

## Specified Illness Insurance Plan – Policy Schedule

|   |  |                           |         |   |         |                                |         |
|---|--|---------------------------|---------|---|---------|--------------------------------|---------|
| <b>Policy Number</b>                              | 715403   |                           |         |   |         |                                |         |
| <b>Policy Name</b>                                | Friends First Specified Illness Insurance Plan   |                           |         |   |         |                                |         |
| <b>Policy Sponsor</b>                             | Merlow Trust Limited   |                           |         |   |         |                                |         |
| <b>Commencement Date</b>                          | 01/01/2004   |                           |         |   |         |                                |         |
| <b>Eligibility</b>                                | All Full-Time Firefighters and their Spouses who are under age 55 years at the date of joining, following acceptance by Friends First.   |                           |         |   |         |                                |         |
| <b>Sum Assured (Full Payment)</b>                 | <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Member</td> <td style="text-align: right;">€30,000</td> </tr> <tr> <td>Spouse / Partner</td> <td style="text-align: right;">€30,000</td> </tr> <tr> <td>Children Under 21 years of age</td> <td style="text-align: right;">€15,000</td> </tr> </table> | Member                    | €30,000 | Spouse / Partner                                  | €30,000 | Children Under 21 years of age | €15,000 |
| Member  | €30,000  |                           |         |   |         |                                |         |
| Spouse / Partner                                  | €30,000  |                           |         |   |         |                                |         |
| Children Under 21 years of age                    | €15,000  |                           |         |   |         |                                |         |
| <b>Sum Assured (Partial Payment)</b>              | <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Member</td> <td style="text-align: right;">€7,500</td> </tr> <tr> <td>Spouse / Partner</td> <td style="text-align: right;">€7,500</td> </tr> <tr> <td>Children Under 21 years of age</td> <td style="text-align: right;">€3,750</td> </tr> </table>    | Member                    | €7,500  | Spouse / Partner                                  | €7,500  | Children Under 21 years of age | €3,750  |
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| Spouse / Partner                                  | €7,500   |                           |         |   |         |                                |         |
| Children Under 21 years of age                    | €3,750   |                           |         |   |         |                                |         |
| <b>Ceasing Age</b>                                | 60 <sup>th</sup> Birthday of the Member or Spouse and in accordance with the provisions of the Policy Conditions. Spouse cover will cease if the Member becomes ineligible in accordance with the foregoing or the terms of the Policy Conditions.   |                           |         |   |         |                                |         |
| <b>Premium Rate as at 01/09/2015</b>              | <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">€2.96 per member per week</td> <td></td> </tr> <tr> <td>€2.96 per spouse/partner per week (if applicable)</td> <td></td> </tr> <tr> <td>Childrens' Cover – FREE</td> <td></td> </tr> </table>  | €2.96 per member per week |         | €2.96 per spouse/partner per week (if applicable) |         | Childrens' Cover – FREE        |         |
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| Childrens' Cover – FREE                           |  |                           |         |   |         |                                |         |
| <b>Premium Frequency</b>                          | Quarterly in Arrears   |                           |         |   |         |                                |         |
| <b>Next Premium Rate Review Date</b>              | 01/09/2018   |                           |         |   |         |                                |         |

This Policy is issued by Friends First Life Assurance Company dac (referred to in the Policy as "Friends First") on the basis of the Proposal made by the Policy Sponsor.

Provided that all due Premiums have been paid and all Conditions complied with Friends First will pay the Sum Assured in the circumstances described in the Policy.

***ISSUED ELECTRONICALLY AND ACCORDINGLY BEARS NO SIGNATURE***

**Brian Hosford**

**Authorised Official**

## **Specified Illness Insurance Plan**

### **Policy Conditions**

#### **Introduction**

These conditions and the policy schedule set out the details of the contract.

As an aid to understanding, these conditions have been divided into sections. Brief notes are included at the start of each section. These notes do not form part of the contract but they will help in understanding the policy.

In this policy words importing the masculine gender shall, unless the contrary intention appears, also import the feminine gender.

Please read the policy carefully and keep it in a safe place.

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## 1. Definitions

This section sets out the basis of the contract and also some technical terms used in these conditions

### 1.1. Definitions

The following definitions will apply to this Policy.

