Here to help you

SIPTU Nurses & Midwives Salary Protection Scheme

Guide to your benefits

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Introduction

"Perhaps the greatest threat to your livelihood is ill health"

Ivan Ahern

Nursing and midwifery are demanding jobs and both nurses and midwives suffer more long-term illness and disability than most. In fact nursing and midwifery are now recognised as high risk professions. If you fall ill your sick pay provides you with an income for a limited period. Once your sick pay runs out, your income will fall dramatically. All too often, you'll find that the misery of financial insecurity accompanies the discomfort of illness. How would you and your family manage financially if you suffered a serious illness or long-term disability?

The Salary Protection Scheme for SIPTU Nurses and Midwives provides members with the financial security they deserve. It has grown to become an important benefit of union membership with hundreds of members enjoying the protection the Scheme provides. It is now well placed to provide vital protection for members at an affordable cost for many years to come. If you haven't already joined I would urge you to consider doing so now.

Yours sincerely,

Director,
Cornmarket Group Financial Services Ltd.

Cornmarket's role as Administrators

Cornmarket – working for you

Cornmarket has been administering the SIPTU Nurses & Midwives Salary Protection Scheme since its launch in 2000. The Scheme aims to provide a realistic level of income in the event of loss of salary due to disability arising from illness or injury.

Our role includes:

1. Negotiating with the insurers (currently New Ireland) to obtain the most competitive rates and to secure the best possible benefits.
2. Assisting SIPTU members who wish to make a claim from the Scheme, by guiding them through every stage of the claims process.
3. Promoting the Scheme to SIPTU members.

A Claims Service you can trust

Cornmarket has its own dedicated, in-house Salary Protection Claims Team. The team members are specialised, well-informed and easy to talk to, and will do all they can to help in a member's time of need. They provide a vital 'hand-holding' function from start to finish of the claims process.

So should you need to make a claim, you can rest assured that it will be dealt with in the efficient, professional and sensitive manner that you deserve.

The Scheme in action

Through its various Salary Protection Schemes, Cornmarket has helped protect the financial security of more Public Sector employees than any other company in Ireland. But the real testament to the quality of these Schemes is the amount being paid out to beneficiaries, which is now counted in hundreds of millions of Euro. Here's what just two of the people who have benefited from our Salary Protection Schemes have to say.

"It's bad enough having to give up your work through illness. Just think what your life would be like if there was no salary coming through that door. If I hadn't got the money coming into me every month, I wouldn't be able to pay the mortgage, I wouldn't have the car that I need, I wouldn't be able to finance my kids doing what they're doing at the moment, I wouldn't have any holidays. I wouldn't have any hope for the future."

Margaret Carolan,
Scheme Beneficiary,
Co. Wicklow.

"I was at work one day, went to take something off a shelf and just felt a pop. Then after a couple of days it just snowballed and I ended up not being able to move my neck or shoulders. I realised I was going to be out of work for a while and my pay was due to run out, so I contacted Cornmarket. I didn't think I'd be out of work for as long as I have been and, thankfully, the cover has continued. Cornmarket want to ensure that you're well and that when you go back to work you're able to do your job long term. There's no pressure put on you to go back before you're ready. It really is such a relief! I would recommend joining Salary Protection to everyone."

Fiona Grace Purtill,
Scheme Beneficiary,
Co. Limerick.

Why you need the Salary Protection Scheme

Although many members feel that they will never need the protection that the Scheme provides, sadly our experience has been that even the healthiest person can suffer unexpected illness or have a serious accident. What is more, the changes to Public Sector Sick Leave arrangements which came into effect on 31st March 2014 mean a dramatic drop in your paid sick leave. Since the changes have been implemented SIPTU members without Salary Protection face greater financial uncertainty should they fall ill as they will be taken off the payroll sooner than before.

Thankfully, the Scheme has made provision for these changes and will pay out Scheme benefits earlier than before, in line with members' needs. The Scheme provides essential protection for all SIPTU members and membership has never been more vital.

What happens to your income if you fall ill under the new sick leave arrangements?

Standard Sick Leave

Under Public Sector sick leave arrangements introduced in 2014, typically you have access to paid sick leave of 13 weeks (92 days) at full pay in one year, followed by 13 weeks (91 days) at half pay. This is subject to a maximum of 26 weeks (183 days) in a rolling 4 year period. If you exceed 183 days paid sick leave you may receive Temporary Rehabilitation Remuneration for a further 18 months (548 days), subject to the terms of the Public Sector sick leave arrangements.

Extended Sick Leave for Critical Illness*

Under the Public Sector sick leave arrangements, there is a Critical Illness Protocol whereby employees may be granted extended paid sick leave of 26 weeks (183 days) at full pay in one year, followed by 26 weeks (182 days) at half pay, subject to a maximum of 52 weeks (365 days) in a rolling 4 year period.

If you exceed 365 days paid sick leave, you may receive Temporary Rehabilitation Remuneration for a further 12 months (365 days). Temporary Rehabilitation Remuneration may be extended for a further period up to a maximum of 2 years (730 days).

Temporary Rehabilitation Remuneration

Temporary Rehabilitation Remuneration (formerly referred to as Pension Rate of Pay) is based on your accrued pension benefits that would have applied had you actually retired on ill health grounds. It may be granted where there is a realistic prospect of an individual returning to work. However, any added years arising from purchase of service arrangements are not taken into account, as no retirement has actually taken place.

Ill Health Early Retirement Pension

Alternatively, if you retire on the grounds of ill health you may be entitled to an Early Retirement Pension. Even if you have many years of service, your Ill Health Early Retirement Pension will only be a fraction of your salary. In addition, those paying PRSI at the 'A' rate may be entitled to a State Illness Benefit, but at just €9,776 p.a. (2015 level), the State Illness Benefit provides a small income only.

The reality is that long-term illness inevitably means a severe drop in living standards. The need for some kind of additional income is vital.

* There are certain criteria used to determine whether an illness qualifies for extended paid sick leave. Please contact your HR Department for further information.

How the Scheme works – Disability Benefit

Once your salary has reduced to half pay or Temporary Rehabilitation Remuneration is being paid, if you are disabled due to illness or injury, the Scheme aims to pay you an income of up to 75% of your salary less any other income (e.g. half pay, Temporary Rehabilitation Remuneration, Early Retirement Pension, State Illness Benefit) to which you may be entitled.

The Scheme goes on paying you until you recover, are deemed fit to return to work by New Ireland, die, or right up to your 60th birthday, if you are permanently disabled.

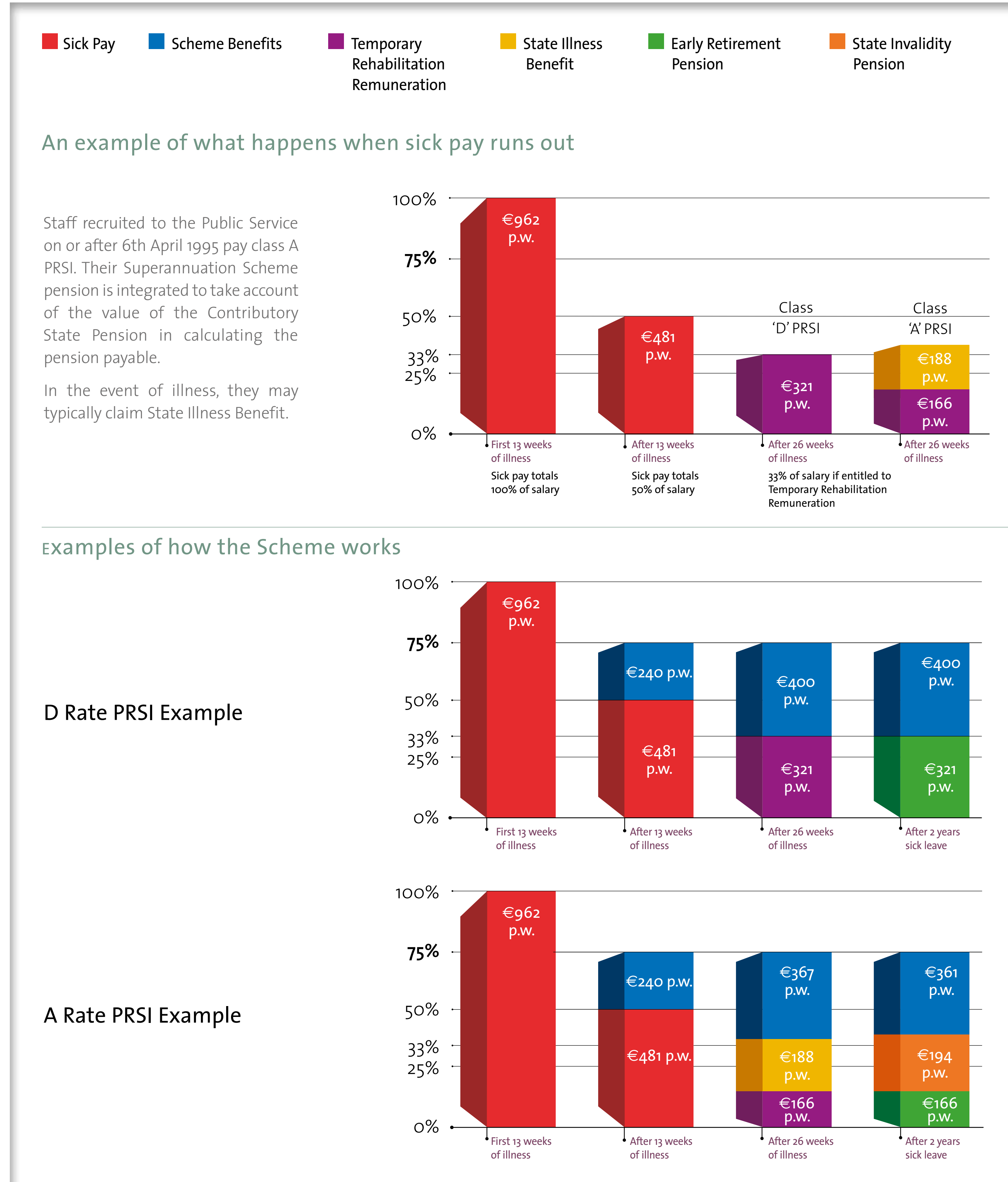
If a member making a claim decides not to apply for Early Retirement Pension (perhaps because he/she intends to return to work) and New Ireland agrees that there is a reasonable expectation of returning to work, then New Ireland may pay a benefit of 75% of salary less any State Illness Benefit/Temporary Rehabilitation Remuneration for a maximum of 2 years. This means no deduction will be made from the benefit paid under the Scheme for an amount equivalent to Early Retirement Pension, as no Early Retirement Pension is being claimed. If a member retires subsequently and an Early Retirement Pension is paid, the additional amount that was paid under the Scheme since the effective date of early retirement must naturally be repaid to the insurer.

Important: You must remain a member of the SIPTU Nurses & Midwives Division to remain an eligible member of the Scheme. If you leave SIPTU or move divisions within SIPTU you must inform Cornmarket in writing, as you can no longer stay in the Scheme, and you will not be able to claim from it.

Membership of the Scheme is more vital than ever.

Example of how the Scheme works

The example below is based on a Public Sector employee, who is a member of the Superannuation Scheme with 20 years' service earning €50,000 per annum, who is now unable to work due to disability arising from illness or injury. It is assumed that standard Public Sector sick leave arrangements apply (i.e. 13 weeks full pay in one year, followed by 13 weeks half pay), extended paid sick leave under the Critical Illness Protocol does not apply and Ill Health Early Retirement Pension is granted after 2 years.



Additional protection for you and your family

The main purpose of the Salary Protection Scheme is to provide you and your family with financial support in the event that you fall ill and find yourself unable to work. The Scheme provides additional benefits in the form of:

1 Life Cover

Death Benefit

Should you die, the issue of financial support may be even more pressing for your family. Mortgage payments, day-to-day living expenses, credit card bills, etc. will still have to be met by those you have left behind. The Scheme recognises this fact by providing an important extra benefit in the form of Death Benefit (typically equivalent to twice your annual salary), which is paid to your estate should you die. As with your Disability Benefit, this Death Benefit is salary linked – so it changes each year in line with your salary. This benefit ceases on your 65th birthday or when you retire (other than on grounds of ill health) or leave the Scheme, if earlier.

Accidental Death Benefit

In the event of accidental death, a benefit of €15,000 is payable in addition to the normal Death Benefit of typically twice annual salary. Accidental death is defined as 'death resulting from an injury caused by accidental, violent, external and visible means and is in no way linked to sickness, disease or physical disorder of the Life Insured'.

Please refer to page 25 for terms and conditions and general exclusions.

Children's Death Benefit

A death benefit of €4,000 is payable on the death of a member's child.

Children's Death Benefit applies to all the natural or legally adopted children of the member who are aged between 0 months and 18 years at the date the benefit is payable and between 18-21 years who are in full-time education. Unless a child has been legally adopted, the name of the member must appear as a parent on the child's birth certificate.

Please refer to page 25 for terms and conditions and general exclusions.

Terminal Illness Benefit

New Ireland will make an advance payment of 25% of the Death Benefit on diagnosis of terminal illness with death expected within 12 months.

Terminal Illness means an advanced or rapidly progressing incurable illness, where in the opinion of an attending medical consultant of a major hospital in Ireland or the United Kingdom and New Ireland's Chief Medical Officer, a Life Insured's life expectancy is no greater than 12 months. The balance of the Death Benefit will be paid on death. The terminal illness benefit will not apply to members over the age of 62.

What happens at retirement?

Our experience has been that the vast majority of members still need some element of Life Cover (Death Benefit) even after they retire. For this reason, for a contribution of 0.05% of salary (built into the overall rate of contribution to the Scheme), members are entitled to join Cornmarket's Retired Members' Life Cover Plan* on retirement, without having to undergo any medical underwriting; within 4 months of retirement, provided they are a member of the Salary Protection Scheme at the date of their retirement. Thereafter, for a modest monthly contribution, members will benefit from the Life Cover provided by Cornmarket's Retired Members' Life Cover Plan. The Plan provides for the payment of a tax-free lump sum to their estate on their death.

* Underwritten by Irish Life Assurance plc.
Irish Life Assurance plc. is regulated by the Central Bank of Ireland.

2 Spouses'/Civil Partners' Death Benefit *OR* Single Members' Specified Illness Benefit

The Scheme includes an additional valuable benefit in the form of either:

A) SPOUSES'/CIVIL PARTNERS' DEATH BENEFIT

OR

B) SINGLE MEMBERS' SPECIFIED ILLNESS BENEFIT and SPECIFIED ILLNESS BENEFIT PARTIAL PAYMENTS

Important: Members can only ever benefit from either option A or B. The benefit is only payable once per member.

A) SPOUSES'/CIVIL PARTNERS' DEATH BENEFIT
(only payable if you are married/in a registered civil partnership at the date the event occurs).

In the event of the death of a spouse or civil partner, a lump sum of once your annual salary will be paid to you. This provides valuable additional funds for you should your spouse/civil partner die, and will go some way towards easing the financial burden.

Definition of Spouse/Civil Partner: In respect of a Life Insured, the person to whom you were legally married or civil partner to at their date of death as defined in Section 3 of the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010.

This benefit ceases on your 65th birthday or when you retire (other than on grounds of ill health) or leave the Scheme, if earlier.

OR

B) SINGLE MEMBERS' SPECIFIED ILLNESS BENEFIT and SPECIFIED ILLNESS BENEFIT PARTIAL PAYMENTS
(only payable if you are single at the date the event occurs).

Should you suffer a serious illness (regardless of whether or not this illness keeps you out of work sufficiently long to involve a loss of salary) the reality is that you may face significant extra expenses. The Scheme recognises this fact by providing an additional benefit in the form of a Specified Illness Benefit and Specified Illness Partial Payments.

Single Member's Specified Illness Benefit
This benefit provides a once-off cash lump sum of 25% of annual pensionable salary, payable if a single member suffers from a specified illness e.g. heart attack, stroke etc. (see listing on next page).

Single members' Specified Illness Benefit – Partial Payments
Based on recent claims experience, New Ireland has identified a further 10 less severe but still life altering conditions that they will make a separate partial payment on (see listing on next page).

The benefit single members would receive should they suffer a Specified Illness covered under the partial payment section is the lesser of 25% of salary or €10,000.

The partial payment is totally separate from the main Single Members' Specified Illness Cover Benefit. That means it does not affect the amount you could receive if you need to make a specified illness claim for one of the 37 illnesses we cover on a full payment basis at a later date (if you make a claim for specified illness cover on a full payment basis for a related condition that happens within 30 days of the specified illness condition for partial payment, New Ireland will only make one payout for the full specified illness cover amount).

Definition of Single Member: A member who is not married or in a Civil Partnership.

Please refer to pages 31-43 for a full definition of each illness.

This benefit ceases on your 65th birthday or when you retire (other than on grounds of ill health) or leave the Scheme, if earlier.

