



SIMPLE, COST-EFFECTIVE COVER FOR LIFE'S HEALTH SETBACKS

Multi-Claim Protection Cover



INTRODUCING ROYAL LONDON

We've a strong heritage in Ireland and have been protecting customers here for over 190 years, most recently known as Caledonian Life. Today we are owned by The Royal London Mutual Insurance Society Limited – the largest mutual life, pensions and investment company in the UK. Our parent company's mutuality means we share a common sense of integrity and purpose, with no external shareholders. Whoever you are and whatever your aims, we'll look to provide you with great long-term value, first class service and support at all times.

KEY INFORMATION

Multi-Claim Protection Cover is a life and illness protection policy. It is a severity-based policy, meaning that pay-outs are linked to the potential impact of certain health events. It's purpose is to provide a lump sum payment to help offset the impact caused by covered events that occur during the lifetime of the policy. It is possible to claim multiple times until the original sum assured is fully paid out. Alternatively, it may pay all of your remaining sum assured as a lump sum if you die, or are diagnosed with a terminal illness, during the term of the policy. Multi-Claim Protection Cover is designed solely to provide protection benefits. There is no payment if you survive to the end of the term and no surrender value is payable at any stage.

This brochure should be read in conjunction with the relevant Policy Conditions booklet which contains full details of the benefits provided and the terms and conditions that apply. The Policy Conditions booklet is available on request. This brochure is designed as a quick reference to the main features of Multi-Claim Protection Cover.

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YOUR COVER EXPLAINED

A multi-claim policy designed to give you financial support in line with the potential impact caused by a medical condition or illness.

Medical treatment has evolved and so has the way in which people live their lives. That's why we have created a protection policy that has progressed to better meet your needs. **Multi-Claim Protection Cover is a severity-based policy, unique in the Irish market, which aims to align life and illness protection with the progression of modern medicine and health.**

Without a long list of prescribed medical definitions, Multi-Claim Protection Cover is designed to be easy to understand and to potentially pay out multiple times over the lifetime of your policy.



CONTINUING PEACE OF MIND

Broad cover for a range of conditions with the potential for more than one claim

Multi-Claim Protection Cover pays claims based on the impact caused by a medical condition or treatment, and how severe that impact is. Claims are paid for a range of medical conditions such as MS, medical treatments such as chemotherapy as well as for the inability to perform certain day-to-day tasks without help.

Multi-Claim Protection Cover is an easy to understand policy that protects you for a broad range of possible health setbacks that may impact you and your lifestyle. It is designed to pay out more often, and to cover treatments or illnesses you can easily understand.

Some insurance policies only pay out once if you have been diagnosed with a specific serious illness. Multi-Claim Protection Cover is different.

Multi-Claim Protection Cover is designed to give you financial support, aligned with the impact an illness or condition can have on your life. This policy can pay out 5% to 100% of your cover depending on the illness or condition.

This means for less serious illnesses or treatments, it will pay out potentially less than 100% of your cover, keeping the rest of your cover in place for any future, more severe illnesses. For illnesses or treatments that have a more serious impact, it pays out a higher amount.

Even after a claim for a serious illness, as long as you haven't claimed all (100%) of your sum assured, you will still have cover in place. You can continue to claim on the policy, as needed, until you have claimed the full amount of your cover.

After a claim, your monthly payments (premium) will not change.

Multi-Claim Protection Cover – in line with the impact caused by a medical condition or illness

There are eight levels of severity to determine how much money is paid out when you need to make a claim. These levels reflect the general impact that the condition or treatment may have on your lifestyle.

The percentage of your cover we can pay ranges from:

100% (most severe)
75%
50%
30%
25%
20%
10%
5% (least severe)

Claims paid when you need it most

This approach to paying claims makes it possible to get the financial help you need, when you need it most. Each claim paid reduces the remaining cover you have available.

For example, we may pay out for less serious illnesses or during the early stages of an illness and then we may pay out again if you were to suffer a more serious illness or in some cases, a relapse in the future. We may also pay out multiple claims at the same time, for conditions or illnesses that require multiple treatments.