#### 1.1.1. Policy Sponsor

The Policy Sponsor / Grantee specified in the Policy Schedule

#### 1.1.2. Member

A person who satisfies the Conditions for membership detailed in the Policy Schedule and in these Policy Conditions. In the context of these Conditions, a Member is either a member as described in the Eligibility clauses of the Policy Schedule or a Spouse/Partner of such member.

#### 1.1.3. Proposal

The Proposal signed for and on behalf of the Policy Sponsor.

#### 1.1.4. Commencing Date

The Commencement Date specified in the Policy Schedule.

#### 1.1.5. Renewal Date

The renewal Date specified in the Policy Schedule.

#### 1.1.6. Ceasing Age

The Ceasing Age specified in the Policy Schedule.

#### 1.1.7. Plan

The arrangement established by the Proposal.

In this Policy words importing the masculine gender shall, unless the contrary intention appears, also import the feminine gender.

## 2. Premiums

This section describes how Premiums can/should be paid and outlines the basis of rates and guarantees.

### 2.1. Payment of Premiums

If premiums are payable annually, the 1st premium is due on the Commencement Date and thereafter on the Renewal Date each year.

If premiums are payable by instalments, they must be paid at periodic intervals beginning on the Commencement Date, according to the frequency set out in the Policy Schedule.

Premiums, payable by the Life Assured, are as set out in the policy schedule.

### 2.2. Days of Grace

If premiums are payable monthly then seven days of grace from the due date of a monthly premium are allowed for payment. Thirty days of grace are allowed for premiums payable less frequently than monthly.

### 2.3. Non Payment of Premiums

If any premium is not paid then the liability of Friends First will cease as at the due date of the unpaid premium for all Members.

During the two months following the due date of the unpaid premium Friends First's liability may be reinstated. Reinstatement will be subject to production of evidence acceptable to Friends First of the state of health of the Members and of any other factors affecting the risk and will be on such terms and conditions as Friends First will require, including payment of all arrears of premium together with an additional amount to be determined by Friends First.

### 2.4. Rates and Guarantees

The Premium Rate as at the Commencement Date shall be a per capita rate of the total of the Members included under the Policy.

The premium payable at any Renewal Date will be calculated by applying the Premium Rate to the total number of Members at that date included under the Policy.

These premiums will be adjusted where necessary to take account of any Benefit which, has been declined by Friends First.

Provided always that Friends First reserves the right to revise the Premium Rate at any Renewal Date on which the number of Members included under the Policy alters by more than 25% compared with the number of Members included at the immediately preceding Renewal Date.

Subject to the above the Premium Rate will remain unaltered up until the Premium Review Date as set out in the policy schedule. On that Date and on any subsequent Premium Review Date Friends First will have the right to charge a new Premium Rate for all Benefits insured under the Policy.

### 3. Benefits & Claims

This section sets out details of the benefits covered and the conditions attached.

#### 3.1. Benefits of this Plan

The Plan provides for a benefit as set out in clause 1.4 to be paid to a Member who suffers any one of the serious illnesses and meets the conditions and definitions outlined in Section 4.

#### 3.2. Amount of Critical Illness Benefit

As specified in the Policy Schedule.

#### 3.3. Notification Procedure

A Member must inform Friends First in writing, at our Head Office, of his intention to make a claim under this Policy. Notification must be within three months of the date of diagnosis of any Critical Illness.

#### 3.4. Survival period

If a Member suffers a serious illness and wishes to claim, he must survive for a minimum period after the date on which the illness was diagnosed or surgery took place, before a payment can be made. In the event of death within this period no benefit is payable. The relevant periods are:

- (a) six months for Parkinson's disease, dementia (including Alzheimer's disease) and loss of sight;
- (b) six months for bacterial meningitis in respect of Children's cover;
- (c) twelve months for loss of speech and loss of hearing; and
- (d) 14 days for all other serious illnesses.

#### 3.5. Payment Procedure

Before we can consider making a payment under this Policy we must receive proof of the following :

- (a) The happening of the event giving rise to the payment;
- (b) The date of birth of the Member;
- (c) We may also require further information and shall be entitled to require that Member to support his claim by providing us with such information, proof or evidence which our Chief Medical Officer deems it necessary to prove that her has suffered an Insured Event. This may include the production of medical reports or evidence through examination(s) of the Member by a Medical Officer appointed by us;
- (d) by means of a blood test that the Member is not carrying a human immunodeficiency type virus (H.I.V.).