The illnesses covered under the SINGLE MEMBERS' SPECIFIED ILLNESS BENEFIT are:

Alzheimer's Disease	Aorta Graft Surgery
❖ Aplastic Anaemia	❖ Bacterial Meningitis
❖ Balloon Valvuloplasty	Benign Brain Tumour
❖ Benign Spinal Cord Tumour	Blindness
Cancer	❖ Cardiomyopathy
Chronic Lung Disease	Coma
Coronary Artery By-Pass Graft	Creutzfeldt-Jakob Disease
Deafness	❖ Dementia
❖ Encephalitis	Heart Attack
Heart Structural Repair	Heart Valve Replacement or Repair
HIV Infection	Kidney Failure
❖ Liver Failure	Loss of Hands or Feet
Loss of Speech	Major Organ Transplant
Motor Neurone Disease	Multiple Sclerosis
Paralysis of 2 or more Limbs	Parkinson's Disease (Idiopathic)
❖ Primary Pulmonary Hypertension	❖ Progressive Supra-Nuclear Palsy
❖ Pulmonary Artery Graft Surgery	❖ Systemic Lupus Erythematosus
Stroke	Third Degree Burns covering 20% of the body's surface area
Traumatic Head Injury	

Please note: The Specified Illnesses marked ❖ above, were introduced at the 1st June 2013 review. The other Specified Illnesses were introduced from 1st April 2007. Only diagnoses that occur after these dates are eligible to claim Specified Illness Benefit for these illnesses. If, prior to joining the Scheme, you have suffered from one of the Specified Illnesses you will never be covered for that illness.

Angioplasty (2 or more arteries), previously covered as a Specified Illness, is now covered as a partial payment since 1st June 2013.

Terms and conditions apply. Please refer to pages 31-40 for full details, paying particular attention to the the policy definition of each illness and their pre-existing conditions exclusion clauses.

There is only 1 Specified Illness Payment per life per plan. Other terms and conditions apply, please call us on (01) 408 4095 for more information. Once you are paid a claim under the main Specified Illness Benefit, your cover will cease and you will no longer be able to claim under the Specified Illness Benefit. Consequently, your contributions will cease i.e. you will no longer be required to pay the 0.14% Specified Illness Benefit premium, so your total contribution to the Scheme following a Specified Illness Benefit claim will be 2.36%.

The illnesses covered under the SINGLE MEMBERS' SPECIFIED ILLNESS BENEFIT – PARTIAL PAYMENTS are:

Angioplasty for coronary artery disease – of specified severity
Brain abscess drained via craniotomy
Carcinoma in situ – oesophagus, treated by specific surgery
Carotid artery stenosis – treated by endarterectomy or angioplasty
Cerebral arteriovenous malformation – treated by craniotomy or endovascular repair
Ductal carcinoma in situ – breast, treated by surgery
Loss of one limb – permanent physical severance
Low level prostate cancer with Gleason score between 2 and 6 – and with specific treatment
Third degree burns – covering at least 5% of the body's surface area
Surgical removal of one eye

Please note: The qualifying Specified Illnesses – Partial Payments above were introduced at the 1st June 2013 review. If, prior to joining the Scheme, you have suffered from one of the Specified Illnesses you will never be covered for that illness.

Important note: There is only 1 Partial Payment per life per plan. Other terms and conditions apply.

Terms and conditions apply. Please refer to pages 41-43 for full details, paying particular attention to the the policy definition of each illness and their pre-existing conditions exclusion clauses.

Affordable for every member

How much does the Scheme cost?

As membership is so vital, the Scheme is designed to be affordable for every member. It is remarkably good value because it is negotiated on a special 'group basis' for members of the SIPTU Nurses & Midwives Division. The contribution rate is currently set at just 2.50% of gross salary and, for most members, is conveniently deducted from your salary by your employer. Please bear in mind that it is your responsibility to ensure that the correct deductions have, in fact, been made by your employer and that deductions are cancelled where appropriate.

A helping hand from Revenue

You are eligible for tax relief at your highest rate of tax on the part of your contribution going towards Disability Benefit (2.06% of the total contribution of 2.50% of income). This means that for most members the cost of membership is between €12 to €16 a week after tax – a small price to pay for peace of mind.

SCHEME COST:

Disability Benefit	2.06%
Death Benefit	0.25%
Spouses'/Civil Partners' Death Benefit or Single Members' Specified Illness Benefit	0.14%
Medical Immunity Benefit*	0.05%
Total cost	**2.50%**

* Entitles members to join Cornmarket's Retired Members' Life Cover Plan without medical underwriting. Terms & Conditions apply (underwritten by Irish Life Assurance plc).

EXAMPLE:

Income	Weekly contribution (2.5%)	'Real' weekly contribution after tax relief
€30,000	€14.37	€12.01*
€40,000	€19.16	€12.85**
€50,000	€23.93	€16.06**

*Real contribution rate of 2.09%, paying income tax @ 20%.
**Real contribution rate of 1.68%, paying income tax @ 40% (as of 01/01/15).

Please note: This rate (based on the benefits in place at the 2013 review) is guaranteed until the next Scheme review on 1st June 2016.

How to join the Scheme

Who is eligible to join?

You may apply to join the Scheme if you are a nurse or midwife who is:

1 A member of the Nursing & Midwives Division of SIPTU ***and***
2 under age 60 ***and***
3 working for 8 hours or more per week,

and either

4 Employed on a permanent full-time basis ***or***

- Commenced a contract of definite duration (if you are in a temporary position your contract must be at least 12 months' duration) ***or***
- Working continuously for the past 12 months (if you are in a temporary position you must be actively at work* now) ***or***
- Working as an agency nurse/midwife for 2 or more years.

Please note: Members on paid or unpaid maternity leave are eligible to join the Scheme.

*** Actively at work means that:**

- You are working your normal contracted number of hours
- You have not received medical advice to refrain from work
- You are not restricted from fully performing the normal duties associated with your occupation
- Those on statutory paid and unpaid maternity leave can be considered actively at work and are eligible to join.

Job/work sharers

Eligible job sharing/work sharing members of SIPTU who satisfy the eligibility conditions listed opposite may also apply to join the Scheme. The level of contribution and benefits which apply for them may differ from those relevant for permanent full-time members.

IMPORTANT: You must remain a member of the SIPTU Nurses & Midwives Division to remain an eligible member of the Scheme. If you leave SIPTU or move divisions within SIPTU you must inform Cornmarket in writing as you can no longer stay in the Scheme and you will not be able to claim from it.

HOW TO JOIN

The SIPTU Nurses & Midwives Salary Protection Scheme helps members maintain the standard of living they deserve. If you haven't already joined the Scheme, don't put it on the long finger.

Apply to join now, simply call us on (01) 470 8054

Cover begins as soon as New Ireland accepts you as a member of the Scheme.

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Joining the Scheme

1 How do I join the Scheme?

To join the SIPTU Nurses & Midwives Scheme you must complete an application form which consists of 6-8 medical questions and accept the declaration relating to the Scheme.

From time to time, a preferential application form may be available which provides the option to join the Scheme on the basis of a shortened medical declaration.

Call (01) 408 8054 and we can complete your application over the phone or go online at www.cornmarket.ie/siptu to download an application form.

2 Who is eligible to join?

You may apply to join the Scheme if you are a nurse or midwife who is:

1. A member of the Nursing & Midwifery Division of SIPTU
and
2. under age 60
and
3. working for 8 hours or more per week
and either
4. Employed on a permanent full-time basis ***or***
   - Commenced a contract of definite duration (if you are in a temporary position your contract must be at least 12 months' duration) or
   - Working continuously for the past 12 months (if you are in a temporary position you must be actively at work* now) ***or***
   - Working as an agency nurse/midwife for 2 or more years.

*** Actively at work means that you:**

- Are working your normal contracted number of hours
- Have not received medical advice to refrain from work
- Are not restricted from fully performing the normal duties associated with your occupation.

Please note: members on paid or unpaid maternity leave are eligible to join the Scheme.

Job/work sharers

Job/work sharing members of SIPTU who satisfy the eligibility conditions above may also apply to join the Salary Protection Scheme. The level of contribution and benefits which apply for them may differ from those relevant for the full-time members (see page 15, Q11: *What benefits does the Scheme provide for job sharers and work sharers?* for details).

Note: You must remain a member of the SIPTU Nurses & Midwifery Division to remain an eligible member of the Scheme. If you leave SIPTU or move divisions within SIPTU you must inform Cornmarket in writing as you can no longer stay in the Scheme and you will not be able to claim from it.

3 What is the deferred period?

For the purpose of this Scheme, from 31st March 2014, the deferred period is after 13 weeks (92 days) disability in a 12 month period or 26 weeks (183 days) in a rolling 4 year period, where Standard Sick Leave has been granted. For cases where Extended Sick Leave has been granted, the deferred period is after 26 weeks (183 days) disability in a 12 month period or 26 weeks (365 days) in a rolling 4 year period. Please see page 5: *How the Scheme works* and page 23, Q8: *What happens if I have sick leave used prior to my acceptance into the Scheme?*

4 When does my membership begin?

Your cover begins from the date New Ireland accepts your application to the Scheme. Members receive a formal acceptance letter confirming they have been included as members of the SIPTU Nurses & Midwives Salary Protection Scheme. In some cases medical evidence may be required before membership of the Scheme can be confirmed. This may involve providing further details over the telephone or attending a medical examination at New Ireland's expense.

Please note: Any sick leave accrued before you became a member of the Scheme will not be used when calculating the deferred period.

5 When does my membership end?

Membership of the Scheme ends:

- On your 60th birthday as far as the Disability Benefit is concerned and on your 65th birthday as far as the Death Benefit and the Spouses'/Civil Partners' Death Benefit or Single Members' Specified Illness Benefit are concerned (assuming you have not retired) ***or***
- If you no longer fulfil the eligibility requirements as set out ***or***
- If your contributions to the SIPTU Scheme cease (please bear in mind that the responsibility to ensure that the correct contributions to the Scheme are paid rests with you) ***or***
- On your retirement (other than on grounds of ill-health) ***or***
- On death.

However, you do have the option to carry on an element of Death Benefit following your retirement if, at retirement, you decide to avail of Cornmarket's Retired Members' Life Cover Plan (see page 26, Q3: *Can my Death Benefit remain in force after I retire?* for details).

Notice period if you plan to retire. It is important to remember that Cornmarket may not be notified by your employer when you retire. It is vital therefore that you notify Cornmarket at least 10 weeks in advance of your retirement date so that we can offer you the option to join Cornmarket's Retired Members' Life Cover Plan or to stop your contributions to the Scheme.

6 Are all applications accepted?

In a small percentage of cases, membership of the SIPTU Nurses & Midwives Scheme may be refused. In such cases applicants will receive a letter confirming that they have not been accepted into the SIPTU Nurses & Midwives Scheme. In other cases, membership may be offered subject to the condition that certain specified conditions are excluded from cover.

7 What does it mean if my application is subject to exclusions, special terms or even refused?

This means that New Ireland believes that it cannot, because of your health history, offer you the cover sought or it believes that it is necessary to exclude certain conditions or restrict the level of cover. New Ireland makes such decisions only after careful consideration of the information supplied by you together with any details it has received from doctors you have attended. Applicants may seek additional clarification from their own doctor who can contact New Ireland to request reasons for its decision.

You have the option to appeal this decision. For more information, please contact Cornmarket on (01) 408 4195.

Terms of employment

1 What if I have a second job?

This may be taken into account in calculating any benefit paid should you make a claim from the Scheme. It is vital, therefore, that you notify Cornmarket in writing at the time of joining the Scheme if you have a second job. Likewise, you should notify Cornmarket in writing if, after joining the Scheme, you take on a second job. In the event that you have a second job at the time of joining the SIPTU Nurses & Midwives Scheme or take on a second job after joining the Scheme, New Ireland reserves the right to refuse cover or withdraw cover in respect of your normal job.

This could happen where, for instance, New Ireland believes that your second job involves a greater degree of risk than that involved in your normal job. The cover provided by the Scheme does not extend to your second job. If you would like disability cover on your second job you should contact Cornmarket about the possibility of insuring yourself against disability through an individual policy.

2 What if I have unearned income?

In general, investment and rental income will not be taken into account when making a claim under the Scheme. Benefit from any accident or sickness policy will however be taken into account, except benefits paid under a Critical/Serious Illness policy (see page 17, Q3: *What if I take out a 'Lump Sum Critical/ Serious Illness' policy?* for details and see page 18, Q8: *What are the maximum benefits paid under the Salary Protection Scheme for SIPTU Nurses & Midwives?*).

3 What if I take a career break?

Generally, members of the Scheme who take a career break fall into one of the following categories –

1 Members who wish to continue their full cover under the Scheme for the duration of their career break because they are taking up alternative employment.

If you are in this category, you may apply within 4 months in advance of taking a career break to transfer benefits similar to those you enjoyed under the Scheme to any new job. This is however at New Ireland's discretion and subject to your new job being acceptable to New Ireland from an underwriting point of view, e.g. that your new job does not involve a greater degree of risk than that in your normal job. Naturally the rate and amount of your contribution and benefit level will be determined by your pre-career break salary as you will no longer be an active member of the Scheme. You should remember to notify Cornmarket on taking up your normal job at the end of your career break if you wish to re-activate your membership of the Scheme.

2 Members who wish to continue the Death Benefit and the Spouses'/Civil Partners' Death Benefit/Single Members' Specified Illness Benefit element of their cover and who wish to de-activate their disability cover until their return to work and who also wish to re-activate their Disability Benefit under the Scheme on completing their career break without having to undergo any medical underwriting.

If you are in this category you may apply within 4 months of taking a career break for immunity from medical underwriting. This will allow you to re-activate your Disability Benefit under the Scheme before a specified date when your career break is over – without the need for medical underwriting. No premium is required, but you must notify Cornmarket within 4 months of your career break.

To maintain the Death Benefit and the Spouses'/Civil Partners' Death Benefit/Single Members' Specified Illness Benefit in force, you must pay the premium for the Death Benefit and Spouses'/Civil Partners' Death Benefit or Single Members' Specified Illness Benefit. These payments are based on your pre-career break salary and must be paid annually in advance during your career break. The level of the Death Benefit and the Spouses'/Civil Partners' Death Benefit/Single Members' Specified Illness Benefit during the career break will be based on your salary on the date you started your career break. To secure immunity from medical underwriting you must notify Cornmarket of the dates of your career break prior to its commencement.

If you extend your career break, you must notify Cornmarket.

Residency clause

If you are going to reside outside Ireland or the U.K. during your career break and wish to avail of option 1 or 2, you will need prior agreement from New Ireland. Please advise Cornmarket Group Financial Services Ltd. if this is the case.

3 Members who do not wish to continue either the Disability or Death Benefit or Specified Illness Benefit element of their cover but who wish to re-activate their membership on completing their career break without having to undergo any medical underwriting.

If you are in this category you may apply within 4 months of taking a career break for immunity from medical underwriting. No premium is required. This will allow you to re-activate your membership of the Scheme before a specified date when your career break is over without the need for medical underwriting. To secure immunity from medical underwriting you must notify Cornmarket of the dates of your career break prior to its commencement.

Please note: The maximum number of years for the career break option is 5 years.

4 Members who simply decide to discontinue membership of the Scheme.

If you are in this category, or do not notify Cornmarket of your intention to take a career break, your cover under the Scheme will lapse as soon as your salary stops or your premium ceases to be paid.

Thereafter you must complete a full medical application form and undergo medical underwriting should you wish to rejoin the Scheme upon returning to work.

4 What if I change my occupation or leave the SIPTU Nursing & Midwifery Division?

In such circumstances you are no longer eligible for membership of the SIPTU Nurses & Midwives Scheme. You should therefore write to Cornmarket to cancel your membership. Cornmarket may, depending on your circumstances, be able to offer you an individual policy providing similar cover. However, such policies are likely to be more expensive than the Salary Protection Scheme for SIPTU Nurses & Midwives.

Note: You must remain a member of the SIPTU Nursing and Midwifery Division to remain an eligible member of the Scheme. If you leave SIPTU or move divisions within SIPTU, you must inform Cornmarket in writing as you can no longer stay in the Scheme and you will not be able to claim from it.

5 Is my benefit affected by the PRSI contribution I pay?

Many members are paying PRSI contributions on the lower 'D' PRSI rate and so pay less PRSI than those members on the 'A' PRSI rate. If a member paying PRSI at the 'D' rate retires on an Ill Health Early Retirement Pension under the Superannuation Scheme, he or she is not entitled to any State Illness Benefit. On the other hand, members paying the higher 'A' PRSI rate may be entitled to a State Illness Benefit if they suffer prolonged illness. Members in this situation may also be entitled to an ill health Early Retirement Pension. The benefit payable under the Scheme is the amount needed to 'top up' any Temporary Rehabilitation Remuneration or Ill Health Early Retirement Pension and any State Illness Benefit to 75% of salary.