Multi-Claim Protection Cover provides a financial safety net for a broad range of health conditions and treatments. It provides benefits that are related to the impact these health events would likely have. It includes cover for various cancer treatments, heart and neurological conditions, surgeries and much more.

By paying claims incrementally, when the financial support is most needed, you can make ongoing choices about your lifestyle and care.

CLAIM TRIGGERS

Easy to understand when you may claim

This table shows the health events that would trigger a claim on your policy. In each case, the listed percentage would be paid if a claim is admitted, and if the amount paid is less than 100% of your cover you will still have cover remaining. Each claim paid will reduce your remaining cover by that amount. Claims can continue to be made until the full sum assured has been paid out.

It is important to note that your original sum assured (increased where applicable by Indexation and any increases under the Guaranteed Insurability Option) is the maximum amount that will be paid out in total. For more details on the Guaranteed Insurability Option and Indexation turn to pages 22 and 26 respectively.

Cover paid	Claims trigger	Details
100%	Death	A key feature of this policy is that it isn't just for illnesses or health conditions. It will also provide cover in the event of death, meaning your family or next of kin may be paid 100% of your cover (or remaining cover) to help financially at that difficult time.
	Terminal Illness	A terminal illness diagnosis may trigger 100% of your cover (or remaining cover) to be paid.
	Major organ transplant	Receiving or being on the waiting list for an organ transplant (heart, kidney, liver, lung or pancreas) has an extreme impact on a person's life. So it may trigger 100% of your cover (or remaining cover) to be paid.
	Motor Neurone Disease – defined list	The severity of this disease and the extreme impact it has means, if diagnosed, 100% of your cover (or remaining cover) may be paid out.

Cover paid	Claims trigger	Details
75%	Permanent reliance on specific external medical devices	If you permanently rely on medical devices like oxygen, dialysis or feeding tubes it can have a severe impact so 75% of your cover may be paid out.
50%	Multiple Sclerosis Dementia including Alzheimer's Disease Parkinson's Disease Parkinsonian Syndromes	If diagnosed with one of these Neurological Disorders, resulting in specified symptoms, 50% of your cover may be paid out.
	Loss of speech Loss of hearing Loss of sight	The permanent loss of one of these senses may trigger 50% of your cover to be paid out.
	Heart Failure	If you suffer from permanent heart failure, of specified severity, 50% of your cover may be paid out.
30%	Stroke	If you have a stroke, resulting in specified symptoms, 30% of your cover may be paid out.
	Psychiatric admission – involuntary	An involuntary stay in a psychiatric facility in Ireland or the UK, or the undergoing of electro-convulsive therapy may result in a payment of 30% of your cover.
25%	Loss or paralysis of limb	Loss of, or permanently losing the use of, an arm, leg, hand or foot may result in a payment of 25% of your cover.

Cover paid	Claims trigger	Details
20%	Major Surgery – specified procedures	Open heart or by-pass surgeries, brain tumour or brain aneurysm surgeries, and surgeries to remove a lung or colon or an invasive tumour may all result in a payment of 20% of your cover (for each).
	Heart Attack	If you have a Heart Attack, 20% of your cover may be paid out.
	Chemotherapy Radiotherapy Bone marrow or stem cell transplantation Immunotherapy for Cancer treatment	If you are referred for one of these cancer treatments, 20% of your cover may be paid out. These treatments can only be claimed once. If you are referred for the same treatment again, you may claim the Continuing Cancer Treatment Benefit.
	Continuing Cancer Treatment Benefit	If we pay you a claim for any of the cancer treatments listed above and on or after the first anniversary of you starting that treatment, you are undergoing or repeating one of these treatments, 20% of your cover may be paid out.
	Rehabilitation at the National Rehabilitation Hospital	If after being in hospital, you need to be admitted to the National Rehabilitation Hospital in Ireland for at least 14 continuous days, 20% of your cover may be paid out.
10%	Intermediate Surgery – specified procedures	If you need surgery that is not categorised as a major surgery as listed above, but is categorised as a serious surgery, you may claim 10% of your cover. The surgeries covered in this category are listed on page 17.
	Long Stay Hospitalisation (before age 60)	If after an accident or serious illness you require a long-term stay in hospital for at least 28 continuous days (in Ireland or the UK), 10% of your cover may be paid out.
	Intensive Care Unit (ICU) admission	If you're in an ICU for 48 continuous hours or more, 10% of your cover may be paid out.