If in connection with any event which has an influence over the payment of benefit under this Policy, including the completion of a Member's application for this Policy and the provision of evidence as described above, the Member or anyone acting on the Member's behalf makes an untrue statement or omits to disclose a material fact, the cover provided for the Member under the Policy will immediately become void and no benefit whatsoever will be payable. If as a result of any non-disclosure or untrue statement, any benefit has already been paid, such benefit will be recoverable by us.

Any amount due from us under this Policy shall be payable to the Member. If payment is not made within two months of the date when Benefit becomes payable we will also pay interest. The interest will be calculated at a relevant market rate from the end of the two month period until the actual date of payment.

### **3.6. Cessation of Member's cover**

The Policy will cease to provide cover for a Member once he:

- (a) ceases to be eligible to remain as a Member; or
- (b) is paid a claim under the Policy; or
- (c) reaches the Ceasing Age; or
- (d) dies; or
- (e) ceases to be resident in the Republic of Ireland

### **3.7. Provision of medical information**

If a Member joins the Plan at the first available opportunity after the Commencing Date or later date of entering the membership of the Policy Sponsor he will be automatically covered for a Critical Illness Benefit up to the initial amount specified under Section 1.3 above and amended from time to time. Where a Member is not joining the Plan at his first opportunity, such member will be required to complete a medical application form describing his past medical and family history, in order to underwrite the Critical Illness Benefit as appropriate.

Friends First may then accept the Critical Illness Benefit being underwritten on standard terms or at its absolute discretion have the right to require that the Member submit to a medical examination by a medical officer appointed by Friends First. Upon receiving the required evidence of health Friends First may accept the application on standard terms or at its absolute discretion:

- (a) impose special conditions on the Critical Illness Benefit being underwritten or
- (b) decline to accept the Critical Illness Benefit being underwritten.

Every underwriting decision will be intimated in writing to the Policy Sponsor.

### **3.8. Pre-existing conditions and other important exclusions**

There are certain 'pre-existing conditions' which will apply to a Member.

No benefit shall be payable under this Policy for any critical event which a Member has suffered from prior to the inception of cover.

For example, if a Member contracted cancer a number of years ago, that Member can never claim for cancer but he is covered for the other illnesses.

For the purpose of this exclusion, the suffering or undergoing of heart attack, coronary artery by-pass surgery, heart transplant, angioplasty or stroke is considered to be the same disease, e.g. if a heart attack has been suffered prior to entry, no benefit shall be payable for the future occurrence of heart attack, coronary artery by-pass surgery, angioplasty, heart transplant or stroke. A Member will be covered for the remaining illnesses.

In the event of one of the serious illnesses covered occurring within two years of the commencement date of cover, a Member will not be paid a claim for a particular illness and cover for that illness will cease, if that illness has resulted either directly or indirectly from any condition which that Member suffered from prior to the commencement date of the cover.

These conditions are outlined in Section 4. 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 a Member had suffered from diabetes. This condition only arises if the event occurs within the first two 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.

In addition to the above, no cancer claims will be paid where the condition presents within the first three months of a member joining the plan. In such circumstances cover in respect of cancer ceases.

## 4. Range of Full Payment Serious Illnesses Covered

This section sets out details of the range of serious illnesses covered

### 4.1. Alzheimer's disease before age 65 – resulting in permanent symptoms

A definite diagnosis of Alzheimer's disease before age 65 by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be permanent clinical loss of the ability to do all of the following:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas.

For the above definition, the following are not covered:

- Other types of dementia.

### 4.2. Aorta graft surgery – for disease

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

The term aorta includes the thoracic and abdominal aorta but not its branches.

For the above definition, the following are not covered:

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

### 4.3. Aplastic Anaemia - of specified severity

A definite diagnosis by a Consultant Haematologist of permanent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood transfusion
- Marrow stimulating agents
- Immunosuppressive agents
- Bone marrow transplant

All other forms of anaemia are specifically excluded.

### 4.4. Bacterial Meningitis - resulting in permanent symptoms

Bacterial Meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit with persisting clinical symptoms\*. The diagnosis must be confirmed by a Consultant Neurologist.

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

### 4.5. Balloon Valvuloplasty – to correct heart valve abnormalities

The insertion, on the advice of a Consultant

Cardiologist, of a balloon catheter through the orifice of one of the valves of the heart, and the inflation of the balloon to relieve valvular abnormalities.