In effect this means that whether you are a 'D' or an 'A' PRSI contributor, taking the Temporary Rehabilitation Remuneration or the Ill Health Early Retirement Pension into account, the combined amount you receive in the event of disability is the same.

Actual Disability Benefit amount may differ depending on 'D' or 'A' PRSI, but overall income after a claim will be unchanged at 75%.

6 What if I am not in the Superannuation Scheme?

If you are not contributing to the Superannuation Scheme e.g. an agency nurse, or in private sector employment, you are not entitled to an Early Retirement Pension should you become disabled. However, if you are not a member of the Superannuation Scheme you will be paying class A PRSI contributions and therefore may be entitled to State Illness Benefit in the event of disability. Typically, if you are in this situation you may be paid full salary for 13 weeks of illness in any 12 month period (whether or not you will receive sick pay and the benefits paid will depend upon your contract of employment). After this your pay stops altogether and your only entitlement thereafter is to State Illness Benefit. Therefore, if you are not a member of the Superannuation Scheme, any benefit under the SIPTU Scheme will be paid after you have been ill for 13 weeks in any 12 month period. The amount paid will be 75% of your salary less any State Illness Benefit entitlement (whether paid or not) and any other income you are receiving from your employer.

7 What if I'm employed by a Nominated Health Agency?

Sick pay entitlements for those employed by a Nominated Health Agency may differ from the standard sick pay arrangements (i.e. 13 weeks full pay and 13 weeks half pay in a rolling 4 year period). In the case of a member employed by a Nominated Health Agency, the benefit payable by the Scheme dovetails with your particular sick pay arrangements.

8 What if I'm an agency nurse?

Those working as an agency nurse for 2 or more years are eligible to join the Scheme (see page 12, Q2, *Who is eligible to join?*). On applying to join, agency nurses need to self declare their earnings based on the average of their previous 2 years' earnings. Benefits and premiums will be based on these self-declared earnings. Members may revise these earnings up or down, subject to proof of actual earnings, by notifying Cornmarket.

The disability benefit is the same as non-Superannuated members (see this page, Q6: *What if I am not in the Superannuation Scheme?*) i.e. 75% of salary less any State Illness Benefit entitlement (whether paid or not) after 13 weeks of illness in any 12 month period.

9 What happens if I change my terms of employment?

If your terms of employment change, this may affect your cover under the Scheme. For instance, if you join the Superannuation Scheme or if you reduce the overall number of hours you are working each week, your benefits under the SIPTU Scheme may be affected. It is vital therefore that you notify Cornmarket in writing should you change your terms of employment.

10 Are there any special considerations for part-time nurses/ midwives?

Yes. Amongst the issues you should consider are:

1 Temporary/part-time nurses and midwives are eligible to join only if they are working, on average, more than 8 hours a week and are on a contract of employment of at least 12 months' duration and are actively at work now (see page 12, Q2: *Who is eligible to join?* for details).

2 Eligible part-time nurses and midwives should also bear in mind that in some cases membership of the Scheme may not be suitable for them. This could be the case if, for instance, you are on a relatively low salary and are paying PRSI at the 'A' rate. This means that if you become disabled you would receive State Illness Benefit (€9,776 – the 2015 level). If this is more than 75% of your salary you would not receive any benefit from the Scheme. This is due to the fact that you would already be receiving more than the maximum 75% of salary you are entitled to under the Scheme.

3 Part-time nurses and midwives should also remember that benefits paid under the Scheme may be reduced if, for instance, you spent some years as a full time nurse or midwife and were a member of the Superannuation Scheme. Assuming you were contributing to the Superannuation Scheme for more than 5 years, this means that if you become disabled you would be entitled to receive an ill health Early Retirement Pension. If the greater portion of your Superannuation contributions were made while you were on a full time salary, it may be the case that your Early Retirement Pension (which might include many years of Superannuation contributions based on full-time income) is in fact very large in relation to your current part-time salary.

As a result, you would be eligible for little or no benefit under the Scheme as you would already be receiving close to or more than 75% of your pre-disability salary in the form of an Ill Health Early Retirement Pension. For this reason when calculating the amount of benefit to be paid under the Scheme in such cases, New Ireland may reduce the deduction in respect of any Early Retirement Pension in order to be fair to the member. A similar approach is applied for those who are job sharers.

11 What benefits does the Scheme provide for job sharers* and work sharers?

The benefits and contribution rate for job sharing and work sharing nurses and midwives are based on job sharing and work sharing salary. In the event of a claim, New Ireland may deduct a lesser amount than the actual Ill Health Early Retirement Pension (Early Retirement Pension) entitlement from the benefit paid by the Salary Protection Scheme.

This is because, were New Ireland to deduct the actual Early Retirement Pension (which might include many years of Superannuation contributions based on full-time income), the member's Early Retirement Pension entitlement could come close to, or actually exceed, the benefit paid under the SIPTU Nurses & Midwives Scheme. This would mean little or no benefit would be paid under the SIPTU Nurses & Midwives Scheme. For this reason, when calculating the amount of benefit to be paid under the Scheme, New Ireland may reduce the deduction in respect of any Early Retirement Pension in order to be fair and equitable to the member. A similar approach is applied for those who take up a part time position following a period spent in full time employment.

* Working 50% or less of the full-time working week.

12 What if I take unpaid parental, maternity, or adoptive leave?

If you avail of your entitlement to take unpaid Parental, Maternity, or Adoptive Leave, and are making your contributions to the Scheme through salary, no contributions will be collected in respect of periods for which you are on leave as you will not be paid a salary while on leave. Nonetheless your cover will continue unaffected while you are on leave and no repayment of the 'skipped' contributions will be sought. This is subject to the period of unpaid leave being no longer than 18 weeks in total in any 12 month period. Where the period of leave is more than 18 weeks in total in any 12 month period, members should contact Cornmarket for details of their options. These will be similar to those available to members who take a career break. However, if a member takes unpaid leave under more than one of the categories above, for example, unpaid maternity leave followed by a period of unpaid parental leave, New Ireland will allow you to take up to 30 weeks in a 12 month period without having to pay a premium. You must notify Cornmarket at least four weeks in advance of the commencement of unpaid leave.

13 What if I take unpaid leave to take care of a dependant relative?

If you avail of your entitlement to take unpaid Carer's Leave, and are making your contributions to the Scheme through salary, no contributions will be collected in respect of periods for which you are on leave as you will not be paid a salary while on leave. Nonetheless your cover will continue unaffected while you are on leave and no repayment of the 'skipped' contributions will be sought.

However, this is subject to the period of leave being no longer than 18 weeks in total. Cover for members who make their contributions by direct debit is likewise unaffected where such leave is for a period of less than 18 weeks in total. Where the period of leave is more than 18 weeks, members should contact Cornmarket for details of their options. These will be similar to those available to members who take a career break. You must notify Cornmarket at least 4 weeks in advance of the commencement of unpaid leave so contributions can be suspended.

14 What if I am availing of the Shorter Working Year Scheme?

The Shorter Working Year Scheme replaced the previous Term Time arrangements.

The Scheme allows employees (not just those with school children) to take unpaid special leave of a period of 2, 4, 6, 8, 10 or 13 consecutive weeks during a 12 month period.

Although it is unpaid leave, there is provision to spread your salary over the whole year including the period covered by the Shorter Working Year Scheme. Typically, if availing of the full 13 weeks your salary will be 75% of the salary you would receive if you were working a full 12 months.

While contributions will be deducted based on the actual reduced salary, your cover will continue to be based on the full-time salary for a period up to 2 years.

However, for those who avail of the Shorter Working Year Scheme on a regular basis (i.e. over each year for periods of more than 2 years) cover under the Scheme remains in force, with benefits based on the actual salary (typically 75% of equivalent full-time salary) you were receiving over the previous 12 months.

15 What if I am on a temporary contract?

A claim in respect of a member on a temporary contract is treated in the normal manner (see page 24, Q11: *What benefits do members on temporary contracts get?* for details).

Calculation of benefit

1 On what salary is my cover based?

If, like most nurses and midwives, you are making your contributions to the SIPTU Scheme through salary, your cover and contributions are based on the salary you receive from your employer. If you are paying by direct debit, your cover and contributions are based on the last salary you notified to Cornmarket. The level of cover you enjoy and the amount of contribution you pay may change (see this page, Q4: *Does my cover change in line with changes in my salary?* for details).

Your income will be calculated as basic salary at the end of the deferred period* plus an average of any other payments which are taken into account for sick pay and Superannuation purposes in the 3 years prior to the commencement of disability. Typically these will include premium payments, weekends, bank holidays, night duty, and most allowances. Overtime does not normally count unless it is a permanent feature of the roster. If you are not a member of the Superannuation Scheme, your income will be calculated as basic income plus any other earnings which would be taken into account for sick pay and Superannuation purposes if you were a member of the Superannuation Scheme.

* Please refer to page 5.

2 Does it affect my benefit under the Scheme if my disability is due to an injury at work?

Yes. If you are injured at work, depending on the circumstance, (Social Welfare benefits, etc.), you may be entitled to payments in excess of 75% of salary. In such cases please notify Cornmarket immediately, as you would already be receiving a payment greater than 75% of your pre-disability salary, you would not be entitled to any benefit under the SIPTU Scheme.

3 What if I take out a 'Lump Sum Critical/Serious Illness' policy?

'Lump Sum Critical/Serious Illness' policies (otherwise known as Serious Illness/Specified Illness Benefit) pay out a lump sum on the diagnosis of certain specified serious illnesses. Benefit paid under such policies are often taken into account when assessing the level of benefit to be paid under Salary Protection Schemes. However, New Ireland has agreed special preferential arrangements for members of the SIPTU Scheme. This means that currently payments under a 'Lump Sum Critical/Serious Illness' policy will not be taken into account when calculating the benefit to be paid to you under the SIPTU Scheme.

4 Does my cover change in line with changes in my salary?

Members contributing by Deduction at Source

The vast majority of nurses and midwives make their contributions to the SIPTU Scheme through salary. For such nurses and midwives, contributions and cover change automatically every time salaries change. This is because your contributions are linked to your salary and automatically change in line with salary changes without any need on the part of the member to complete new application forms or go for medicals. If your salary reduces as a result of you reducing your working hours or a general pay reduction, your cover will automatically reduce in line with your revised salary. In certain circumstances, cover may not reduce if your salary reduces (see arrangements for unpaid leave, shorter working year and job sharers on pages 15-16).

Members contributing by Direct Debit

For those nurses and midwives who are contributing to the SIPTU Scheme by direct debit from a current account, contributions and cover may be amended periodically.

These amendments will be in line with either general salary changes or changes in the consumer price index since the last amendment was applied.

Such amendments are currently applied without the need for medical underwriting and members will receive prior notification.

As far as additional amendments in salary are concerned, for instance in the case of promotions, currently members contributing by direct debit may apply to amend their cover correspondingly. You must apply for such amendments within two months of receiving notification of your salary amendment and you must provide evidence of that salary amendment (such as a recent pay slip).

5 If I am claiming from the Scheme, does the amount I receive increase each year?

Yes. The benefit paid to you by the Scheme increases by 5% each year or the rate of increase in the Consumer Price Index, if lower. The rate of increase applied will be adjusted to offset any previous decreases in Consumer Price Index if required. This helps to ensure the benefit you receive remains realistic despite the effect of inflation. You should bear in mind that any Early Retirement Pension you receive may change each year in line with changes in salary for working members.

6 What if I already have some form of Salary Protection?

If you already have a Salary Protection or Permanent Health Insurance policy, you should bear in mind that the cover provided by such a policy may 'overlap' with that provided by the SIPTU Scheme, i.e. it will be taken into account when calculating how much benefit should be paid under the Scheme to ensure you receive a benefit of not greater than 75% of salary. You should therefore contact your local Cornmarket consultant for advice before joining the SIPTU Scheme.

7 Will I receive money back if I never claim under the SIPTU Scheme?

No. As with health or car insurance, your contributions go to meet the cost of cover for you and your colleagues. This keeps the cost of membership to a minimum and means that there is no cash value paid out to those who never make a claim under the SIPTU Scheme.

8 What are the maximum benefits paid under the Salary Protection Scheme for SIPTU Nurses & Midwives?

75% of your salary as paid by your employer less:

(a) any amount of salary, earning, profit, reward, or remuneration which you are in receipt of from your normal occupation or any other occupation or business
and
(b) the ill-health Early Retirement Pension entitlement calculated on the normal basis as set down by your employer, irrespective of whether you are receiving this amount* or not
and
(c) an amount equal to the State Illness Benefit payable to a single person, if entitled
and
(d) any benefit you are receiving under the Social Welfare Act other than sickness, disability or treatment benefits payable to you under the Social Welfare Acts
and
(e) any benefit you are entitled to under any other insurance against accident or sickness or other similar arrangement (where appropriate such an amount will be annualised) except benefits paid under a lump sum Critical/Serious Illness policy (see page 17, Q3: *What if I take out a 'Lump Sum Critical/ Serious Illness' policy?* for details)
and
(f) any annualised amount awarded by an arbitration tribunal or court of law or agreed settlement sum or ex-gratia payment attributable to loss of earnings arising out of any action relating to your disablement
or
The maximum Salary Protection Benefit – currently €150,000 p.a.
and
(g) any temporary rehabilitation rate of pay payable.

* However, in some cases the insurer may agree to pay a full 75% of salary without deductions for Early Retirement Pension if they think there is a reasonable expectation of you returning to work. This is for a maximum of 2 years (see page 22, Q4: *What happens if I do not want to retire?* for details).

Taxation

1 Do I have to pay tax on benefits from the SIPTU Scheme?

Disability Benefit paid by the SIPTU Scheme will be treated as normal income and, as such, is liable to income tax and the Universal Social Charge (USC). New Ireland will deduct any tax due from the payment made to the member in the same way as an employer deducts PAYE, PRSI and the USC from an employee.

Specified Illness Benefit is paid free of tax under current regulations.

Death Benefit is paid free of tax to your estate. Thereafter, beneficiaries of your estate will be subject to whatever taxes apply at the time of the inheritance.

2 How do I claim tax relief on my contributions?

If you are making your contributions through salary
Tax relief is provided automatically.

If you are making your contributions through direct debit
Once you have been accepted for membership of the SIPTU Scheme, Cornmarket will forward you a letter confirming your membership. With this letter you will receive a premium statement for Revenue purposes. This should be forwarded to your local Revenue office in order for them to grant you tax relief on your premium contributions to the SIPTU Scheme.

Simply forward these details to your tax inspector. Tax relief by way of a tax credit is usually granted within a few weeks of receipt of this information.

If you notify Cornmarket of any change in your salary, we will amend your contributions and forward you up-to-date details of the contributions you are making. You should in turn send this on to your tax inspector who will amend your tax relief accordingly. Please bear in mind that while tax relief is available on that part of your contribution relating to Disability Benefit (currently 2.06% of salary) it is not available on that part of your contribution relating to Death Benefit (currently 0.25% of salary), Spouses'/ Civil partners' Death Benefit/Single Members' Specified Illness Benefit (currently 0.14% of salary), and Medical Immunity Benefit (currently 0.05% of salary).

Claiming from the SIPTU Nurses & Midwives Scheme

1 How do I claim from the Scheme?

Cornmarket's role is to help guide members through the claims process and ensure that all legitimate claims are paid promptly by New Ireland, the insurers of the Scheme. Cornmarket has considerable experience in this area and on behalf of claimants works closely with New Ireland to ensure that all legitimate claims are paid.

Cornmarket is not automatically notified of your absence from work through illness. This means as soon as you become aware that, due to illness or injury, your salary is likely to reduce to half pay or cease altogether, please let us know. Ideally, we should be informed about 8-9 weeks in advance to enable New Ireland to assess your claim and gather the relevant medical and employer information.

As we understand that this may not always be possible, New Ireland may not be able to pay your benefit at the time your salary reduces or ceases. In such cases the benefit will be backdated where the claim is subsequently admitted.

You can contact us by calling the Claims Team on (01) 408 4018.
Write to us at:
SPS Claims Department,
Cornmarket Group Financial Services Ltd.,
Christchurch Square, Dublin 8.
Or email: spsclaims@cornmarket.ie.

IMPORTANT

Short-term claims: As a result of recent changes to Public Sector sick pay arrangements there is a likelihood of an increase in short-term claims. With some short-term claims, the medical evidence required may not be as detailed as that required for a long-term claim.

Late Notification of Claims: It is not often possible to retrospectively assess the validity of a claim in cases where a significant period of time (approx. 3 months) has elapsed since your salary reduced or ceased. For this reason, it is vital that you register your claim promptly in line with the guidelines given (8-9 weeks before your salary reduces to half pay or ceases altogether). In the case of late notification of a claim, cases will be assessed on individual merit and the insurer reserves the right to decline to assess the claim.