Cover paid	Claims trigger	Details
10%	Functional incapacity for self-care	If you are not able to wash or dress yourself without help for six months or longer, 10% of your cover may be paid out.
	Functional incapacity for feeding oneself	If you are not able to feed yourself without help for six months or longer, 10% of your cover may be paid out.
	Functional incapacity for mobility	If you are not able to walk from room to room on one level of your home without help for six months or longer, 10% of your cover may be paid out.
	Functional incapacity for continence	If you cannot manage your bowel or bladder functions for six months or longer, 10% of your cover may be paid out.

5%	Rehabilitation in a Nursing Home	If after being in hospital, you need to be admitted for physical rehabilitation at a hospital or nursing home facility for at least 14 continuous days, 5% of your cover may be paid out.
	Angioplasty	If you need to have angioplasty, for example if you need a stent inserted, (the various types of angioplasty are listed on page 18), 5% of your cover may be paid out. This can be paid on two occasions.

Terms and conditions do apply and are fully explained in the policy conditions document. If you would like a copy please let us know, or contact your Financial Broker.

CLAIM EVENTS

Grouping your cover for ease of understanding

From the table, you'll see that there are some common themes in what Multi-Claim Protection Cover offers. These are the things most likely to happen throughout a person's life, some serious and some extremely severe. The greater the impact that one of these illnesses or events is categorised as having, the higher the amount paid out each time.

Claim Event	Amount of cover payable
Terminal Illness & Death	100%
Severe Changes in Health	
Major organ transplant	100%
Permanent reliance on specific external medical devices	75%
Specified Neurological Disorders	
Motor Neurone Disease	100%
Dementia including Alzheimer's Disease	50%
Multiple Sclerosis and Devic's disease	50%
Parkinson's Disease and Parkinsonian Syndromes	50%
Stroke	30%
Additional pay outs may also apply if these disorders affect your capabilities (e.g. speech, use of limbs and functional abilities) or require in-patient treatments.	
Heart Related	
Heart Failure	50%
Heart Attack	20%
Angioplasty	5%
Heart surgery if needed may also trigger an extra 10% or 20% pay out.	
Full Sensory Loss	50%
Loss of Hearing	
Loss of Sight	
Loss of Speech	

Claim Event	Amount of cover payable
Specific Surgeries	
Major Surgery – specified procedures	20%
Intermediate Surgery – specified procedures	10%
Angioplasty	5%
Cancer Treatments	
	20%
Chemotherapy	
Radiotherapy	
Bone marrow/stem cell transplantation	
Immunotherapy for cancer	
Continuing Cancer Treatment Benefit	
Surgery for cancer, if needed, may also trigger an extra 10% or 20% pay out.	
Hospital In-patient Treatments	
Psychiatric admission – involuntary; or electro-convulsive therapy	30%
Rehabilitation in the National Rehabilitation Hospital	20%
Long-stay Hospitalisation (before age 60)	10%
ICU admission	10%
Rehabilitation in a Nursing Home	5%
Specific surgeries if needed (e.g. removing a kidney or full hip replacement) may also trigger an extra 10% pay out and those more severe surgeries (e.g. heart or brain surgery) may also trigger an extra 20% pay out.	
Loss of, or permanently losing the use of, an arm, hand, leg or foot (payment per limb)	
	25%
Functional Incapacity – not being able, without help, to:	
	10%
Wash or dress yourself	
Feed yourself	
Manage your bowel or bladder function	
Walk from one room to another	

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Claims paid more than once – with cover that continues

Thankfully, we have seen great strides in medical diagnostics and treatments. These advancements mean that serious illnesses are being diagnosed earlier and treated more effectively.

It also means that more people are likely to be diagnosed with, and be successfully treated for, a serious illness. For example, recent reports show that by 2020,

1 in 2 people¹ in Ireland will develop cancer during their lifetime. But, there is good news. Because more illnesses are detected earlier, in many cases, serious illnesses are having a lesser impact on people's lives. Following treatment many return to life as normal in a short space of time.