#### **4.6. Benign brain tumour – resulting in permanent symptoms or surgical removal via craniotomy**

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

- permanent neurological deficit with persisting clinical symptoms\*, or
- Full or partial removal of the tumour by craniotomy (surgical opening of the skull)

For the above definition, the following are not covered:

- Tumours in the pituitary gland.
- Angiomas.

#### **4.7. Benign Spinal Cord Tumour – resulting in permanent symptoms or requiring surgery**

A non-malignant tumour of the spinal canal or spinal cord, causing pressure and/or interfering with the function of the spinal cord, which requires

invasive surgery or stereotactic radiosurgery or which results in permanent neurological deficit with persisting clinical symptoms\*

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

Angiomas are specifically excluded.

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.

#### **4.8. Blindness – permanent and irreversible**

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

#### **4.9. Cancer – excluding less advanced cases**

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

The term malignant tumour includes leukaemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

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

#### **Explanation of the TNM system**

The three elements in the system relate to the primary tumour (T), the regional lymph nodes (N) and metastases (M) where the severity of each condition increases as each scale ascends to the maximum. Once the tumour is T2 in size (large but restricted to the prostate) we pay out, it does not matter if there is lymph node involvement or distant metastasis, (distant spread of the disease). Scales of 0-4 are applied for T, 0-3 for N and 0-1 for M. A brief summary follows:

#### **Primary Tumour (T)**

*Tis – carcinoma in situ*

*T0 – no evidence of primary tumour*

*T1 – small size, restricted to organ of origin*

*T2-4 – increasing size/local invasion*

#### **Regional Lymph Nodes**

*N0 – no nodal metastases*

*N1-3 – increasing degrees of nodal metastases*

#### **Distant Metastasis**

*M0 – no distant metastases*

*M1 – distant metastases present*

### **4.10. Cardiomyopathy - of specified severity**

A definite diagnosis by a Consultant Cardiologist of

cardiomyopathy. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class III of the New York Heart Association classification of functional capacity. The diagnosis should be supported by current echocardiogram or cardiac MRI showing abnormalities consistent with the diagnosis of cardiomyopathy.

For the purpose of this definition, NYHA Class III is heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

All other forms of heart disease, heart enlargement and myocarditis are specifically excluded, as is cardiomyopathy directly related to alcohol or drug abuse.

### **4.11. Chronic Lung Disease – requiring long term oxygen therapy**

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

- The need for daily oxygen therapy for a minimum of 15 hours per day for a minimum period of 6 months;
- FEV1 being less than 40% of normal;

Vital Capacity less than 50% of normal.

### **4.12. Coma – resulting in permanent symptoms**

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

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

For the above definition, the following is not covered:

- Coma secondary to alcohol or drug abuse.

#### **4.13. Coronary artery surgery**

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

For the above definition, the following are not covered:

- Balloon angioplasty;
- Atherectomy;
- Rotablation;
- Insertion of stents; and
- Laser treatment

#### **4.14. Creutzfeldt-Jakob Disease – resulting in permanent symptoms**

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

#### **4.15. Deafness – permanent and irreversible**

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

#### **4.16. Encephalitis – resulting in permanent symptoms**

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

#### **4.17. Heart attack – of specified severity**

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

- New characteristic electrocardiographic changes.
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
  - Troponin T > 1.0 ng/ml
  - AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

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

#### **4.18. Heart structural repair – with surgery to divide the breastbone**

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

#### **4.19. Heart valve replacement or repair**

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

#### **4.20. HIV infection– Occupational / Assault / Transfusion**

Infection by Human Immunodeficiency Virus, resulting from:

- a blood transfusion given as part of medical treatment;
- a physical assault; or
- an incident occurring during the course of performing normal duties of employment from the eligible occupations listed below <sup>1</sup>;

after the start of the policy and satisfying all of the following:

- The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.
- Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident.
- There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.
- The incident causing infection must have occurred in one of the following countries: Australia, Austria, Belgium, Canada, the Channel Islands, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, the Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, New Zealand, Norway, Poland, Portugal, Republic of Ireland, Slovakia, Slovenia, Spain, Sweden, Switzerland, the United Kingdom, and the United States of America.

For the above definition, the following is not covered:

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

<sup>1</sup> Note: Eligible occupations are doctor, health worker, prison officer, Garda, fire officer, ambulance officer.

#### **4.21. Kidney failure – requiring dialysis**

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

#### **4.22. Liver Failure**

End stage liver failure due to cirrhosis and resulting in all of the following:

- Permanent jaundice
- Ascites
- Encephalopathy

Liver disorder secondary to alcohol or drug misuse is excluded.