You should note the following:

- All evidence reasonably required by New Ireland must be provided by the member
- You may be required to undergo medical examinations (at New Ireland's expense) or an assessment by an independent medical examiner
- Admittance of a claim is subject to New Ireland being satisfied, based on medical evidence received, that you are totally disabled from following your normal occupation and you are not involved in another remunerative occupation (please see page 22, Q2, for a definition of 'Disablement')
- You may also be asked to undergo medical rehabilitation with a view to being rehabilitated back to your normal occupation.

New Ireland may also arrange for one of its Health Claims Assessors to call to you at your home address, either before any decision is made to admit the claim, or while the claim is in payment. The purpose of the home visit service is to explain the claims process, offer advice on social welfare and re-training if applicable, as well as outlining the various rehabilitation clauses contained in the policy.

It must be emphasised that information required (including your claim form) by New Ireland as outlined above must be dealt with fully and promptly. **Undue delay, or failure to produce such information, may invalidate your claim.**

In the event of you failing to follow the advice of your own or any qualified medical practitioner, all benefits payable or being paid under the policy may cease.

Cornmarket/New Ireland should be notified of any claim under this policy no later than 8 - 9 weeks before the end of the deferred period.

See pages 20 & 21 for a step-by-step guide to claiming from the SIPTU Nurses & Midwives Salary Protection Scheme.

Claiming from the Scheme – a step-by-step guide to making a claim

Cornmarket's role is to help guide members through the claims process. We have considerable experience in this area and, on behalf of claimants, work closely with the relevant insurance companies to ensure that all legitimate claims are promptly paid. We are here to talk you through the process and to explain any additional documentation that you may be required to provide.

1 Contact Cornmarket

Cornmarket is not notified automatically by your employer of your absence from work through illness. It can take a number of weeks to process your claim as various pieces of information must be gathered together for New Ireland about your health, salary, etc. This means it is essential that you contact us at least 8-9 weeks in advance of the date your salary is due to reduce to half pay or is stopped altogether to enable New Ireland to assess your claim and gather the relevant medical and employer information (see page 5: *What happens to your income if you fall ill under the new sick leave arrangements?* for details).

IMPORTANT – Late Notification of claim

It is often not possible to retrospectively assess the validity of a claim in cases where a significant period of time has elapsed. For this reason, it is vital that you register your claim promptly in line with the guidelines given 8-9 weeks before your sick pay ceases. In the case of late notification of a claim, cases will be assessed on individual merit and the insurer reserves the right to decline to assess a claim.

2 Your claims pack

Once you contact us we will send you a 'claim pack' containing 4 forms:

FORM 1: Disability Claim Form
This is the first piece of documentation you'll need to return to us. You should return this to us even before you have gathered together the other documentation. If you need any help in completing this form, simply contact our experienced staff on (01) 408 4018.

FORM 2: Medical Certificate
This is the second piece of documentation required and should be filled in by the doctor or specialist treating you. As much information as possible should be disclosed on this certificate to help avoid the need for further enquiry.

FORM 3: Checklist Letter
A letter containing a list of the documents (listed below) you will need to provide in order for your claim to be processed.

Documents you will need to provide:

- A copy of your birth certificate
- If you are female and married, a copy of your marriage certificate (this confirms the link between your present surname and that on your birth certificate)
- Copy of one month's salary slips required prior to disablement
- Certified photo ID
- Confirmation of your State Illness Benefit (if applicable)
- Utility bill and passport/driving licence (requirement for Anti Money Laundering (AML) documentation).

FORM 4: Employer Authorisation Form
This authorises us to contact your employer to request the documentation listed below.

Documents we will get from your employer on your behalf:

- Confirmation of your salary
- Confirmation of the date your salary ceased, or confirmation of the date half pay commenced and confirmation if you have been awarded extended, paid sick leave under the Critical Illness Protocol
- Breakdown of your sick leave dates over the last 4 years
- Detailed description of your job
- Detailed description of your Early Retirement Pension/Temporary Rehabilitation Remuneration (if applicable).

3 Processing your claim

Once we receive your completed Claim Form and Medical Certificate we will send them to New Ireland so that an assessment of your claim may begin immediately. Thereafter we will send on any documentation as we receive it and we will liaise between you and New Ireland throughout the claim process.

4 Medical examination

Medical evidence will be assessed by New Ireland. In a lot of cases New Ireland will request that you attend an independent medical examination (at New Ireland's expense) to confirm you are indeed totally unable to carry out your normal job because of your disability (expenses need to be agreed in advance with New Ireland). Your medical examination may be arranged with a doctor locally. However in some cases you may need to travel to attend for your medical examination (only reasonable travel expenses will be covered).

5 Additional medical evidence

In all cases New Ireland may require additional medical evidence from doctors and/or specialists who have attended to you. You may possibly be requested to attend a further medical examination (again at New Ireland's expense).

Please note: During the assessment of your claim we will keep you up-to-date on medical reports and documentation received.

6 Decision on your claim

Once all the medical evidence and documentation has been received, New Ireland will make a decision on your claim. Should your claim be successful we will write to you confirming the amount of benefit payable. New Ireland will then arrange to pay your benefit directly to your bank account. If you do not have a bank account your benefit will be paid by cheque. If your salary has been reduced to half pay or stopped altogether by the time your claim is approved, your benefit will be backdated to the date your salary was reduced/ceased.

Please note: If your claim is unsuccessful and you are unhappy with the outcome, a series of appeals procedures are available.

You will find details of these on page 24, Q13: *What happens if my claim is rejected?* We will of course be happy to help you with any appeal you wish to make.

Payment of Claim

Once a claim is being paid, payment of the benefit is made by New Ireland monthly in arrears. Benefit payments are subject to income tax. You can request the Revenue Commissioners to issue a certificate of tax credits to New Ireland (as the 'employer') in relation to your claim payment. This will enable New Ireland to apply the correct tax rate for future payments. However, the first payment may have emergency tax rates applied (any overpayment of tax may be subsequently claimed back by you).

7 Your benefit

Your benefit will continue to be paid for as long as you remain unfit to carry out your normal job because of disability from illness or injury. Benefit payments will stop when:

- You recover, i.e. when New Ireland decides (based on the medical evidence), that you are no longer prevented from carrying out your normal occupation due to disability arising from illness or injury ***or***
- You return to work ***or***
- You die ***or***
- Your 60th birthday.

whichever is the earliest.

In certain cases, benefit may be paid where you return to work at a reduced level of earnings due to partial disability.

From time to time New Ireland will require medical evidence confirming that you remain unfit to work.

Important note: Death Benefit and Spouses' Death Benefit or Single Members' Specified Illness cover ends on your 65th birthday.

These steps are designed to help you through the claims process and ensure any benefit you are entitled to is paid out in a timely fashion. If you have any questions please do not hesitate to contact us on (01) 408 4018.

2 How disabled do I have to be to qualify for benefit under the Scheme?

To qualify for benefit under the Scheme, New Ireland must be satisfied that you are totally unable to carry out your duties under your normal occupation as a nurse or midwife by reason of disablement due to illness or injury arising from bodily injury sustained or illness contracted, and that you are not engaged in any other occupation for profit or reward or remuneration.

Disablement is defined as for the purpose of this Scheme:

(i) Total disablement shall be deemed to exist where (a) the Insured Person is unable to carry out the duties pertaining to his/her normal occupation by reason of disablement arising from bodily injury sustained or sickness or illness contracted and (b) the Insured Person is not engaging on a full-time or part-time basis in any other occupation (whether or not for profit or reward or remuneration, including benefit in kind)

and

(ii) Partial disablement shall be deemed to exist where (a) following a period of total disablement as in Sub-Provision (i) above, which period is to be decided by the Company, an Insured Person is unable to carry out the duties pertaining to his/her normal occupation by reason of disablement arising from bodily injury sustained or sickness or illness contracted and (b) the Insured Person with the written consent of the Company re-engages in his/her normal occupation with loss of earnings as a result or engages in some other occupation on a full-time or part-time basis (whether or not for profit or reward or remuneration, including benefit in kind).

3 Who decides whether or not I'm fit to work?

New Ireland will decide whether you are fit to work based on an assessment of all medical information. To qualify for benefit under the Scheme, New Ireland must be satisfied that you are totally unable to carry out the duties pertaining to your normal occupation because of illness or injury and that you are not following any other occupation. In certain cases benefit may be paid where you return to work to take up another occupation, but at a reduced level of earnings due to partial disability (see page 25, Q2: *What happens if I return to work but at a reduced salary or take up a different, less well paid job?* for details).

While you are being paid benefit under the Scheme, New Ireland will seek regular medical updates from your doctor(s). This is because you must continue to be disabled and unable to work in order to be entitled to continue to claim under the SIPTU Scheme. New Ireland may also require an independent medical examination or specific information from your doctors. These medical examinations will be at New Ireland's expense. You may also be visited by an New Ireland Health Claims Advisor or Claims Assessor from time to time.

In the event of you failing to follow medical advice during the course of benefit payments New Ireland reserves the right to cease paying benefits.

Claims in payment for 10 years will not be subject to ongoing medical assessments. However, New Ireland will continue to manage the claim and will review all cases periodically. New Ireland also adopts an approach that continually encourages rehabilitation and may assist, where appropriate, those claimants whose circumstances change in retraining and return to work programmes.

Please note that the fact you have been granted early retirement on the grounds of ill health under the rules of the Superannuation Scheme does not mean that you will automatically be entitled to a benefit under the Scheme. This is because New Ireland reserves the right to undertake its own medical examinations and its own determination as to whether you are disabled under the terms of the Scheme.

4 What happens if I do not want to retire?

If you have exhausted your sick pay entitlement and you decide not to apply for Early Retirement Pension (perhaps because you intend to return to work) and New Ireland agrees that there is a reasonable expectation of returning to work, then New Ireland may pay a benefit of 75% of salary less any State Illness Benefit/ Temporary Rehabilitation Remuneration for a maximum of 2 years. This means no deduction will be made from the benefit paid under the Scheme for an amount equivalent to Early Retirement Pension, as no Early Retirement Pension is being claimed. If a member retires subsequently and an Early Retirement Pension is paid, the additional amount that was paid under the Scheme since the effective date of early retirement must naturally be repaid to the insurer.

5 Are there any exclusions under the Scheme?

There are no exclusions under the Disability Benefit, Death Benefit and the Spouses'/Civil Partners' Death Benefit of the Scheme.

Exclusions applying to the Accidental Death Benefit
Where death is caused directly or indirectly by:

- Suicide, attempted suicide or intentional self inflicted injury
- Death linked to being under the influence of or being affected (temporarily or otherwise) by alcohol or drugs
- Engaging in any hazardous activity or sports including but not limited to the following: scuba diving, motor sports, aviation, hang gliding, water sports, horse racing, parachuting, mountaineering, rock climbing, caving or winter/ice sports
- Flying, except as a fare paying passenger
- Taking part in any riot, civil commotion, uprising or war (whether declared or not) or any related act or incident
- Directly or indirectly by taking part in a criminal act
- Failure to follow reasonable medical advice or failure to follow medically recommended therapies, treatment or surgery.

Please bear in mind that in some cases individual members may be accepted into the Scheme subject to exclusions in respect of specific illnesses. Once an exclusion is applied, sick leave due to the excluded condition cannot be included in relation to any aspect of a claim.

6 Are claims arising from back trouble or mental illness covered?

Yes, back/spinal problems and mental illnesses are covered provided such problems/illnesses have not been specifically excluded when joining the Scheme.

7 Are claims ever turned down by the Insurer?

The great majority of claims, typically over 90%, are paid. However, experience has shown that when difficulties do arise, they usually arise because:

1 Medical opinion is that the member is not disabled from carrying out his or her normal occupation. Dependent upon the medical condition at issue, specialist opinion may be required. If ultimately in New Ireland's view, the medical opinion is that you are not disabled as defined under the SIPTU Scheme, benefit will not be paid regardless of whether you have been retired on grounds of ill health by your employer. In the event of a dispute you may appeal to the insurer by providing additional objective specialist medical evidence. Should your internal appeal be unsuccessful you have the right to appeal by way of the Financial Services Ombudsman (see page 24, Q13: *What happens if my claim is rejected?* for details).

2 When joining, the member did not disclose his or her full medical history. In such cases New Ireland reserves the right not to pay a claim. It is very important that when applying to join the SIPTU Scheme you ensure that you make a full disclosure in relation to any questions asked on the application form and during any teleinterview and medical examination you may undergo. If you don't, any claim you make may be turned down and cover under the Scheme may be cancelled and premiums will not be refunded.

3 Late Notification. In the case of late notification of a claim (see page 19 for details), cases will be assessed on individual merit and the insurer reserves the right to decline to assess a claim. In the event of a dispute, you may appeal to the insurer by providing additional objective specialist medical evidence. Should your appeal be unsuccessful, you have the right to appeal to the Financial Services Ombudsman (see page 24, Q13: *What happens if my claim is rejected?* for more information).

8 What happens if I have sick leave used prior to my acceptance into the Scheme?

Naturally, you cannot be covered for a period of sick leave that occurred while you were not a member of the Scheme. Sick leave used prior to your acceptance into the SIPTU Scheme cannot be taken into account in the calculation of the expiry of the deferred period (i.e. the waiting period before the benefit becomes payable) Typically the deferred period for full benefit is 26 weeks sick leave in a four year period. Any sick leave used prior to the acceptance date cannot be counted.

9 When does benefit payment under the Scheme begin?

Once New Ireland has accepted your claim and you have completed the relevant deferred period, benefit payment will commence.

Please remember that it can take a number of weeks to process your claim. As soon as you become aware that, due to illness or injury, your salary is likely to reduce to half pay or cease altogether, please let us know. Therefore, it is vital that you contact Cornmarket **about 8-9 weeks** in advance of your salary reducing to half pay or ceasing altogether to enable New Ireland to assess your claim and gather the relevant medical and employer information. As we understand that this may not always be possible, New Ireland may not be able to pay your benefit at the time that your salary reduces or ceases. In such cases the benefit will be backdated where the claim is subsequently admitted.

New Ireland will arrange to pay your benefit directly to your bank account. If you do not have a bank account your benefit will be paid by cheque.

10 For how long will I be paid benefit under the Scheme?

The Scheme will continue to pay benefit for as long as you are totally unable, due to disability from illness or injury, to carry out your normal occupation and you are not following any other occupation. Disability Benefit payments will stop when either:

- You recover, i.e. when it has been determined by New Ireland, based on medical evidence, that you are no longer prevented from carrying out your normal occupation ***or***
- you return to work ***or***
- you die ***or***
- you reach your 60th birthday

whichever is earliest.

In certain cases benefits may be paid where the member returns to work but at a reduced level of earnings due to partial disability (see page 25, Q2: *What happens if I return to work but at a reduced salary or take up a different less well paid job?*).

Notice period if claim is ended: In the case of claimants who have been in receipt of benefit for at least one year, where medical evidence indicates you are fit to return to work, New Ireland will give 3 months' notice before ending the payment of benefit. This only applies to those cases where a claim has been in continuous payment for 12 months or more.

11 What benefits do members on temporary contracts get?

A claim in respect of a member on a temporary contract is treated in the normal manner as outlined in questions 9 and 10 on the previous page. If a member is disabled and their contract expires before the expiry date of the deferred period (13 weeks in a rolling 4 year period), their claim will be considered subject to the usual medical evidence requirement. For example, if a member suffers an illness with 3 months remaining on their contract and remains disabled to the end of the deferred period, their claim will be considered in the normal manner.

12 Do I have to pay my contributions if I am claiming from the Scheme?

No. While you are claiming Disability Benefit from the SIPTU Scheme no contributions are deducted in respect of the Salary Protection Scheme. The Death Benefit, Spouses'/Civil Partners' Death Benefit, Single Members' Specified Illness Benefit and Medical Immunity Benefit are maintained free of charge.

13 What happens if my claim is rejected?

Should a member of the Scheme wish to appeal a claims decision, they may make a Direct Appeal to New Ireland. In the event that a Direct Appeal is not successful and the claimant is not satisfied with the outcome, an appeal may be submitted to the Financial Services Ombudsman.

1. Direct Appeal

This involves individual claimants making an appeal in which they should include any additional evidence to support their claim. Any such evidence is submitted for consideration by New Ireland. As part of the appeal process, New Ireland may require medical evidence such as an Independent medical examination, tests, at their expense. If the evidence is accepted, the claim is paid.

2. Appeal to the Financial Services Ombudsman

(service is free of charge)

In the event that a Direct Appeal is not successful and the claimant is dissatisfied with the outcome, an appeal may be submitted to the Financial Services Ombudsman. This process involves obtaining from New Ireland a "final response letter" and submitting this letter to the Financial Services Ombudsman with a request for a complaint form. When the complaint form is issued, Cornmarket will assist the claimant in completing the form and returning it, together with any relevant documentation, to the Financial Services Ombudsman.

The Financial Services Ombudsman is a statutory officer who deals independently with complaints from consumers about their unresolved dealings with all regulated financial services providers. Essentially, the Ombudsman acts as the arbiter of unresolved disputes and, very importantly, is impartial. This is done by engaging in dialogue with the claimant and the relevant financial service provider to try to resolve the complaint quickly and efficiently.