Take a look at how Multi-Claim Protection Cover could work for a person being treated for cancer.



Example A:

Mary is 42 and has a Multi-Claim Protection Cover policy with **€100,000** cover.

Cover	€100,000
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When diagnosed with invasive breast cancer Mary is referred for **chemotherapy, radiotherapy** and a **mastectomy**.

-20% paid out as chemotherapy is needed	€20,000
-20% paid out as radiotherapy is needed	€20,000
-20% paid out as a major surgery (mastectomy to remove an invasive tumour) is needed	€20,000

Multi-Claim Protection Cover would pay out **60%** of Mary's cover, **€60,000**.

This would leave Mary with **€40,000** cover for any future illnesses or health setbacks covered under her policy.

Cover remaining	€40,000
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¹ <https://www.cancer.ie/about-us/media-centre/cancer-statistics#sthash.q1aUJ3WO.dpbs>

Survival rates for cancer are higher than ever,¹ meaning people are living longer. This can mean that people are now more likely to suffer more than one serious illness during their lifetime. It's an unfortunate fact that people who have had cancer are at a higher risk of getting

a second cancer.² Similarly, people who have had a stroke have a higher risk of being diagnosed with cancer.³

Multi-Claim Protection Cover has been designed with this in mind, which is why cover continues after a claim.



Example B:

Louise is 36 and has a Multi-Claim Protection Cover policy with **€80,000** cover.

Cover	€80,000
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When diagnosed with a cancer in situ, Louise is referred for surgery to remove the tumour.

-10% paid out as an intermediate surgery is needed.	€8,000
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Multi-Claim Protection Cover would pay out **10%** of Louise's cover, **€8,000** at this time. This would leave Louise with **€72,000** cover for any future illnesses or health setbacks covered under her policy.

Cover remaining	€72,000
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When Louise is 52, she is diagnosed with Breast Cancer, and referred for a **lumpectomy**, along with **chemotherapy** and **radiotherapy**.

-20% paid out as chemotherapy is needed	€16,000
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-20% paid out as radiotherapy is needed	€16,000
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-20% paid out as a major surgery (lumpectomy) is needed	€16,000
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Multi-Claim Protection Cover would now pay out **60%** of Louise's cover, **€48,000**.

So far, **€56,000 (70%)** of Louise's cover has been paid out. This leaves Louise with **€24,000** cover for any further illnesses or health setbacks covered under her policy.

Cover remaining	€24,000
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¹ For example, five year survival rates in Ireland have increased from 44% between 1994 and 1998 to just over 60% between 2010 and 2014 (<https://www.rte.ie/news/2018/0203/938034-cancer-rates-ireland/>)

² <https://dceg.cancer.gov/research/what-we-study/second-cancers>

³ <https://www.telegraph.co.uk/news/2017/09/06/stroke-survivors-doubly-risk-cancer-scientists-warn/>

There are no price increases for claiming; your premiums stay the same throughout your policy. The only time your premiums will increase is if you add indexation to your policy or increase your cover.

Indexation explained:

Selecting Indexation can help protect your cover against the negative effects of inflation. Inflation is the rise in the general cost of living over the years. It can eat away at the real buying power of your money. With indexation, your cover increases by 3% each year in return for a 4% increase in your premiums each year. This can help to protect the real value of your cover as time passes. More information about indexation is available on page 26.

Similarly, there is no claim waiting-period applied. So, if you were to suffer a stroke and then need cancer treatment a few months later, you can claim straight away for both health events. The only exceptions to this are for Continuing Cancer Treatment Benefit, Long Stay Hospitalisation and Rehabilitation in a Nursing Home. These claims will only be paid out once, in any 12 month period.



SOME EXTRA DETAILS

Surgery cover

As not all surgeries are the same, or have the same impact or recovery period, we have two levels of surgery cover.

For major surgeries, **20% of your cover may be payable.**
A major surgery is:



Any structural heart surgeries, including a heart by-pass surgery.



Any brain surgery to remove a tumour or repair an aneurysm.



Any surgery to fully remove a lung or your small and/or large intestines.



A bone marrow transplant to correct a permanent failure which has resulted in a non-cancerous blood disease called Aplastic Anaemia.