#### **4.23. Loss of hands or feet – permanent physical severance**

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

#### **4.24. Loss of Independent Existence – permanent and irreversible**

Permanent and irreversible loss of the ability to function independently which is defined as follows:

- Being permanently unable to fulfil at least three of the following activities unassisted by another person:

- The ability to walk 100 metres on the flat
- The ability to get in & out of a standard motor vehicle
- The ability to put on, take off, secure & unfasten all necessary garments, and any braces, artificial limbs or other surgical appliances
- The ability to wash in the bath or shower (including getting into and out of the bath & shower) such that an adequate level of personal hygiene can be maintained
- The ability to climb a flight of 12 stairs without the assistance of special aids
- The ability to manage bowel & bladder functions such that an adequate level of personal hygiene can be maintained
- **OR:** Suffering from severe & permanent intellectual impairment which must
  - Result from organic disease or trauma, and
  - Be measured by the use of recognised standardised tests, and
  - Have deteriorated to the extent that requires the need for continual supervision & assistance of another person throughout the day.

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

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

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

#### **4.25. Loss of speech – permanent and irreversible**

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

#### **4.26. Major organ transplant**

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

For the above definition, the following is not covered:

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

#### **4.27. Motor neurone disease before age 65 – resulting in permanent symptoms**

A definite diagnosis of motor neurone disease before age 65 by a Consultant Neurologist. There must be permanent clinical impairment of motor function.

#### **4.28. Multiple sclerosis – with persisting symptoms**

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

#### **4.29. Multiple system atrophy – resulting in permanent symptoms**

A definite diagnosis of multiple system atrophy confirmed by a Consultant Neurologist.

There must be evidence of permanent clinical impairment of either:

- motor function with associated rigidity of movement; or
- the ability to coordinate muscle movement; or
- bladder control & postural hypotension

#### **4.30. Paralysis of limbs – total and irreversible**

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

#### **4.31. Parkinson's Disease before age 65 –resulting in permanent symptoms**

A definite diagnosis of Parkinson's disease before age 65 by a Consultant Neurologist.

There must be permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability.

For the above definition, the following is not covered:

- Parkinson's disease secondary to drug abuse.

#### **4.32. Pre-Senile Dementia before age 65 – resulting in permanent symptoms**

A definite diagnosis of dementia by a consultant neurologist, psychiatrist or geriatrician. There must be permanent clinical loss of the ability to do all of the following:

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

Dementia directly related to alcohol or drug abuse is specifically excluded.

#### **4.33. Primary Pulmonary Hypertension – of specified severity**

A definite diagnosis by a Consultant Cardiologist of Primary Pulmonary Hypertension.

There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class III of the New York Heart Association classification of functional capacity.

For the purpose of this definition, NYHA Class III is heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

Pulmonary hypertension secondary to any other known cause is specifically excluded.

#### **4.34. Progressive Supranuclear Palsy**

A definite diagnosis by a Consultant Neurologist of

Progressive Supranuclear Palsy. There must be permanent clinical impairment of motor function, eye movement disorder, rigidity of movement & postural instability.

#### **4.35. Pulmonary Artery Surgery – with surgery to divide the breastbone**

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

#### **4.36. Rheumatoid Arthritis - of specified severity**

Severe Rheumatoid Arthritis affecting three or more of the following joint areas: hands, wrists, elbows, neck, knees, ankles, and toes, to the extent that there is permanent and irreversible loss of the ability to fulfil at least three of the activities of daily living listed in the Loss of Independent Existence definition.

#### **4.37. Stroke – resulting in permanent symptoms**

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

For the above definition, the following are not covered:

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

#### **4.38. Systemic Lupus Erythematosus – of specified severity**

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

Severe kidney involvement with SLE as evidenced by:

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

OR

Severe Central Nervous System involvement with SLE as evidenced by:

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

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

#### **4.39. Third degree burns – covering 20% of the body's surface area, or 50% of the surface area of the face**

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

#### **4.40. Traumatic head injury – resulting in permanent symptoms**

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

For the purpose of the above definitions, "Permanent Neurological Deficit with Persisting Clinical Symptoms" is defined as follows:

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

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



## 5. Partial Payment Specified Illnesses

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- (a) We will make one partial payment for Specified Illness cover if the life assured is diagnosed as having one of the Specified Illnesses listed below, on a date after the start date and before the expiry date of the Specified Illness cover benefit.
- (b) If you make a claim for a partial payment benefit and you are able to fulfil any of the main benefit definitions, then you will be paid the main benefit sum assured only. No partial payment benefit will be made and your contract will cease from the point the main benefit becomes payable.
- (c) We will only make one payment per life on the plan under (a) above. This payment is independent of the main Specified Illness cover amount.
- (d) We will not pay any benefit under this section if a life assured dies within 14 days of a diagnosis as described in (a).
- (e) All the normal plan terms and conditions apply to these partial payments

The following illnesses are covered under this section:

### 5.1. Brain abscess drained via craniotomy

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

### 5.2. Carcinoma in Situ – Oesophagus, treated by specific surgery

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

Histological evidence will be required.

Treatment by any other method is specifically excluded.

### 5.3. Carotid Artery Stenosis – treated by Endarterectomy or Angioplasty

The 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.

### 5.4. Cerebral arteriovenous malformation – treated by craniotomy or endovascular repair

The undergoing of surgical treatment via

Craniotomy (surgical opening of the skull) by a Consultant Neurosurgeon of a cerebral AV fistula or malformation.

Or the undergoing of endovascular treatment by a Consultant Neurosurgeon or Radiologist using coils to cause thrombosis of a cerebral AV fistula or malformation.

Intracranial aneurysm is specifically excluded.

### 5.5. Coronary Angioplasty – to correct narrowing or blockage to 2 or more coronary arteries

The undergoing of balloon angioplasty, atherectomy, rotablation, laser treatment or stent insertion on the advice of a Consultant Cardiologist to correct at least 70% narrowing or blockage of two or more main coronary arteries.

For the purposes of this definition the main coronary arteries are defined as:

- Right coronary artery
- Left main stem
- Left anterior descending
- Circumflex

Angiographic evidence will be required.

Insertion of 2 stents in different arteries at different times (e.g. on different days several years apart) does qualify for payment, after the second artery has been stented.

The following are not covered:

- Two or more procedures in the same artery
- Procedures to any branches of the main coronary arteries

### **5.6. Ductal Carcinoma in situ – Breast, treated by surgery**

A definite diagnosis of a ductal carcinoma in situ (DCIS) 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.

Prophylactic mastectomy at the request of the life assured, where no DCIS is found to be present, is specifically excluded.

### **5.7. Low level prostate cancer with Gleason score between 2 and 6 – and with specific treatment**

A definite diagnosis of prostate cancer which has been histologically classified as having a Gleason score between 2 and 6 inclusive, provided:

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

Treatment with cryotherapy, transurethral resection of the prostate, 'experimental' treatments or hormone therapy, are all specifically excluded.

### **5.8. Serious Accident Cover**

A serious accident means an accident resulting in severe physical injury where the life assured is immediately admitted to hospital for at least 28 consecutive days to receive medical treatment.

For the purposes of this definition a Serious Accident means injury resulting solely and directly from unforeseen, external, violent and visible means, and independent of any other cause.

A Life Assured may only claim once under this cover.

An accident as a result of any of the following is specifically excluded under this cover:

Armed forces, hazardous pursuits, drug and alcohol, and self inflicted injury.

### **5.9. Surgical removal of one eye**

Surgical removal of a complete eyeball for disease or trauma

**5.10. Third Degree Burns covering 5% to 19% of the body's surface area or 25% to 49% of the face's surface area**

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 5% and less than 20% of the body's surface area, or affecting between 5% and 20% of the head and neck, or between 25% and 50% of the surface area of the face, which for the purpose of this definition, includes the forehead and the ears.

## **6. Specified Illness Restrictions & Exclusions**

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### **6.1. The restrictions and exclusions on this benefit are:**

If you are covered for Specified Illness Benefit, please remember that you will only qualify if you meet the exact definitions of the illnesses listed above. For example, although fibroadenoma can be referred to as a form of “breast cancer”, it is actually a relatively harmless benign cancer and so is not covered. There are also illnesses, which although very serious, are not covered as a specified illness under this policy. Epilepsy would be an example of such an illness.

To qualify for Specified Illness Benefit, a life assured must be diagnosed by a consultant physician, in a major private or public hospital in Ireland or the United Kingdom, as suffering from any of the illnesses defined above. You must also be alive at least 14 days after the date the illness was first diagnosed.