Findings

In some cases it may be possible to reach a settlement to the satisfaction of both parties. If this is not possible, the Ombudsman will adjudicate upon the matter. The findings of the Financial Services Ombudsman on a point of law are legally binding on both parties, subject only to appeal by either party to the High Court. If the Ombudsman finds in favour of the claimant, he can and will award compensation and/or direct rectification where it is deemed appropriate. If the Financial Services Ombudsman finds against the claimant, the claimant may appeal the decision to the High Court if he or she wishes, within 21 calendar days from the date of the Financial Services Ombudsman's findings.

Returning to work after making a claim

1 What happens if I return to work only to find that I become ill again within a few months?

If you return to work after a period claiming benefit through the Scheme only to find that you fall ill again within 13 weeks and as a result find you have to stop working, your claim will be considered immediately by New Ireland i.e. you will not have to wait the usual period before your benefit is paid. Naturally this is subject to New Ireland being satisfied that you are totally unable to carry out your duties under your normal occupation because of illness or injury and that you are not following any other occupation.

2 What happens if I return to work but at a reduced salary or take up a different, less well paid job?

If you are unfit to return to the full duties of your normal job as a result of your ill health but you return to partial/alternative duties at reduced pay or to a different job with reduced earnings as a result of disability, New Ireland will continue to pay you a benefit but at a proportionately reduced amount. This will be subject to medical evidence, satisfactory to New Ireland, supporting the view that you are only partially fit for work.

Death Benefit

1 What Benefit is paid on death?

A Death Benefit of twice your annual salary is included automatically in the Scheme. Some members may have availed of an option to increase their Death Benefit to a maximum of three times their salary. This amount will be paid free of taxes to your estate should you die. Bear in mind that the estate of a deceased member must be processed through the Probate office. This can result in delays to the payment of Death Benefit to the beneficiaries (anywhere between 3 months to a year or more). This benefit ceases on your 65th birthday, or when you retire (other than on grounds of ill health) or leave the Scheme, if earlier.

However, all members of the SIPTU Nurses & Midwives' Scheme have an automatic option to join Cornmarket's Retired Members' Life Cover Plan (see page 26, Q3: *Can my Death Benefit remain in force after I retire?* for details).

Accidental Death Benefit

In the event of accidental death, a benefit of €15,000 is payable in addition to the normal Death Benefit of twice annual salary. Accidental death is defined as 'death resulting from an injury caused by accidental, violent, external and visible means and is in no way linked to sickness, disease or physical disorder of the Life Insured.'

An Accidental Death does not include any of the following causes:

- Suicide, attempted suicide or intentional self inflicted injury
- Death linked to being under the influence of or being affected (temporarily or otherwise) by alcohol or drugs
- Engaging in any hazardous activity or sports including but not limited to the following: scuba diving, motor sports, aviation, hang gliding, water sports, horse racing, parachuting, mountaineering, rock climbing, caving or winter/ice sports
- Flying, except as a fare paying passenger
- Taking part in any riot, civil commotion, uprising or war (whether declared or not) or any related act or incident
- Directly or indirectly by taking part in a criminal act
- Failure to follow reasonable medical advice or failed to follow medically recommended therapies, treatment or surgery.

Children's Death Benefit

A death benefit of €4,000 will be payable to the member in the event of the death of a member's child. Children's Death Benefit applies to all the natural or legally adopted children of the member who are aged between zero months and 18 years at the date the benefit is payable and between 18 - 21 years who are in full time education. Unless a child has been legally adopted, the name of the member must appear as a parent on the child's birth certificate.

No claim for Children's Death Benefit is payable if the claim is, in the opinion of the Company's Chief Medical Officer, due to any congenital illness and/or medical condition which existed whether or not symptoms were present:

- Before the Commencement Date of Cover
- Before the date the child was legally adopted
- Before the child was born.

Terminal Illness Benefit

New Ireland will make an advance payment of 25% of the Death Benefit sum assured on diagnosis of terminal illness with death expected within 12 months.

Terminal Illness means an advanced or rapidly progressing incurable illness, where in the opinion of an attending medical consultant of a major hospital in Ireland or the United Kingdom and New Ireland's Chief Medical Officer, a member's life expectancy is no greater than 12 months. The balance of the Death Benefit will be paid on death.

The terminal illness benefit will not apply to members over the age of 62.

2 Can my Death Benefit remain in force if I claim under the Disability Benefit?

If you are claiming Disability Benefit under the SIPTU Nurses & Midwives' Scheme, your Death Benefit will remain in force (as will the Spouses'/Civil Partners' Death Benefit or Single Members' Specified Illness Benefit and Medical Immunity Benefit). No deduction will be made in respect of the Death Benefit and Spouses'/Civil Partners Death Benefit or Single Members' Serious Illness, or Medical Immunity Benefit elements while you are claiming from the Scheme although you will continue to enjoy the security the benefit provides.

Your Death Benefit and Spouses'/Civil Partners' Death Benefit or Single Members' Specified Illness Benefit will continue after your claim has ceased at age 60 up to age 65, free of charge. Your Death Benefit and Spouses'/Civil Partners' Death Benefit or Single Members' Specified Illness Benefit will be based on the salary you were earning at the time you became disabled. At age 65 you may join Cornmarket's Retired Members' Life Cover Scheme without medical underwriting (underwritten by Irish Life).

In cases where a member who has been claiming Disability Benefit under the Scheme returns to work before age 65, the Death Benefit and Spouses'/Civil Partners' Death Benefit or Single Members' Specified Illness Benefit element, which was based on a pre-disability salary while that member was disabled, will, from the time the member returns to work, be based on his/her current salary and deductions will re-commence.

3 Can my Death Benefit remain in force after I retire?

If you retire, your Death Benefit ceases. All retired and retiring members of the SIPTU Nurses & Midwives' Salary Protection Scheme are eligible to apply to join Cornmarket's Retired Members' Life Cover Plan, underwritten by Irish Life, **within 4 months** of their retirement without having to undergo medical underwriting. This is provided you are a member of the Salary Protection Scheme at the time of your retirement and apply to join the Plan either during **the 4 month period before** your retirement or up until **the 4 month period after** your retirement. The Plan provides for the payment of a tax-free lump sum in the event of death after you retire under current Revenue practice (July 2015). The benefit payable is set out in the table below. Cover and premiums cease at age 85.

AGE AT DATE OF DEATH	LEVEL OF DEATH BENEFIT
50 - 59	150% x salary*
60 - 64	100% x salary
65 - 69	75% x salary
70 to 74	50% x salary
75 to 84	20% x salary

* Salary is defined as Full-time Equivalent Pensionable Salary and is determined at the date of retirement.

The cost of this Plan is 0.5% of the Full-Time Equivalent Pensionable Salary.

EXAMPLE OF SALARY**

Ann retires at age 61 on a pensionable salary of €60,000.
The levels of cover and premiums payable under the Retired Members' Life Cover Plan are:

Cover	€60,000
Contribution	0.5% x €60,000 = €25 per month

****Please note:** This example is for illustrative purposes. The actual level of benefit paid will depend on the age of the member at death.

For more information, please contact Cornmarket on (01) 408 4195.

Underwritten by Irish Life Assurance plc.
Irish Life Assurance plc is regulated by the Central Bank of Ireland.

4 What is the Spouse's/Civil Partner's Death Benefit?

In the event of the death of your Spouse/Civil Partner, a lump sum of one times your salary will be paid to you. This provides valuable additional funds for you should your Spouse/Civil Partner die.

Definition of Spouse/Civil Partner

In respect of a Life Insured, the person to whom you were legally married or civil partner to at their date of death as defined in Section 3 of the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010.

5 Payment of Death Benefit

As Administrators of the Scheme, Cornmarket's role is to help guide members' families through the claims procedure. Once notified of a member's death, Cornmarket will send a letter to the next of kin/legal personal representative explaining the documentation that the underwriters require in order to process the Death Benefit claim, including:

- Original or certified Death Certificate
- Confirmation of final annual salary
- Original or certified Birth Certificate
- Certified copy of the Will and Grant of Probate (or if there is no Will the underwriters will require Letters of Administration)
- Proof of ID and address for beneficiaries (requirement for Anti Money Laundering documentation).

Bear in mind that the estate of a deceased member must be processed through the Probate office (the next of kin or solicitor can deal directly with the probate service). This can result in delays to the payment of Death Benefit to the beneficiaries (anywhere between 3 months to a year or more).

Once New Ireland receives all the documents and information it requires, payment of the Death Benefit claim is usually made within 10 days, subject to admission of claim.

Single Members' Specified Illness Benefit

1 What is the Single Members' Specified Illness Benefit?

The main purpose of the Salary Protection Scheme is to provide you and your family with financial support in the event that you fall ill and find yourself unable to work. Of course, should you suffer a serious illness, regardless of whether or not this illness keeps you out of work sufficiently long to involve a loss of salary, the reality is that you may face significant extra expenses. The Scheme recognises this fact by providing an additional benefit in the form of a cash lump sum of 25% of your annual salary in the event that you are single and suffer a serious Illness (see table on page 29). The lump sum this benefit provides can be vital, as extra cash is often needed to pay medical bills, travel to and from hospital, make up for lost overtime, and pay for extra childcare etc.

Important note: A claim under the Single Members' Specified Illness Benefit will only be paid out once to any one member.

Definition of Single member
A member who is not married or in a Civil Partnership.

2 What is the Partial Payment under the Single Members' Specified Illness Benefit?

New Ireland has identified a further 10 less severe but still life-altering conditions that it will make an additional separate Partial Payment on (see listing on page 29). The benefit you would receive should you suffer a Specified Illness covered under the partial payment section is the lesser of 25% of salary and €10,000. The Partial Payment is totally separate from the main Single Members' Specified Illness Cover Benefit. That means it does not affect the amount you could receive if you need to make a specified illness claim for one of the 36 illnesses we cover on a full payment basis at a later date. However, if you make a claim for specified illness cover on a full payment basis for a related condition that happens within 30 days of the specified illness condition for partial payment; New Ireland will only make one payout for the full specified illness cover amount.

Important note: There is only 1 partial payment payable per member. Other terms and conditions apply.

3 Is there a 'survival period'?

Yes. If you suffer a Specified Illness and wish to claim, you must survive for a minimum period after the date on which the illness was diagnosed or surgery took place, before any payment can be made. In the event of death within this period no Specified Illness Benefit is payable although, of course, the normal Death Benefit (typically 2 x annual salary) under the Scheme will be paid. The relevant periods are:

- 14 days for heart attack, coronary artery surgery, angioplasty (two or more arteries), cancer, coma, emphysema (chronic), stroke, kidney failure, heart valve surgery, aorta graft surgery, major organ transplant, benign brain tumour, multiple sclerosis, motor neurone disease, severe burns, CJD, HIV/AIDS from needlestick injury, HIV/AIDS from physical assault, HIV/AIDS from blood transfusion, paralysis of two or more limbs and severance of two or more limbs
- Six months for Parkinson's disease, Alzheimer's disease, and loss of sight
- Twelve months for loss of hearing and loss of speech.

Important note for all members: If prior to joining the Scheme you have suffered from one of the 'Specified Illnesses', you will never be covered for that illness.

Commencement Date of Cover

SPECIFIED ILLNESS COVER WAS INTRODUCED ON 1ST JUNE 2007

The following 12 Specified Illnesses outlined in Appendix 1 were introduced on 01/06/2013: Aplastic Anaemia, Bacterial Meningitis, Balloon Valvuloplasty, Benign Spinal Cord Tumour, Cardiomyopathy, Dementia, Encephalitis, Liver Failure, Primary Pulmonary Hypertension, Progressive Supra-Nuclear Palsy, Pulmonary Artery Graft Surgery and Systemic Lupus Erythematous.

The Partial Payment Specified Illnesses as outlined in Appendix 2 were introduced on 01/06/2013.

For Members who joined the Scheme on or after the 1st June 2013

The Commencement Date of Cover, Related Specified Illnesses and Pre-Existing Condition restrictions that apply in respect of the Specified Illnesses and Partial Payment Specified Illnesses outlined in Appendix 1 and Appendix 2, are from the date you join the Scheme.

For Members who joined the Scheme before the 1st June 2013, the following apply:

Members do not have to provide any medical information in order to take out this cover. However, cover will not be provided for pre-existing conditions. The rules on this cover are as follows:

- The Commencement Date of Cover, Related Specified Illnesses and Pre-Existing Condition restrictions that apply in respect of the Specified Illnesses outlined in Appendix 1 (other than the 12 Specified Illnesses listed above, introduced from 01/06/2013), are from the date you join the Scheme.
- The Commencement Date of Cover, Related Specified Illnesses and Pre-Existing Condition restrictions that apply in respect of the 12 Specified Illnesses listed above are from the 01/06/2013.
- The Commencement Date of Cover, Related Specified Illnesses and Pre-Existing Condition restrictions that apply in respect of the Partial Payment Specified Illnesses outlined in Appendix 2, are from the 01/06/2013.

4 What are Related Specified Illnesses and Pre-Existing Conditions?

Specified Illness benefit applies to all Single Members without providing any medical information. However due to this concession, restrictions apply in relation to Related Specified Illnesses and Pre-Existing Conditions as outlined in the next page.

Related Specified Illnesses

Where you have previously suffered, at any time prior to the Commencement Date of Cover from one of the Specified Illnesses or Partial Payment Specified Illnesses covered you will never be covered for that illness and cannot therefore claim for that illness.

The Related Specified Illnesses set out in Appendix 1 and 2 are examples of Related Specified Illnesses from which, in the opinion of the Company's Chief Medical Officer, can result directly or indirectly from another Specified Illness. They do not limit the range of Related Specified Illnesses from which the Company's Chief Medical Officer can decide a Specified Illness or Partial Payment Specified Illness has resulted from.

For example, if you underwent Coronary Artery By-pass Graft surgery in 2008 and you joined the Scheme in 2009, you will never be covered for and cannot claim in respect of Heart Attack, Stroke, Coronary Artery By-pass Grafts, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Cardiomyopathy and Carotid Artery Stenosis. You are covered for the remaining Specified Illnesses.

Examples of Related Specified Illnesses are:

- Carcinoma in Situ-Oesophagus and Cancer of the Oesophagus,
- Carotid Artery Stenosis treated by Angioplasty and Heart Attack
- Angioplasty for Coronary Artery Disease and Heart Attack
- Cerebral Arteriovenous Malformation treated by Craniotomy and Stroke
- Ductal Carcinoma in Situ-Breast and Cancer of the Breast
- Low Level Prostate Cancer and > or =T2 Cancer of the Prostate.

The Specified Illness Benefit is payable only once per Member under the Scheme. Once the Specified Illness Benefit is paid, the Partial Payment Specified Illness Benefit ceases immediately for that Member.

The Partial Payment Specified Illness Benefit is payable only once per Member under the Scheme.

Pre-Existing Conditions

If one of the Specified Illnesses or Partial Payment Specified Illnesses covered occurs within two years of the Commencement Date of Cover, and prior to the Commencement Date of Cover you suffered from a related Pre-existing Condition (see Appendix 1 and 2), cover for that Specified Illness or Partial Payment Specified Illness shall cease and no benefit shall be payable.

For example, a claim would not be paid and cover for heart attack will cease in the event of a heart attack occurring in the first two years of cover, if prior to the Commencement Date of Cover you had suffered from diabetes. Being a diabetic before the Commencement Date of Cover means that if you suffer a Heart Attack, Stroke, Coronary Artery By-pass Grafts, Angioplasty for Coronary Artery Disease, Blindness, Coma, Kidney Failure, Major Organ Transplant, Loss of one Limb, Carotid Artery Stenosis or Loss of Hands or Feet in the first two years of cover, a claim will not be paid and cover for that Specified Illness or Partial Payment Specified Illness will cease.

It should be noted that this limitation only arises if the event occurs within the first 2 years of cover. Thus a diabetic who first suffers a heart attack three years after the Commencement Date of Cover will be eligible to claim.

The Pre-Existing Conditions set out in Appendix 1 and 2 are examples of Pre-Existing Conditions from which the relevant Specified Illness or Partial Payment Specified Illness is regarded as resulting and do not limit the range of Pre-Existing Conditions from which the Company's Chief Medical Officer can decide a Specified Illness or Partial Payment Specified Illness has resulted from.

No Specified Illness Benefit will be payable in respect of Cancer where the condition is diagnosed within the first six months of the Commencement Date of Cover under the Scheme. In such circumstances cover in respect of Cancer ceases and no benefit shall be payable.

No Partial Payment Specified Illness Benefit will be payable in respect of Ductal Carcinoma in Situ-Breast, Carcinoma in Situ-Oesophagus or Low Level Prostate Cancer with a Gleason Score between 2 and 6 where any of these conditions are diagnosed within the first six months of the Commencement Date of Cover under the Scheme. In such circumstances cover in respect of Ductal Carcinoma in Situ-Breast, Carcinoma in Situ-Oesophagus or Low Level Prostate Cancer with a Gleason Score between 2 and 6 ceases and no benefit shall be payable.