Any surgery to remove an invasive malignant tumour (cancer). This does not include skin cancer, which is categorised as less severe and is covered under intermediary surgery.

**For intermediate surgeries, 10% of your cover may be payable.
An intermediate surgery is:**



Surgery to remove cancers in situ or invasive skin cancers.

Cancer in situ: In situ is Latin for in place. This is an early stage cancer where the cancer or tumour is in one place and has not spread.

Invasive skin cancer: An invasive skin cancer is when the cancer is growing into surrounding, healthy tissue.

Both of these types of cancers need to be histologically confirmed, meaning studied and confirmed under a microscope.



Heart surgeries that aren't structural surgeries (covered under 'major' surgery), except for angioplasty which is covered separately and any diagnostic procedures.



Surgery to drain a brain abscess and/or surgery to brain tissue to control epilepsy.



Surgery to:

- Remove a part of a lung
 - Repair the small or large intestine
 - Remove part of the liver
 - Remove a kidney
 - Remove part of the stomach, except for weight management reasons
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Surgery to the spinal cord, excluding spinal disc surgery.



Surgery for a total hip replacement.



Surgery for skin grafting for third degree burns.

For Angioplasty, 5% of your cover may be payable.

This benefit is payable twice during your policy and may be payable when you need:



The required operation (a coronary artery angioplasty, atherectomy, laser treatment or stent insertion) to any of the main coronary arteries.



The required operation (an endarterectomy or therapeutic angioplasty) to the carotid artery.



The required operation (a balloon angioplasty, atherectomy, laser treatment or stent insertion) to an artery of the legs.

There are specified arteries and specified thresholds, for example the operation should be to correct a narrowing or blockage of at least 70%, for this benefit. These are fully explained in your policy conditions document. If you would like a copy please let us know, or contact your Financial Broker.

Functional Incapacity

Some health conditions are not always easily diagnosed or treated. But that does not lessen the impact they can have on a person's life. That's why we have four separate categories included on this policy where we assess physical ability to carry out a number of specific tasks to catch these health setbacks.

If you are not able to do one of the tasks explained in the table below, without the help of at least one other person, you may be able to claim 10% of your cover.

Task	Explained as being able to:
Self-care	Wash in the bath or shower, or physically dress and undress yourself on your own.
Feeding	Feed yourself, once food is prepared and made available for you.
Mobility	Walk from room to room on a level floor within the property that you occupy as your residence.
Continence	Manage your bowel or bladder function.

You can claim once, per task, over the lifetime of your policy. The following conditions apply:

- Your incapacity is because of a physical injury or condition
- Your incapacity is for six months or longer

External medical devices

Some treatments are ongoing and rely on medical equipment or devices to help a person live. Using and managing these devices is usually something that once required, is needed for the rest of a person's life. These devices are:

- An oxygen tank, needed for End Stage Respiratory Disease
- A dialysis machine for renal or liver dialysis
- A PEG feeding tube

COVER FOR FAMILY IMPACTS

In addition to the cover listed in the earlier table, we understand that if something were to happen your child, naturally, that would have an impact on your life too.

If your child was to become seriously ill, we will pay you a percentage of your original cover (the amount you put in place when you first took out the policy) to you to help financially at that tough time.

This is a separate payment and your own cover under the policy would not be affected.

Even if you had made a claim under the policy, the percentage of the sum assured that would be payable would be based on the original sum assured. Illness cover for a child is capped at €25,000 and can be paid multiple times per child until a total of €25,000 is paid out. All of your children from their birth or adoption until their 18th birthday (25th birthday if in full time education) are covered during the term of the policy.

The following table shows the health events that would trigger a claim for a child. In each case, the listed percentage would be paid if a claim is admitted. Claims can continue to be made until the €25,000 limit is reached. Each claim paid will have no effect on your own cover.

Premature birth cover

If your child was born very premature, another separate payment would be made. €5,000 will be paid to you if you have a baby born before or during the 32nd week of pregnancy and survives for 7 days afterwards. The payment is per pregnancy and not per child, so in the event of a multiple birth, a single payment of €5,000 will be made.