Our Chief Medical Officer must verify the diagnosis of any specified illness.

In addition, the following exclusions apply:

We will not pay any Specified Illness benefit if a life assured is outside the territorial limits for more than three months in any calendar year.

The territorial limits are the member states of the EU on the policy start date, the United States of America, Canada, New Zealand, Australia, Norway, Switzerland, Japan, South Africa, Singapore, Iceland, the Czech Republic and Saudi Arabia.

We will not pay benefit for blindness, coma, heart attack, kidney failure, major organ transplant or paralysis, if the claim is either directly or indirectly the result of drug or alcohol abuse or abusing other dangerous substances.

We will not pay benefit for blindness, coma, loss of limbs or paralysis if the claim is either directly or indirectly the result of the life assured deliberately neglecting his or her health by failing to get or follow medical advice or to a deliberate self inflicted injury.

## **7. General Provisions**

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### **7.1. General Exclusions**

In addition to the specific exclusions contained in the definition of each Critical Illness, no benefit will be payable in respect of any Critical Illness if a Member travels or remains outside the Territorial Limits for more than four months in any calendar year.

No benefit will be payable in respect of Critical Illnesses, if the circumstances giving rise to a claim are either directly or indirectly attributable to the abuse of alcohol, drugs or other dangerous substances.

No benefit will be payable in respect of Critical Illnesses if the circumstances giving rise to a claim are either directly or indirectly attributable to the deliberate neglect of health by failure to seek or follow medical advice, or to a wilful self inflicted injury.

No benefit will be payable if the Member is shown to be carrying, or to have been carrying, a human immunodeficiency virus (H.I.V.) or antibodies to such a virus except where the virus has been contracted in the conditions set out in clauses 4.10 and 4.11.

No benefit will be payable if the circumstances giving rise to a claim are either directly or indirectly attributable to:

any form of war, whether declared or not, or to participation in a riot, insurrection, civil commotion or criminal act; or

participation in any of the following pursuits: abseiling, bobsleighting, boxing, hang-gliding, scuba-diving, any type of equestrian event, motor or motorcycle sports, mountaineering, rock climbing, pot-holing and caving, parachuting, power-boat racing and aviation other than as a fair paying passenger on a regular public airline.

### **7.2. Law and Currency**

All money payable to or by Friends First will be paid at its registered office in the currency of the Republic of Ireland. The payment or acceptance of payment by Friends First at any other place will not be deemed to waive this Condition as regards any subsequent payments.

This Policy will be read and construed in accordance with the law of the Republic of Ireland.

### **7.3. Basis of Contract**

The Proposal and any further declaration made by the Policy Sponsor in connection with this Policy will form the basis of this contract. Any statements made by a Member on any form of application required by Friends First or made to a medical officer appointed by or acting for Friends First will also be the basis of the contract in so far as it related to that Member's insurance.

### **7.4. Notification by the Policy Sponsor**

Any notification to be given under this policy by the Policy Sponsor to Friends First shall be in writing and signed by such persons as may be authorised by the Policy Sponsor for the purpose.

The receipt of the Policy Sponsor or any person authorised by the Policy Sponsor for any benefits or moneys to be payable shall be a complete discharge to Friends First.

### **7.5. Friends First's right to change Policy Conditions.**

Friends First will have the right to vary these Policy Conditions on the Premium Review Date or on any subsequent Premium Review Date provided that written notice has been given by Friends First to the Policy Sponsor notifying them that such change will take effect from the next Premium Review Date.

## **7.6. Taxation**

Friends First will apply all applicable taxation, duties or levies to the premiums or benefits payable in respect of this policy. If there is a change in applicable legislations relating to the tax, duties or levies that Friends First must pay in relation to this policy then Friends First may make appropriate changes to this policy or premium to reflect these changes, without prior notice being given to the Trustee(s) or Employer.

## **7.7. Communication with the Policy Sponsor and/or Trustee(s)**

Friends First may communicate with the Policy Sponsor via an authorised agent, broker or consultant, duly appointed for that purpose by the Policy Sponsor. References in this document to notifications of events to the Policy Sponsor by Friends First does not necessarily imply that such communication will take place directly with the Policy Sponsor.

## **7.8. General**

The failure by Friends First to insist on the strict performance of any covenant or duty of a Member or the Employer, or to pursue any remedy available to it under these Policy Conditions or otherwise, shall not constitute a waiver or breach of that remedy.