Claims

All Specified Illnesses and Partial Payment Specified Illnesses require the definite diagnosis by a Consultant of a major Irish or United Kingdom Hospital, verified by our Company's Chief Medical Officer, of the first occurrence of any of the Specified Illnesses or Partial Payment Specified Illness as defined in Appendix 1 and 2, after the Commencement Date of Cover.

All claims should be notified to us as soon as possible after the event. Any claim must be received within 90 days of the event or the diagnosis giving rise to the claim except for the special procedures that apply to claims in relation to HIV Infection.

The Partial Payment Specified Illness Benefit is totally separate from your Specified Illness Benefit (see Appendix 1) except in the following circumstances:

If a Partial Payment Specified Illness Benefit is paid, you cannot claim under the Specified Illness Benefit for a related illness which occurs or is diagnosed within 30 days of the occurrence or diagnosis of the Partial Payment Specified Illness. If an admissible claim arises within 30 days for a related Specified Illness, the Specified Illness Benefit will be paid less the amount previously paid under the Partial Payment Specified Illness Benefit definition. Once 30 days has elapsed since the occurrence or diagnosis of the Partial Payment Specified Illness, any admissible claim for a related condition under the Specified Illness Benefit will be assessed and paid independently.

5 Is there any territorial restriction?

Yes, no Specified Illness Benefit or Partial Payment Specified Illness Benefit is payable if you have been a resident outside the countries that were members of the European Union on the 1st January 2013 or Australia, Canada, New Zealand, Norway, Switzerland or the USA for more than 13 weeks in any consecutive 12 month period prior to the date of claim.

6 What Specified Illnesses are covered?

The illnesses covered under the SINGLE MEMBERS' SPECIFIED ILLNESS BENEFIT are:

Alzheimer's Disease	Aorta Graft Surgery
❖ Aplastic Anaemia	❖ Bacterial Meningitis
❖ Balloon Valvuloplasty	Benign Brain Tumour
❖ Benign Spinal Cord Tumour	Blindness
Cancer	❖ Cardiomyopathy
Chronic Lung Disease	Coma
Coronary Artery By-Pass Graft	Creutzfeldt-Jakob Disease
Deafness	❖ Dementia
❖ Encephalitis	Heart Attack
Heart Structural Repair	Heart Valve Replacement or Repair
HIV Infection	Kidney Failure
❖ Liver Failure	Loss of Hands or Feet
Loss of Speech	Major Organ Transplant
Motor Neurone Disease	Multiple Sclerosis
Paralysis of 2 or more Limbs	Parkinson's Disease (Idiopathic)
❖ Primary Pulmonary Hypertension	❖ Progressive Supra-Nuclear Palsy
❖ Pulmonary Artery Graft Surgery	❖ Systemic Lupus Erythematosus
Stroke	Third Degree Burns covering 20% of the body's surface area
Traumatic Head Injury	

Please note: The Specified Illnesses marked ❖ above, were introduced at the 1st June 2013 review. The other Specified Illnesses were introduced from 1st April 2007. Only diagnoses that occur after these dates are eligible to claim Specified Illness Benefit for these illnesses. If, prior to joining the Scheme, you have suffered from one of the Specified Illnesses you will never be covered for that illness.

Angioplasty (2 or more arteries), previously covered as a Specified Illness, is now covered as a partial payment since 1st June 2013.

Terms & Conditions apply. Please refer to pages 31-43 for full details, paying particular attention to the policy definition of each illness and their pre-existing conditions exclusion clauses.

7 What Partial Payments are covered?

The illnesses covered under the SINGLE MEMBERS' SPECIFIED ILLNESS BENEFIT – PARTIAL PAYMENTS are:

Angioplasty for coronary artery disease – of specified severity
Brain abscess drained via craniotomy
Carcinoma in situ – oesophagus, treated by specific surgery
Carotid artery stenosis – treated by endarterectomy or angioplasty
Cerebral arteriovenous malformation – treated by craniotomy or endovascular repair
Ductal carcinoma in situ – breast, treated by surgery
Loss of one limb – permanent physical severance
Low level prostate cancer with Gleason score between 2 and 6 – and with specific treatment
Third degree burns – covering at least 5% of the body's surface area
Surgical removal of one eye

Please note: The qualifying Specified Illnesses – Partial Payments above were introduced at the 1st June 2013 review. If, prior to joining the Scheme, you have suffered from one of the Specified Illnesses you will never be covered for that illness.

Important note: Members can only ever benefit from 1 partial payment. Other terms and conditions apply. For full details, please refer to Appendix 2 on pages 41-43.

Other common questions

1 What happens if I cancel my membership?

Membership of the SIPTU Nurses & Midwives' Scheme may be cancelled at any time by notifying Cornmarket or New Ireland in writing. As your contributions are designed to cover the cost of paying benefit to those members of the SIPTU Nurses & Midwives' Scheme who become disabled, there is no cash value paid to you should you stop contributions to the SIPTU Scheme.

It is important that you think carefully before cancelling your membership of the Scheme as once you have left the SIPTU Scheme you will be required to provide information about your state of health should you apply for cover again. Should any medical problems have arisen in the interim, it is unlikely that you will be re-admitted to the Scheme.

2 Under what circumstances can the Scheme be amended?

Benefit levels and the rate of contributions under the Scheme are reviewed on a regular basis. The next review of the Scheme is 1st June 2016. These reviews are designed to provide Cornmarket with an opportunity to canvass the market to ensure that the best deal is being provided for members. Likewise, the reviews provide the insurer with an opportunity to adjust the benefit levels and/or the rate of contribution in the light of relevant factors such as membership level, age profile, the male/female ratio of the membership, and the claims experience of the Scheme.

At such reviews, the Scheme's insurer reserves the right to increase or reduce the rate of contribution and vary the benefit levels under the Scheme for all members or terminate the Scheme as a whole.

The SIPTU Nurses & Midwives Division represents the interests of members in the Scheme and any decisions taken in these areas by SIPTU will be considered binding on all members of the Scheme. This is a condition of membership and entry to the Scheme is allowed to members only on this understanding. In the event of termination or amendment of the Scheme, those members who are already receiving benefit payments under the SIPTU Nurses & Midwives' Scheme will continue to receive those benefit payments and any subsequent increases in those benefits due under the terms of the SIPTU Scheme.

3 Who administers and insures the Salary Protection Scheme for SIPTU Nurses & Midwives?

The Salary Protection Scheme for SIPTU Nurses & Midwives is administered by Cornmarket Group Financial Services Ltd. and is insured by New Ireland. For this important role, Cornmarket gets remunerated directly by the insurer (no direct charge to the client).

Initial charge (paid by Insurer to Cornmarket)
€0 - €300

Deduction at source charge (DAS)
0% - 2.5% (typically 2.5%)

Renewal charge (paid by Insurer to Cornmarket)
Disability Benefit: 12.5%
Death Benefit: 12.5%
Spouses'/Civil Partners' Death Benefit or Single Members' Specified Illness Benefit: 12.5%

4 What if I travel abroad?

As long as you remain resident within Ireland, you are covered wherever you travel in the world for holiday purposes. However, should you decide to reside abroad or work abroad temporarily, you should notify Cornmarket immediately as New Ireland reserves the right to vary your contributions or benefits or cancel membership of the Scheme in such circumstances.

New Ireland will pay benefit to a member living anywhere in the world for a maximum of 12 months. After 12 months the beneficiary must reside in Ireland or the U.K. In exceptional cases where a beneficiary is forced to live abroad, New Ireland will consider this on a case-by-case basis.

New Ireland reserves the right for claimants to come back to Ireland for an Independent Medical Examination during this 12 month period.

In cases where a non-Irish national member who, in the opinion of New Ireland, is permanently disabled, wishes to move home on a permanent basis, New Ireland will consider paying a member a benefit of up to and no more than 5 years' benefit in one lump sum as a settlement of the member's claim, provided the member has been in receipt of benefit for at least 12 months. The amount of benefit paid will be calculated by New Ireland.

Appendix 1: Specified Illnesses (Full Payment Specified Illnesses)

Important Note: The explanations under "In simpler terms" in this section do not form part of the policy conditions and are provided solely for information purposes. In the event of a claim under Specified Illness Benefit or Partial Payment Specified Illness Benefit on your Policy, the "Policy Definitions" will apply.

1 Alzheimer's Disease – resulting in permanent symptoms

Policy Definition
A definite diagnosis of Alzheimer's disease by a Consultant Neurologist or Geriatrician of a major Irish or United Kingdom Hospital. There must be permanent clinical loss of the ability to do all of the following:

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

For the above definition, the following is not covered:
Alzheimer's disease secondary to alcohol or drug misuse.

In simpler terms:
Alzheimer's disease is a progressive and degenerative disease. The nerve cells in the brain deteriorate over time and the brain substance shrinks. The symptoms can include a severe loss of memory and concentration and there is an overall decline in all mental faculties.

A claim can be made if there is a definite diagnosis by a Consultant Neurologist or Geriatrician of Alzheimer's disease where judgement, understanding and rational thought processes have been seriously and permanently affected.

Pre-existing Conditions
Amnesia or memory loss.

Related Specific Illnesses
Dementia.

2 Aorta Graft Surgery – for disease or traumatic injury

Policy Definition
The undergoing of surgery to the aorta with excision and surgical replacement of a portion of the aorta with a graft.

The term 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.

In simpler terms:
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 repair for traumatic damage to the aorta with a graft is covered.

Pre-existing Conditions
Aortitis, Marfan's syndrome, Ehlers-Danlos syndrome, peripheral artery disease or syphilis.

Related Specified Illnesses
None specified.

3 Aplastic Anaemia – of specified severity

Policy Definition
A definite diagnosis by a Consultant Haematologist of a major Irish or United Kingdom Hospital of permanent 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.

In simpler terms:
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.

Pre-existing Conditions
None specified.

Related Specific Illnesses
Cancer, Bone Marrow Transplant (under Major Organ Transplant).

4 Bacterial Meningitis – resulting in permanent symptoms

Policy Definition
A definite diagnosis of Bacterial Meningitis by a Consultant Neurologist of a major Irish or United Kingdom Hospital causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit with persisting clinical symptoms.*

All other forms of meningitis including viral meningitis are not covered.

*** Permanent neurological deficit with persisting clinical symptoms is defined as:**
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 coordination, tremor, seizures, 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.

In simpler terms:
Bacterial meningitis is a life-threatening illness that results from bacterial infection of the meninges (the layers of membrane that surround the brain and spinal cord). In many cases it is possible to recover fully from bacterial meningitis with no lasting ill-effects. However, if there are permanent effects as outlined in the above definition, we would consider a claim. You can make a claim if a Consultant Neurologist confirms a diagnosis of bacterial meningitis which has resulted in permanent brain or nerve damage. All other forms of meningitis including viral meningitis are excluded.

Pre-existing Conditions
Osteomyelitis of the skull or tuberculosis.

Related Specific Illnesses
Encephalitis, Brain Abscess.

5 Balloon Valvuloplasty

Policy Definition
The actual insertion, on the advice of a Consultant Cardiologist of a major Irish or United Kingdom Hospital, 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.

In simpler terms:
The valves of the heart open and close as part of the pumping action, which circulates blood around the body. When these valves become diseased, the ability of the heart to pump properly is reduced. It is sometimes possible to open these valves with balloon valvuloplasty, where a small narrow tube containing a deflated balloon at its tip is advanced from a blood vessel in the groin through the aorta and into the heart. Once it is in place, the balloon is inflated until the flaps of the valve are opened.

Pre-existing Conditions
Any disease or disorder of the aortic, mitral, pulmonary or tricuspid valve(s); rheumatic fever, endocarditis, atrial or ventricular septal defect, patent ductus arteriosus, Fallot's tetralogy, Epstein's anomaly or any congenital or acquired structural cardiac abnormality.

Related Specific Illnesses
Heart Valve Replacement or Repair.

6 Benign brain tumour – resulting in permanent symptoms or requiring surgery

Policy Definition
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*. The diagnosis must be made by a Consultant Neurologist or Neurosurgeon of a major Irish or United Kingdom Hospital and must be supported by CT, MRI or histopathological evidence.

For the above definition, the following are not covered:
- Tumour in the pituitary gland
- Angiomas.

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

*** Permanent neurological deficit with persisting clinical symptoms is defined as:**
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 coordination, tremor, seizures, 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.

In simpler terms:
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. Other conditions that are not usually life-threatening are specifically excluded. The pituitary is a small gland at the base of the brain, an angioma is a benign growth made up of small blood vessels.

You can make a claim if you are diagnosed as having a benign brain tumour of the brain and have had surgery to have it removed or are suffering from permanent neurological deficit as described in the above definition as a result of the tumour. Examples of tumours covered include gliomas, acoustic neuromas and meningiomas. Neurological symptoms must be permanent. We do not cover tumours or lesions in the pituitary gland or angiomas.

Pre-existing conditions
Epilepsy, unilateral neural deafness, fits or blackouts, double vision, Von Recklinghausen's disease or tuberous sclerosis.

Related Specified Illnesses
None Specified.

7 Benign spinal cord tumour – resulting in permanent symptoms or requiring surgery

Policy Definition
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 of a major Irish or United Kingdom Hospital and must be supported by CT, MRI or histopathological evidence.

For the above definition, the following are not covered:
- Angiomas
- Prolapsed or herniated intervertebral disc.

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

*** Permanent neurological deficit with persisting clinical symptoms is defined as:**
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 coordination, tremor, seizures, 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.

In simpler terms:
A benign tumour of the spinal canal or spinal cord is a non-cancerous but abnormal growth of tissue. It can be very serious as the growth may be pressing on areas of spinal cord or spinal canal.

You can make a claim if you are diagnosed as having a benign spinal cord tumour and have had surgery to have it removed or are suffering from permanent neurological deficit as described in the above definition as a result of the tumour. 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. Prolapsed or herniated intervertebral discs are also not covered.

Pre-existing Conditions
Von Recklinghausen's disease or tuberous sclerosis.

Related Specified Illnesses
None Specified.

8 Blindness – permanent and irreversible

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

In simpler terms:
You can make a claim if you have suffered 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 sight in your better eye is confirmed by an Consultant Ophthalmologist or Physician and to the satisfaction of our Company's Chief Medical Officer, as 3/60 or worse using the recognised sight test known as the Snellen eye chart. 3/60 is the measure when you can only see an object up to 3 feet away that a person with normal 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 be "registered blind" but still not be covered by the above definition.

Pre-existing Conditions
Diabetes, glaucoma, hysteria, severe myopia, congenital nystagmus, retrobulbar or optic neuritis or retinitis pigmentosa.

Related Specific Illnesses
None Specified.

9 Cancer – excluding less advanced cases

Policy Definition
Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

The term malignant tumour includes leukaemia, 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
  – 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)
- All forms of lymphoma in the presence of any Human Immunodeficiency Virus
- Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus.

In simpler terms:
The term 'cancer' is used to refer to all types of malignant tumours. A malignant tumour usually grows quickly, usually 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 you are 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 'histology' and would usually be carried out as part of a normal hospital investigation.

Leukaemia (a cancer of white blood cells) and lymphoma (a cancer of the lymphatic system, a vital part of the body's immune 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.

With increased and improved screening, prostate cancer is being detected at an earlier stage. At early stages these tumours are treatable and the long-term outlook is good. The Gleason score which is a method of measuring differentiation in cells is specifically designed to help evaluate the prognosis of those who have been diagnosed with prostate cancer scoring patients between 2 and 10, with 10 having the worst prognosis. Cancers with a Gleason score less than or equal to 6 are less aggressive, less likely to spread and have a better prognosis. The TNM classification system stages the extent and spread of the cancer in the body. The "T" element relates to the size of the tumour and whether it has invaded nearby tissue and is graded on a scale of 1 to 4, with 1 representing a small tumour confined to an organ or body part. The "N" element relates to any lymph node involvement and the "M" relates to a spread of cancer from one body part to another. We will not pay a claim for prostate cancer under this cancer definition unless the tumour has a Gleason score of greater than 6 (i.e. a Gleason score of 7 or above) or it has progressed to at least clinical TNM classification of T2N0M0.

As part of this definition, we do 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.

Pre-existing Conditions
Polyposis coli, familial polyposis of the colon, Crohn's disease, ulcerative colitis, Barrett's Oesophagus, Carcinoma in situ other than of the breast or the oesophagus, a history of elevated prostate specific antigen (PSA) above 4.0 ng/ml, Bowen's disease or leukoplakia.

Related Specified Illnesses
Ductal Carcinoma in Situ – Breast, Carcinoma in Situ – Oesophagus, Low Level Prostate Cancer, Aplastic Anaemia.

10 Cardiomyopathy – of specified severity

Policy Definition
A definite diagnosis by a Consultant Cardiologist from a major Irish or United Kingdom Hospital of cardiomyopathy resulting in permanently impaired ventricular function such that the ejection fraction is 40% or less for at least 6 months when stabilised on therapy advised by the Consultant.