Covered conditions for policyholders' children	Percentage of the sum assured payable, to a maximum of €25,000
Major organ transplant	50%
Motor neurone disease and specified diseases of the Motor Neurones	50%
Permanent reliance on specific external medical devices	37.5%
Cerebral palsy	25%
Heart failure	25%
Loss of hearing	25%
Loss of sight	25%
Loss of speech	25%
Dementia including Alzheimer's disease	25%
Parkinson's disease	25%
Parkinsonian syndromes	25%
Multiple Sclerosis (including Devic's Disease)	25%
Stroke	15%
Loss or paralysis of limb	12.5% (per limb)
Major Surgery – specified procedures	10%
Rehabilitation in the National Rehabilitation Hospital	10%
Specified treatment for cancer, leukaemia and benign brain tumour: Chemotherapy Radiotherapy Bone marrow/stem cell transplantation Immunotherapy for cancer Continuing Cancer Treatment Benefit	10% for each treatment
Heart Attack	10%
Intermediate Surgery – specified procedures	5%
Angioplasty	2.5%

We also provide a separate death payment of €7,000 for children from the age of 3 months until their 18th birthday (25th birthday if in full time education).

Terms and conditions do apply and are fully explained in the policy conditions document. If you would like a copy please let us know, or contact your Financial Broker.

ADDED BENEFIT GUARANTEED INSURABILITY OPTION

As part of our commitment to provide customers with maximum value, you'll also receive a number of additional benefits with your Multi-Claim Protection Cover policy.

Guaranteed Insurability Option

This is also known as a 'Special Events Increase Benefit.'

This benefit gives you the option to increase your level of cover, without having to give any further medical evidence, following any of these events:

- Increase in mortgage, either to purchase a new main residence or for home improvement of main residence
- Marriage
- Birth or adoption of a child

If one of these events occurs, you can increase your cover by 50% of the original amount up to a maximum increase of €100,000. If you want to increase your cover again, following another event, you can (provided you have not already exceeded the maximum total cover). In total, you can increase your cover by 100% of your original policy amount, up to €200,000 (provided you have not already exceeded the maximum total cover). If you do increase your cover, your premium will be subject to change too. However, the increases will be restricted by the maximum benefit limit of €500,000.

It is also possible to increase the Additional Life Cover (explained on page 24) only.

You can choose to take up this option at any time before age 55. **It will not be available if you have already received a claim payment or you are waiting to receive a claim payment.**



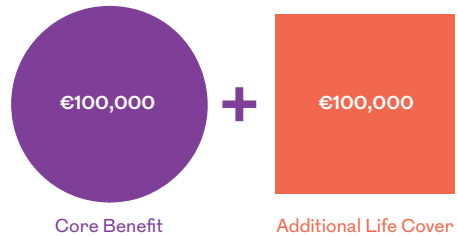
A FEW OPTIONAL EXTRAS

Extra protection for your life – more financial security for your family in the event of your death

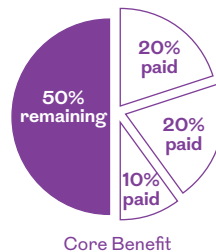
You can choose to include extra life cover with your Multi-Claim Protection Cover policy.

This Additional Life Cover would be separate from your cover that you can claim for health events during the lifetime of the policy. This extra life cover would be a fixed amount (unless you add indexation) and would be paid out to your family or next of kin if you died while the policy was in place.

How it would work



Claims paid for treatments needed during the lifetime of the policy



Claims then paid on death or terminal illness





Indexation

Inflation, or the rise in the general cost of living over the years, can eat away at the real buying power of your money. It may have the same effect on your Multi-Claim Protection Cover. Namely, what was the right amount of cover when you first took out the policy, may at some stage in the future no longer be enough for your own or your family's needs.

The table below shows the negative effects inflation can have on the purchasing power of a lump sum of €100,000.

Timeframe	Buying power of the money paid out
3% inflation rate	
0 years	€100,000
10 years	€74,409
20 years	€55,368

In this example, after twenty years with inflation at 3% per year a lump sum of €100,000 is the same as €55,368 in today's terms. The money paid out would still be €100,000 but its value is much lower because inflation means it buys less in the future than it would today.

