain above the nuclei ("supra-nuclear"), which are pea-sized structures in the part of the nervous system that controls eye movements. The symptoms of PSP usually appear slowly but get progressively worse. These symptoms include impairment of motor function, eye movement disorder and postural instability. A claim can be made if there is a definite diagnosis by a Consultant Neurologist that the Life Insured is suffering from the disease.



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 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 permanent symptoms

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

For the above definition, the following are not covered:

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

** See definition of this term at the end of Appendix 2.*

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 ongoing clinical symptoms of a stroke which are expected to be permanent.

The policy does not cover 'transient ischaemic attacks' (known as mini-strokes) because there is only a short-term interruption of the blood supply to the brain. This does not result in permanent damage to the brain. The symptoms may initially be similar to those of a stroke but patients recover within 24 hours.



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 - covering 20% of the body's surface area

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.

Medically, there are three levels of burns, which are defined by reference to the extent of the damage done to the skin:

- *first degree burns are those which damage the top layer of skin (mild sun burn would be an example);*
- *second degree burns are those which go deeper into the layers of skin (some second degree burns heal without scarring); and*
- *third degree burns are the most serious because they destroy the full thickness of the skin.*

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.



Traumatic Head Injury - resulting in permanent symptoms

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

It is possible to suffer brain damage as a result of head injury. This definition covers such a situation if tests demonstrate that the damage is severe and permanent.

** See definition of this term at the end of Appendix 2.*

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 insured person'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.



About Us

Eagle Star Life Assurance Company of Ireland Limited is a member of Zurich Financial Services Group, an insurance-based financial services provider with a global network of subsidiaries and offices in North America and Europe as well as in Asia Pacific, Latin America and other markets. Founded in 1872, the Group is headquartered in Zurich, Switzerland. It employs approximately 60,000 people serving customers in more than 170 countries.

As one of Ireland's most successful life insurance companies, we offer a full range of Eagle Star Pension, Investment and Protection products.

We gained recognition for our excellent investment performance at the 2008 MoneyMate & Investor Magazine Awards when the company was named 'Best Investment Fund Manager' and was awarded 'Best Balanced Managed Pension Fund' and 'Best Balanced Managed Investment Fund'.

Our investment team, based in Blackrock, Co. Dublin, is responsible for funds under management of approximately €8 billion, of which pension assets amount to €4.6 billion (as at 31st December 2007).

We are committed to the provision of excellent customer service. We have won a number of industry service awards, including the Professional Insurance Brokers Association 'Broker Service Award of Excellence' for 2007, 2006, 2005, 2004 and 2003, and we are twelve times winner of the Irish Brokers Association 'Service Excellence Award'. We are a market leader in providing policyholder information online through our innovative website, www.zurich.ie

We have a strong commitment to good corporate citizenship and are a founder member of Business in the Community Ireland (BITC).

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