The diagnosis must also be evidenced by:
- Electrocardiographic changes and
- Echocardiographic abnormalities.

The evidence must be consistent with the diagnosis of cardiomyopathy.

For the definition on page 33, the following are not covered:

- All other forms of heart disease and/or heart enlargement;
- Myocarditis
- Cardiomyopathy secondary to alcohol or drug misuse.

In simpler terms:
Cardiomyopathies are a group of disorders of the heart muscle, often of unknown cause, which can lead to sudden death and heart failure. The heart muscle can no longer effectively receive or pump blood throughout the body. The symptoms of cardiomyopathy include shortness of breath on moderate exercise, chest pain, and fainting.

You can make a claim if you are diagnosed by a Consultant Cardiologist with cardiomyopathy which significantly hinders normal everyday activities and results in permanently impaired ventricular function as described in the above definition.

Pre-existing Conditions
Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects. Any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, endocarditis, diabetes, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation or hypertension, granulomatous disease e.g. sarcoidosis, Wegener's granulomatosis, Infiltrations, e.g. heart tumours (primary), scleroderma, inflammatory process, e.g. carditis, myocarditis, collagenosis, post-cardiotomy syndrome, post-myocardial infarction syndrome, metabolic disorders, e.g. malnutrition, nutritional disorders (beri beri), family storage disorders, myopathies, e.g. progressive muscular dystrophy, neuropathies, e.g. Friedreich's ataxia Obliterative (OCM) in conjunction with amyloidosis, endocardial fibrosis, fibroelastosis, Löffler's disease, haemochromatosis, hypothyroidism, chemotherapy or radiotherapy for cancer.

Related Specified Illnesses
Heart Attack, Stroke, Coronary Artery By-pass Grafts, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ transplant), Carotid Artery Stenosis.

11 Chronic lung disease – of specified severity

Policy Definition
Confirmation by a Consultant Physician of a major Irish or United Kingdom Hospital 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.

In simpler terms:
You can make a claim if confirmation is provided by a Consultant Physician that you are suffering from severe and restrictive chronic lung disease which significantly hinders everyday activities and is evidenced by all the criteria described in the above definition.

Pre-existing Conditions
Emphysema, cystic fibrosis, pulmonary fibrosis, chronic asthma, chronic bronchitis, fibrosing alveolitis (cryptogenic and allergic) emphysema, fibrosing lung disorders, other systemic disorders that produce pulmonary fibrosis such as sarcoid, pulmonary fibrosis as a result of exposure to extrinsic organic or inorganic agents.

Related Specified Illnesses
Lung Transplant (under Major Organ Transplant)

12 Coma – resulting in permanent symptoms

Policy Definition
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
- Results in permanent neurological deficit with persisting clinical symptoms.*

For the above definition, the following is not covered:

- Coma secondary to alcohol or drug misuse.

*** Permanent neurological deficit with persisting clinical symptoms is defined as:**
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 coordination, tremor, seizures, 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.

In simpler terms:
A coma is a state where a person is unconscious and cannot be brought round. Someone in a coma will have little or no response to any form of physical stimulation and will not have control of their bodily functions. Comas are caused by brain damage, most commonly arising from a head injury, a stroke or lack of oxygen.

Pre-existing Conditions
Physical head injury or concussion, epilepsy, diabetes mellitus, aneurysm, transient cerebral ischaemia, any obstructive or occlusive arterial or vascular disease, hepatic encephalopathy.

Related Specified Illnesses
None Specified.

13 Coronary artery by-pass grafts – with surgery to divide the breastbone

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

For the above definition, the following are not covered:

- Balloon angioplasty
- Atherectomy
- Rotablation
- Insertion of stents
- Laser treatment.

In simpler terms:
A coronary artery by-pass operation involving open heart surgery is one of the main methods of treating coronary artery disease, especially when a person suffers recurrent attacks of angina (heart related chest pain). The operation is necessary if one or more arteries, which supply blood to the heart, are narrowed or blocked. The surgery involves taking a blood vessel, often from a limb, and using it to direct blood past the diseased or

blocked artery. This is a major operation, involving the actual opening up of the chest wall to reach the heart inside.

Pre-existing Conditions
Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects, any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, diabetes, hypercholesterolaemia, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation or hypertension.

Related Specified Illnesses
Heart Attack, Stroke, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis. Cardiomyopathy.

14 Creutzfeldt-Jakob disease (CJD) – resulting in permanent symptoms

Policy Definition
A definite diagnosis of Creutzfeldt-jakob disease by a Consultant Neurologist of a major Irish or United Kingdom Hospital resulting in permanent neurological deficit with persisting clinical symptoms*.

*** Permanent neurological deficit with persisting clinical symptoms is defined as:**
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 coordination, tremor, seizures, 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.

In simpler terms:
Creutzfeldt-Jakob disease (CJD) is a degenerative condition of the brain. 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 6-18 months of the onset of symptoms. A claim can be made if there is a definite diagnosis by a Consultant Neurologist that you are suffering from this disease.

Pre-existing Conditions
A history of involuntary movements, treatment with human growth hormone treatment prior to 1985.

Related Specified Illnesses
None Specified.

15 Deafness – permanent and irreversible

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

In simpler terms:
Deafness means a profound loss of hearing (as defined in the above definition) in both ears where the condition cannot be cured and is permanent, with no chance of recovery. It may be possible to be "registered deaf" but still not be covered by the above definition.

Pre-existing Conditions
Any disorder or disease of the inner or middle ear or the acoustic nerve including Meniere's disease, labyrinthitis or tinnitus.

Related Specified Illness
None Specified.

16 Dementia – resulting in permanent symptoms

Policy Definition
A definite diagnosis of dementia by a Consultant Neurologist or Geriatrician of a major Irish or United Kingdom Hospital. There must be progressive and permanent clinical loss of the ability to do all of the following:

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

For the above definition, the following is not covered:
Dementia secondary to alcohol or drug misuse.

In simpler terms:
Dementia is a term used to describe a number of signs and symptoms characterised by the loss of cognitive functioning, intellect, and behavioural changes. Areas of cognition affected may be memory, concentration, language and problem solving.

A claim can be made if there is a definite diagnosis by a Consultant Neurologist or Geriatrician of dementia where judgement, understanding and rational thought processes have been seriously and permanently affected.

Dementia secondary to alcohol or drug misuse is not covered.

Pre-existing Conditions
Organic brain disease, circulatory brain disorder, disease of the central nervous system, epilepsy, depression, amnesia or memory loss, aphasia or psychosis.

Related Specified Illnesses
Alzheimer's Disease.

17 Encephalitis – resulting in permanent symptoms

Policy Definition
A definite diagnosis of encephalitis by a Consultant Neurologist of a major Irish or United Kingdom Hospital resulting in permanent neurological deficit with persisting clinical symptoms.*

Under the above definition Myalgic Encephalomyelitis (ME) is not covered.

*** Permanent neurological deficit with persisting clinical symptoms is defined as:**
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 coordination, tremor, seizures, 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.

For the above definition, the following is not covered:
Encephalitis in the presence of any Human Immunodeficiency Virus.

In simpler terms:
Encephalitis means inflammation of the brain. There are a number of causes which include infections (especially viral) and post-infectious autoimmune processes where the immune system attacks the brain in error. However, the causes of many cases of encephalitis remain unidentified. Encephalitis can be a life-threatening condition and can leave people with permanent neurological problems.

You can make a claim if you have a diagnosis of encephalitis confirmed by a Consultant Neurologist and where there are permanent neurological symptoms as described in the above definition.

Pre-existing Conditions
Tuberculosis (TB).

Related Specific Illnesses
Bacterial Meningitis, Brain Abscess.

18 Heart attack – of specified severity

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

- Typical clinical symptoms (for example, characteristic chest pain)
- New characteristic electrocardiographic changes
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher; Troponin T>1.0ng/ml, AccuTnI >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 are not covered:
Other acute coronary syndromes including but not limited to angina.

In simpler terms:
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 heart beat. As a result of cell death chemicals such as cardiac enzymes and troponins are released into the blood stream and these are usually present for several days after the event and can be detected by a blood test.

In order for a claim to be valid, you must have suffered a heart attack and be supported by an episode of typical chest pain, increase in cardiac enzymes or troponins as described in the above definition that are typical of a heart attack and new ECG changes that are typical of a heart attack.

Pre-existing Conditions
Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects, any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, diabetes, hypercholesterolaemia, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation or hypertension.

Related Specified Illnesses
Coronary Artery By-pass Grafts, Stroke, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Cardiomyopathy.

19 Heart structural repair – with surgery to divide the breastbone

Policy Definition
The undergoing of heart surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist of a major Irish or United Kingdom Hospital, to correct any structural abnormality of the heart.

For the above definition, the following is not covered:
Heart valve replacement or repair.

In simpler terms:
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 structural abnormalities of the heart corrected is covered if the procedure is done using open-heart surgery involving the surgical division of the breastbone.

Pre-existing Conditions
Any disease or disorder of the aortic, mitral, pulmonary or tricuspid valve(s); ventricular aneurysm, constrictive pericarditis, rheumatic fever, endocarditis, atrial or ventricular septal defect, patent ductus arteriosus, Fallot's tetralogy, Epstein's anomaly or any congenital or acquired structural cardiac abnormality.

Related Specified Illnesses
None Specified.

20 Heart valve replacement or repair – with surgery to divide the breastbone

Policy Definition
The undergoing of heart surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist of a major Irish or United Kingdom Hospital to replace or repair one or more heart valves.

In simpler terms:
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.

Pre-existing Conditions
Any disease or disorder of the aortic, mitral, pulmonary or tricuspid valve(s); rheumatic fever, endocarditis, atrial or ventricular septal defect, patent ductus arteriosus, Fallot's tetralogy, Epstein's anomaly or any congenital or acquired structural cardiac abnormality.

Related Specified Illnesses
Balloon Valvuloplasty.

21 HIV infection – contracted in any of the countries that were members of the European Union on the 1st January 2013, Australia, Canada, New Zealand, Norway, Switzerland or the United States of America from a blood transfusion, a physical assault or at work.

Policy Definition
Infection by Human Immunodeficiency Virus resulting from:

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

For the above definition, the following is not covered:
HIV infection resulting from any other means, including sexual activity or drug misuse.

In simpler terms:
Human immunodeficiency virus is generally recognised as the virus that causes acquired immune deficiency syndrome (AIDS). The virus can be passed on in several ways including through contaminated blood, bloodstained bodily fluids and infected needles. This benefit is designed to cover people who are in special danger of acquiring HIV or AIDS through their work or who have become infected as a result of a blood transfusion in the European Union, Australia, Canada, New Zealand, Norway, Switzerland or the United States of America. The infection must happen after the Commencement Date of Cover and must be appropriately reported and investigated in accordance with established procedures as described in the above definition.

Pre-existing Conditions
Haemophilia (for blood transfusion only).

Related Specified Illnesses
None Specified.

22 Kidney failure – requiring ongoing dialysis

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

For the above definition, the following is not covered:
Kidney failure secondary to alcohol or drug misuse.

In simpler terms:
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) or a kidney transplant is required then a claim can be made.

Pre-existing Conditions
Hypertension, polycystic kidney disease, glomerulonephritis, diabetes, nephrotic syndrome, or pre-existing renal impairment with raised serum creatinine.

Related Specified Illnesses
Kidney Transplant (under Major Organ Transplant), Systemic Lupus Erythematous.

23 Liver Failure – Irreversible and End Stage

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

- Permanent jaundice
- Ascites
- Hepatic encephalopathy.

For the above definition, the following is not covered:
Liver Failure secondary to alcohol or drug misuse.

In simpler terms:
Liver failure is the inability of the liver to perform its normal synthetic and metabolic function. Liver failure occurs when a large portion of the liver is damaged. You can make a claim if you are diagnosed by a Consultant Physician as having incurable end stage liver failure caused by cirrhosis and showing particular symptoms. Jaundice is a yellow discolouration of the skin and whites of the eyes due to abnormally high levels of bilirubin (bile pigment) in the blood stream. This jaundice must be a permanent feature. Ascites is a fluid build up in the abdomen caused by fluid leaks from the surface of the liver and intestines. It can occur if the blood or lymphatic flow through the liver is blocked. Encephalopathy caused by liver failure is the deterioration of brain function due to toxic substances building up in the blood which are normally removed by the liver.

Liver Failure secondary to alcohol or drug misuse is not covered.

Pre-existing Conditions
Fibrosis, primary biliary cirrhosis, Wilson's disease, chronic hepatitis, cirrhosis, liver tumours, thalassaemia major, immune deficiency diseases, sickle cell anaemia, sarcoidosis, sclerosing cholangitis, haemochromatosis, myeloproliferative disease (polycythaemia vera, thrombocythaemia), neutropenia, pancreatitis or chronic kidney disease.

Related Specified Illnesses
Liver Transplant (under Major Organ Transplant).

24 Loss of hands or feet – permanent physical severance

Policy Definition
Permanent physical severance of any combination of 2 or more hands or feet at or above the wrist or ankle joints.

In simpler terms:
You can make a claim if you have lost 2 or more limbs, where the limbs has been permanently severed above the wrist in the case of a hand or above the ankle in the case of a foot.

Pre-existing Conditions
Diabetes, peripheral vascular disease.

Related Specified Illnesses
None Specified.

25 Loss of speech – permanent and irreversible

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

In simpler terms:
You can make a claim if you suffer from total and permanent loss of speech as a result of physical injury or disease.

Pre-existing Conditions
Transient ischaemic attack (TIA), chronic laryngitis.

Related Specific Illnesses
None Specified.

26 Major organ transplant – specified organs

Policy Definition
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 programme waiting list of a Major Hospital in Ireland or the United Kingdom 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 secondary to alcohol or drug misuse.

In simpler terms:
Serious disease or injury can severely damage the heart, lungs, kidneys, liver or pancreas. The only form of treatment available may be to replace the damaged organ with a healthy organ from a donor. This is a major operation and the tissues of the donor and patient must be matched accurately. For this reason a patient could be on a waiting list for a long period waiting for a suitable organ. Bone marrow transplant is also covered.

You can make a claim if you have had a transplant of any of the organs listed above or are on an official programme waiting list of a major Irish or United Kingdom Hospital for such a procedure.

Pre-existing Conditions
Congestive cardiac failure, coronary artery disease, left ventricle failure, hypertensive heart disease, any congenital or acquired structural cardiac abnormalities, diabetes, cystic fibrosis, fibrosing alveolitis (cryptogenic and allergic) emphysema, fibrosing lung disorders, primary biliary cirrhosis, Wilson's disease, chronic hepatitis, cirrhosis, liver tumours, thalassaemia major immune deficiency diseases, sickle cell anaemia, ischaemic heart disease, sarcoidosis, sclerosing cholangitis, haemochromatosis, myeloproliferative disease (polycythaemia vera, thrombocythaemia), neutropenia, chronic liver disease, Budd-Chiara syndrome, pancreatitis or chronic kidney disease.

Related Specified Illnesses
Kidney Failure, Chronic Lung Disease, Heart Attack, Coronary Artery By-pass Grafts, Angioplasty for Coronary Artery Disease, Liver Failure, Aplastic Anaemia, Cardiomyopathy, Systemic Lupus Erythematous.

27 Motor neurone disease – resulting in permanent symptoms

Policy Definition
A definite diagnosis of motor neurone disease by a Consultant Neurologist of a major Irish or United Kingdom Hospital. There must be permanent clinical impairment of motor function.

In simpler terms:
Motor neurone disease is a rare progressive degenerative disorder, which affects the central nervous system that controls muscular activity. As the nerves degenerate the muscles weaken and deteriorate. The cause is unknown and there is no known treatment.

You can make a claim if there is a definite diagnosis by a Consultant Neurologist that you are suffering from this disease.

Pre-existing Conditions
Muscle weakness in any limb.

Related Specified Illnesses
Paralysis of 2 or more limbs,

28 Multiple sclerosis – with persisting symptoms

Policy Definition
A definite diagnosis of multiple sclerosis by a Consultant Neurologist of a major Irish or United Kingdom Hospital. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

In simpler terms:
Multiple sclerosis is an autoimmune disorder in which the immune system attacks the protective covering (myelin) of the nerve fibres in the brain and spinal cord. The symptoms depend on which areas of the brain or spinal cord have been affected. They include temporary blindness, double vision, loss of balance and lack of co-ordination. The diagnosis must be confirmed by a Consultant Neurologist.

Pre-existing Conditions
Any form of neuropathy, encephalopathy or myelopathy (disorders of function of the nerves) including but not restricted to, abnormal sensation (numbness) of the extremities, trunk and face, weakness or clumsiness of a limb, double vision, partial blindness, ocular palsy, vertigo (dizziness) or difficulty of bladder control, retrobulbar or optic neuritis, facial paraesthesia, numbness or tingling of upper or lower limbs, trigeminal neuralgia, diplopia, unilateral weakness of lower limbs or incoordination of movement or speech.