Selecting Indexation on your policy helps protect against the negative effects of inflation. Quite simply, Indexation ensures that your cover increases by 3% each year (in return for a 4% increase in your premiums each year). This helps to protect the real value of your cover as time passes, assuming an annual inflation rate of less than or equal to 3%.

Full details of Indexation and the Terms and Conditions which apply are in the Policy Conditions booklet, which is available on request or from your Financial Broker.

Conversion Option

By selecting to include a Conversion Option on your policy you are adding a benefit which gives you the option to convert your remaining cover available on your policy into another Multi-Claim Protection Cover policy in the future, without having to provide evidence of health.

You can choose to add this option if you have a policy lasting for ten years or longer. You pay a higher premium if you want to include the Conversion Option in your policy, and the option can be used at any time during the policy term up to your 65th birthday (or before the 65th birthday of the older life for Dual Life policies).

The premium payable at the time of conversion will be based on your age at that time.

Any special conditions, exclusions or ratings which applied to the original policy will also apply to the new policy. When you take out your Multi-Claim Protection Cover policy with Royal London you'll need to decide from the outset if you wish to include this Conversion Option in your policy.

Full details of the Conversion Option and the Terms and Conditions which apply are contained in the Policy Conditions booklet, which is available from your Financial Broker.

EXTRA SUPPORT

Protection that progresses with your life – with a Helping Hand

Good protection is also about more than just money. That's why Multi-Claim Protection Cover comes with Helping Hand at no extra cost.

Our Helping Hand service gives one-to-one personal support from your own dedicated nurse adviser from RedArc (an independent care advisory service) who'll provide tailored and personal support whenever you need it – for as long as you need it.

With over 20 years' experience, RedArc has an excellent reputation for supporting individuals and their families through serious illness, chronic health conditions, bereavement and disabilities.

Whilst your medical team focuses on your treatment, RedArc helps by providing 'softer' skills – a friendly listening ear, practical information and much needed emotional support both for you and your family. (When we say 'family' we mean the spouse or partner of the Royal London Life assured and their children.)

To help speed up recovery, specialist therapy may also be provided through Helping Hand, if appropriate.

This includes:

- Bereavement Counsellors *or*
- Speech and Language Therapists *or*
- Face-to-face second medical opinion *or*
- Complementary therapies *or*
- Massage *or*
- Physiotherapy for serious health conditions

These ancillary specialist therapies are only provided if recommended by your personal nurse adviser from RedArc and only for a limited time.

Helping Hand is available to you from day one of the policy regardless of whether or not you are making a claim – and all at no additional cost.

And once your support from your personal RedArc nurse adviser starts there's no limit to how often you can speak to them.

Helping Hand is an additional service offered with all new Royal London policies. The service can be removed or amended at any time.



SETTING UP YOUR POLICY

How much do you pay?

You pay a fixed premium every month or year by direct debit. When you start your policy, this payment amount depends on factors such as:

- The amount of cover you choose
- The number of lives covered under the policy (explained more below)
- The term of the policy (how long you want your cover to last)
- Your age
- Whether or not you smoke
- Your health, occupation and pastimes
- Whether you choose to add additional features like Indexation or Additional Life Cover or Conversion Option to the policy

Premiums start from as little as €10 per month, inclusive of the 1% Government levy (December 2018).

Remember, your Financial Broker will be able to advise you of your premium which, unless you choose Indexation, is guaranteed not to change for the term of your policy (although any relevant Government levies will be reflected in your payments).

Who is covered under this type of policy?

You may cover your own life only, this is called 'Single Life Cover', or you may take out cover on two lives, on a 'Dual Life Cover' basis, for example, you and your spouse or partner.

Where cover is on a Dual Life basis, cover is provided separately for the two lives. As the two lives are covered independently, a claim for one of the lives has no impact on the level of cover for the other person on the policy.

How long can cover last?

You choose the term that suits you and your circumstances. However, the minimum term you can select is five years and the maximum term you can select is either 40 years or the number of years that would bring you up to age 70 from your next birthday.

Are there minimum and maximum amounts of cover allowed?

Yes, you can take out a policy with cover starting at €10,000, going up to €500,000.

If you include Additional Life Cover with your policy, the maximum cover amount for this benefit is €5 million.



OUR CLAIMS PHILOSOPHY

We understand that when someone makes a claim, it is at a difficult time in their lives. So we believe it's important to make things as easy as we can and to treat every claim with care and compassion.

Making a claim

The best way to start the claim process is for you to talk to your Financial Broker or to contact us to find out what you need to do.

To pay a claim quickly we need:

- Proof of age of the person covered by the policy
 - For example a certified copy of your birth certificate
- Proof of any change of name of the person covered by the policy
 - For example a certified copy of your marriage certificate if you changed your name when you got married or if you changed your name by deed poll

- Confirmation of the treatment you are being referred for or the condition being diagnosed
 - For example a letter from your consultant
- For death claims, we need a certified copy of the death certificate and evidence of who is entitled to receive the payout
 - For example a will and grant of probate or letters of administration

When we receive all of the documents and information we need to pay the claim, we will pay the benefit amount either to you directly, or to the person(s) legally entitled to receive it.

Making a claim following a terminal illness diagnosis

If you have been diagnosed with a terminal illness and want to make a claim, please contact us directly. We'll explain what you need to give us so that we can pay your claim as quickly as possible.

How to contact us

Call 01 429 3333 and our Dublin based team will help you. Or you can write to us at:

Claims Department
Royal London
47–49 St. Stephen's Green
Dublin 2

Full details of the standard exclusions that apply are contained in our policy conditions booklet. Any extra exclusions or special terms added during the application process will be outlined in your policy schedule.

Things you need to know

There are times when we will not pay a claim. Reasons for this can include:

- You stopped paying your premiums for the policy
- You didn't tell us about a material fact or gave incorrect information before your policy started or when it was being reinstated
- Your death or terminal illness occurs within a year of you taking out the policy, as a result of self-inflicted injury
- Your claim event does not meet our definition

Material facts

A material fact is anything about your:

- Health
- Smoking or drinking habits
- Occupation or pastimes
- Policies with other insurance companies

It is also any other fact that may influence our assessment and acceptance of your application.

If you are not sure about whether certain facts are material, you should tell us about them. If any new material facts take place or any of the information you have given us changes, between the date of your application and the date your cover starts, you need to let us know in writing. If you don't, this could be a 'non-disclosure of a material fact'. This would cause the policy to be invalid and cancelled from the start and any future claim not being paid.

Certified copies

To certify a document as a true copy of the original, you need to get the original version copied, signed and dated by a professional person. This can be a practicing solicitor, chartered accountant, bank or building society official, consulate official or a member of An Garda Síochána. They need to officially confirm that it is a true copy of the original document and include their position and contact details.

ABOUT ROYAL LONDON

We've a strong heritage in Ireland and have been protecting customers here for over 190 years, most recently known as Caledonian Life.

Over that time we've been protecting people like you who want a trustworthy and straightforward company they can rely on for their life, specified serious illness and income protection cover.

We're owned by the UK's largest mutual life, pensions and investment company – The Royal London Mutual Insurance Society Limited. Our parent company's mutuality means we share a common sense of integrity and purpose. And with no external shareholders, we are focused solely on making decisions based on the benefits to our customers to give better value and higher levels of service.

Plus with funds under management of over €132 billion*, you can rest assured you're in safe hands.

Needless to say, death or serious illness is not something any of us like thinking about. But it's important that you do – if only to make sure that your family is financially protected. Our products are only available from authorised Financial Brokers, who offer financial advice to help you meet your needs.

When you need us, we're only a phone call away in our Dublin office.

*Group funds under management figure as at 30/06/2018.

WANT TO KNOW MORE?

If you have a question about Multi-Claim Protection Cover you should contact your Financial Broker. They can provide you with any additional information that would help. See details below.

For information about Royal London visit our website royallondon.ie

Financial Broker Stamp:



www.royallondon.ie





Royal London

47–49 St Stephen's Green, Dublin 2

T: 01 429 3333 F: 01 662 5095 E: service@royallondon.ie
royallondon.ie

Feedback on the content and clarity of this booklet is very welcome. Please email feedback@royallondon.ie

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