Related Specified Illnesses
None Specified.

29 Paralysis of 2 or more limbs – total and irreversible

Policy Definition
Total and irreversible loss of muscle function to the whole of any 2 limbs.

In simpler terms:
You can make a claim if you totally and irreversibly lose the ability to move or use any 2 limbs.

Pre-existing Conditions
Spinal cord injury or transient ischaemic attack (TIA).

Related Specified Illnesses
Motor Neurone Disease.

30 Parkinson's disease (idiopathic) – resulting in permanent symptoms

Policy Definition
A definite diagnosis of idiopathic Parkinson's disease by a Consultant Neurologist of a major Irish or United Kingdom Hospital.

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 alcohol or drug misuse.

In simpler terms:
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 term "idiopathic" means that the cause of the disease is not known, so any form of Parkinson's disease brought on by a known cause such as drugs, toxic chemicals or alcohol is not covered.

You can make a claim if you have been diagnosed with idiopathic Parkinson's disease by a Consultant Neurologist and evidenced by the symptoms described in the above definition.

Pre-existing Conditions
Tremor.

Related Specified Illnesses
None Specified.

31 Primary Pulmonary Hypertension – of specified severity

Policy Definition
A definite diagnosis of primary pulmonary hypertension by a Consultant Cardiologist of a major Irish or United Kingdom Hospital. There must be substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classifications of functional capacity.*

* NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

In simpler terms:
Pulmonary hypertension is when the blood pressure in the pulmonary artery (the major artery connecting the heart to the lungs) is higher than normal. There is no apparent cause. 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. Over time the heart muscle weakens.

You can make a claim if you have been diagnosed with primary pulmonary hypertension by a Consultant Cardiologist and which results in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association (NYHA) classifications of functional capacity. The NYHA Function Classification is a measure used to classify the severity of heart failure.

Pre-existing Conditions
None Specified.

Related Specified Illnesses
None Specified.

32 Progressive Supra-nuclear Palsy – resulting in permanent symptoms

Policy Definition
A definite diagnosis by a Consultant Neurologist of a major Irish or United Kingdom Hospital of progressive supra-nuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

In simpler terms:
Progressive supra-nuclear palsy (PSP) is a degenerative disease causing gradual deterioration and death of specific areas 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 ("supranuclear"), 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.

Pre-existing Conditions
Organic brain disease, circulatory brain disorder, disease of the central nervous system, epilepsy, depression, amnesia or memory loss, aphasia, psychosis, muscle weakness in any limb, double vision, partial blindness.

Related Specified Illnesses
None Specified.

33 Pulmonary Artery Graft Surgery – with surgery to divide the breastbone

Policy Definition
The actual undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiothoracic Surgeon of a major Irish or United Kingdom Hospital for a disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

In simpler terms:
Pulmonary artery surgery may be carried out for some disorders of the pulmonary artery including pulmonary atresia and aneurysm.

You can make a claim if you have undergone open-heart surgery involving the surgical division of the breastbone on the advice of a Consultant Cardiothoracic Surgeon to replace the diseased pulmonary artery with a graft.

Pre-existing Conditions
None Specified.

Related Specified Illnesses
None Specified.

34 Stroke – resulting in permanent symptoms

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

For the above definition, the following are not covered:
- Transient ischaemic attack
- Traumatic injury to brain tissue or blood vessels.

*** Permanent neurological deficit with persisting clinical symptoms is defined as:**
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 coordination, tremor, seizures, 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.

In simpler terms:
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 normally recover within 24 hours.

Pre-existing Conditions
Any valvular disorder of the heart, diabetes, hypercholesterolaemia, aneurysm, atrial fibrillation, coronary heart disease, thrombotic disorders e.g. primary phospholipid syndrome, hyperviscosity states (polycythaemia), peripheral vascular disease, transient cerebral ischaemia, hypertension or any obstructive or occlusive arterial or vascular disease.

Related Specified Illnesses
Coronary Artery By-pass Grafts, Heart Attack, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Cardiomyopathy.

35 Systemic Lupus Erythematous – of specified severity

Policy Definition
A definite diagnosis of systemic lupus erythematosus by a Consultant Rheumatologist of a major Irish or United Kingdom Hospital resulting in either of the following:

- Permanent neurological deficit with persisting clinical symptoms,* ***or***
- Permanent impairment of kidney function tests as follows:
  – Glomerular Filtration Rate (GFR) below 30ml/min
  – Abnormal urinalysis showing proteinuria or haematuria.

*** Permanent neurological deficit with persisting clinical symptoms is defined as:**

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 coordination, tremor, seizures, dementia, delirium and coma.

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

In simpler terms:
Systemic lupus erythematosus (SLE) is a chronic auto-immune connective tissue 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 central nervous system. Discoid lupus is generally restricted to the skin, is not life threatening and is not covered by this definition.

Pre-existing Conditions
Anti-phospholipid syndrome, discoid lupus, scleroderma, polyarteritis nodosa, dermatomyositis, mixed connective tissue disease, Wegener's granulomatosis

Related Specified Illnesses
Kidney Failure, Kidney Transplant.

36 Third degree burns – covering 20% of the body's surface area

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

In simpler terms:
There are three levels (degrees) of burns. The degree of burning depends on how badly the skin has been damaged. They are medically known as 'first', 'second' and 'third' degree. First-degree burns damage the upper layer of skin, but can heal without scarring (a common example of this is sunburn). Second-degree burns go deeper into the layers of skin, but can heal without scarring. Third-degree burns are the most serious as they destroy the full thickness of the skin.

You can make a claim if you have suffered third-degree burns covering 20% or more of the surface area of your body.

Pre-existing Conditions
None Specified.

Related Specified Illnesses
None Specified.

37 Traumatic head injury – resulting in permanent symptoms

Policy Definition
Death of brain tissue due to traumatic injury resulting in permanent neurological deficit with persisting clinical symptoms.* The diagnosis must be confirmed by a Consultant Neurologist of a major Irish or United Kingdom Hospital and agreed by our Company's Chief Medical Officer.

For the above definition, the following is not covered:
Traumatic Head Injury secondary to alcohol or drug misuse.

*** Permanent neurological deficit with persisting clinical symptoms is defined as:**

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 coordination, tremor, seizures, 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.

In simpler terms:
A head injury caused by trauma can leave an individual with permanent brain or nerve damage. You can make a claim if a Consultant Neurologist confirms that you have permanent neurological deficit with persisting clinical symptoms as described in the above definition, as a direct result of a head injury.

Pre-existing Conditions
Physical head injury, epilepsy, aneurysm, any obstructive or occlusive arterial or vascular disease e.g. transient ischaemic attack.

Related Specified Illnesses
None Specified.

Appendix 2: Partial Payment Specified Illnesses

Important Note: The explanations under "In simpler terms" in this section do not form part of the policy conditions and are provided solely for information purposes. In the event of a claim under Specified Illness Benefit or Partial Payment Specified Illness Benefit on your Policy, the "Policy Definitions" will apply.

1 Angioplasty for coronary artery disease – of specified severity

Policy Definition
The undergoing of treatment for 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 of a major Irish or United Kingdom Hospital.

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.

Insertion of 2 stents in different Main Coronary Arteries at different times does qualify for payment after the second Main Coronary Artery is stented.

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 Main Coronary Artery or procedures to any of the branches of a Main Coronary Artery are specifically excluded.

In simpler terms:
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.

Pre-existing Conditions
Any disease or disorder of the heart including congenital malformations that have been treated such as heart valve defects, any obstructive or occlusive arterial disease such as arteriosclerosis, aneurysm, coronary heart disease, diabetes, hypercholesterolaemia, peripheral vascular disease, tachycardia, valvular heart disease, atrial fibrillation or hypertension.

Related Specified Illnesses
Coronary Artery By-pass Grafts, Heart Attack, Stroke, Heart Transplant (under Major Organ Transplant), Carotid Artery Stenosis, Cardiomyopathy.

2 Brain abscess drained via craniotomy

Policy Definition
Undergoing of surgical drainage of an intracerebral abscess within the brain tissue through a craniotomy by a Consultant Neurosurgeon of a major Irish or United Kingdom Hospital. There must be evidence of an intracerebral abscess on CT or MRI imaging.

For the above definition, the following is not covered:
Brain abscess secondary to HIV infection.

In simpler terms:
A brain abscess results from an infection in the brain. Swelling and inflammation develop in response to the infection. Infected brain cells, white blood cells and organisms collect in an area of the brain, a membrane forms and creates the abscess. While this immune response can protect the brain from the infection, an abscess may put pressure on delicate brain tissue.

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

You can make a claim if you are 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.

Pre-existing Conditions
Tuberculosis, head injury, chronic sinusitis

Related Specified Illnesses
Encephalitis, Bacterial Meningitis.

3 Carcinoma in situ – oesophagus, treated by specific surgery

Policy Definition
A definite diagnosis of a carcinoma in situ of the oesophagus by a Consultant Physician of a major Irish or United Kingdom Hospital, 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.

For the above definition, the following is not covered:
Treatment by any other method is specifically excluded.

No carcinoma in situ – oesophagus claims will be paid where this condition is diagnosed within the first six months of the Commencement Date of Cover under the Scheme. In such circumstances, cover in respect of carcinoma in situ – oesophagus ceases.

In simpler terms:
The oesophagus is a muscular 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).

You can make a claim if you have 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.

Pre-existing Conditions
Barrett's oesophagus, severe oesophageal reflux

Related Specified Illnesses
Cancer.

4 Carotid artery stenosis – treated by endarterectomy or angioplasty

Policy Definition
Undergoing of endarterectomy or therapeutic angioplasty with or without stent to correct symptomatic stenosis involving at least 70% narrowing or blockage of the carotid artery. Angiographic evidence will be required.

In simpler terms:
The carotid artery is the artery that supplies blood to the head and neck. This artery can narrow or become partially blocked by deposits of plaque (fatty tissue). 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).

You can make a claim if you have undergone one of these procedures to correct carotid artery stenosis where the artery was at least 70% narrowed. Your doctor will need to provide angiographic evidence for a claim to be valid.

You cannot make a claim for other treatments for carotid artery stenosis.

Pre-existing Conditions
Any valvular disorder of the heart, diabetes, hypercholesterolaemia, aneurysm, atrial fibrillation, coronary heart disease, peripheral vascular disease, transient cerebral ischaemia, hypertension or any obstructive or occlusive arterial or vascular disease.

Related Specified Illnesses
Coronary Artery By-pass Grafts, Heart Attack, Angioplasty for Coronary Artery Disease, Heart Transplant (under Major Organ Transplant), Stroke, Cardiomyopathy.

5 Cerebral arteriovenous malformation – treated by craniotomy or endovascular repair

Policy Definition
Undergoing of treatment of a cerebral arteriovenous fistula or malformation by a Consultant Neurosurgeon of a major Irish or United Kingdom Hospital via craniotomy or endovascular treatment using coils to cause thrombosis of a cerebral arteriovenous fistula or malformation.

For the above definition, the following is not covered:
Intracranial aneurysm.

In simpler terms:
Cerebral arteriovenous malformation is a condition whereby there is an abnormal connection between arteries and veins in the brain that interrupts normal blood flow between them. An arteriovenous fistula (AV fistula) is one such abnormal connection. When this is present, blood flows directly from an artery into a vein bypassing the capillaries. This can cause a problem if oxygenated blood has not 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 haemorrhaging within the brain.

A craniotomy involves the removal of part of the skull in order for the surgeon to access the brain. Endovascular treatment is where the surgeon accesses the brain via arteries using catheters, balloons, coils and stents.

You can claim if you have a craniotomy or endovascular treatment using coils under the care of a Consultant Neurologist to treat a cerebral arteriovenous fistula or malformation.

Pre-existing Conditions
Aneurysm.

Related Specified Illness
Stroke.

6 Ductal carcinoma in situ – breast, treated by surgery

Policy Definition
A definite diagnosis of a ductal carcinoma in situ of the breast, which has been removed surgically by mastectomy, partial mastectomy, segmentectomy or lumpectomy. 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.

No ductal carcinoma in situ – breast claims will be paid where this condition is diagnosed within the first six months of the Commencement Date of Cover under the Scheme. In such circumstances, cover in respect of ductal carcinoma in situ – breast ceases.

In simpler terms:
Ductal carcinoma in situ is a term used to describe 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 or other parts of the body.

A claim can be made if you have been diagnosed with having ductal carcinoma in situ of the breast and where this has been treated by the removal or partial removal of the breast or surgical removal of the tumour itself.

Pre-existing Conditions
Lumpy breast(s) (including mastitis, fibroadenosis, fibrocystic disease and mammary dysplasia), cystosarcoma phyllodes.

Related Specified Illnesses
Cancer.

7 Loss of one limb – permanent physical severance

Policy Definition
Permanent loss of a hand from above the wrist or a foot from above the ankle joint. Permanent loss does not include loss of use or function only. It means having a hand or foot completely severed.

In simpler terms:
You can make a claim if you have lost one limb, where the limb has been permanently severed above the wrist in the case of a hand or above the ankle in the case of a foot.

Pre-existing Conditions
Diabetes, peripheral vascular disease, osteomyelitis, chronic regional pain syndrome, compound fracture.

Related Specified Illnesses
None specified.

8 Low level prostate cancer with Gleason score between 2 and 6 – and with specific treatment

Policy Definition
A definite diagnosis of prostate cancer by a Consultant of a major Irish or United Kingdom Hospital 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 Life Insured 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.

No low level prostate cancer with Gleason score between 2 and 6 claims will be paid where this condition is diagnosed within the first six months of the Commencement Date of Cover under the Scheme. In such circumstances, cover in respect of low level prostate cancer with Gleason score between 2 and 6 ceases.

In simpler terms:
The Gleason score which is a method of measuring differentiation in cells is specifically designed to help evaluate the prognosis of those who have been diagnosed with prostate cancer scoring patients between 2 and 10, with 10 having the worst prognosis. Cancers with a Gleason score less than or equal to 6 are less aggressive, less likely to spread and have a better prognosis.

The TNM classification system stages the extent and spread of the cancer in the body. The "T" element relates to the size of the tumour and whether it has invaded nearby tissue and is graded on a scale of 1 to 4, with 1 representing a small tumour confined to an organ or body part. The "N" element relates to any lymph node involvement and the "M" relates to a spread of cancer from one body part to another.

You can make a claim if you have been diagnosed with prostate cancer by an appropriate Consultant with a Gleason score between 2 and 6 and where the tumour has progressed to at least clinical TNM classification T1N0M0 and have also undergone treatment as described in the above definition.

Pre-existing Conditions
A history of elevated prostate specific antigen (PSA) above 4.0 ng/ml, carcinoma in situ of the prostate.

Related Specified Illnesses
Cancer.

9 Third degree burns – covering at least 5% of the body's surface area

Policy Definition
Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 5% and less than 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.

In simpler terms:
There are three levels (degrees) of burns. The degree of burning depends on how badly the skin has been damaged. They are medically known as 'first', 'second' and 'third' degree. First-degree burns damage the upper layer of skin, but can heal without scarring (a common example of this is sunburn). Second-degree burns go deeper into the layers of skin, but can heal without scarring. Third-degree burns are the most serious as they destroy the full thickness of the skin.

You can make a claim if you have suffered third-degree burns covering at least 5% and less than 20% of the surface area of your body or at least 25% of the surface area of the face.

Pre-existing Conditions
None specified.

Related Specified Illnesses
None Specified.

10 Surgical removal of one eye

Policy Definition
Surgical removal of a complete eyeball for disease or trauma.

In simpler terms:
You can make a claim if you have had an entire eyeball removed as a result of disease or injury.

Pre-existing Conditions

Glaucoma, eye tumour, uveitis, thyroid disease.

Related Specified Illnesses

None Specified.

SIPTU Nurses & Midwives Salary Protection Scheme

This guide provides an outline only of the main benefits of the SIPTU Nurses & Midwives Salary Protection Scheme as of July 2015, and is issued subject to the provisions of the policy, and does not create or confer any legal rights.

The information contained herein is based upon our current understanding of Public Sector Sick Leave Arrangements and Revenue law and practice as at July 2015.

The SIPTU Nurses & Midwives Salary Protection Scheme is governed by the master Policy Document No. V000063E issued by New Ireland. Members of the Scheme may request a copy of the policy document from the Head Office of SIPTU or the Dublin office of Cornmarket Group Financial Services Ltd.

If there is any conflict between this document and the Policy document, the Policy document will prevail.

Cornmarket is committed to providing a high level of service and has a complaint handling procedure in place. Should you feel that you have not received a satisfactory level of service, please write in the first instance to Jane Horan, Assistant Manager, Compliance Department, Cornmarket Group Financial Services Ltd, Christchurch Square, Dublin 8.

If you are dissatisfied with the outcome of your complaint through Cornmarket, you may also submit your complaint to the Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, or logon to www.financialombudsman.ie.

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