



life



360 Protect

Brochure

Create financial security for your family

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IMPORTANT NOTICE: This brochure is designed to help you understand our 360 Protect policy. To make it easier to read, we haven't included all of the technical details which apply to your policy here.

You can find the full details in your policy conditions, which form part of your legal contract with us. This contract is provided by AIB life and governed by Irish law. This brochure doesn't form part of any contract between you and AIB life, and if there's any conflict between this brochure and your policy conditions, your policy conditions apply.

SECTION 1

360 PROTECT AT A GLANCE

WHY CHOOSE AIB LIFE?

We all want to feel financially secure, but it can be hard to know if you're on track. At AIB life, we help you feel better about your future.

We put power into your plans, whether you're looking to prepare for retirement, protect your loved ones or invest your money in a flexible way. If you run a business, we can support you too.

As a partnership between AIB and Great-West Lifeco, we're built on over a century of experience. Now we're taking that experience further, with the help of AIB's Financial Advisors and smart financial tools that live on the AIB Mobile Banking app.

WHAT'S THE DIFFERENCE BETWEEN AIB AND AIB LIFE?

Allied Irish Banks, p.l.c. (AIB) is a separate company from AIB life, which was launched in 2023. AIB life provides protection, pension and investment products. AIB provides advice on these products.

WHAT IS 360 PROTECT?

Most people pay for their rent, bills and loans with their salary. When people rely on one or more salaries to cover those payments, a death, injury or illness can make them a lot harder to afford. If you were to die, get injured or become seriously ill, you wouldn't want your family to have to worry about paying off a loan, funeral costs, medical bills or household expenses.

Our 360 Protect policy is designed to fill the gap of that missing income. The policy provides protection in the event of your death or an injury or illness that stops you from working. This means you can cover your bills and other costs. The policy can cover you, or you and your partner.

WHAT TYPES OF COVER ARE AVAILABLE?

We've tried to make our 360 Protect policy as flexible as possible, by splitting it into the five areas below, which we call benefits. You're free to choose each of these benefits on their own or a combination, depending on your needs.

An AIB Advisor can help you figure out what mix of benefits works best for you.



1. DECREASING LIFE COVER:

This type of cover can be more affordable than other options but pays out less as time goes on. You're covered for an agreed time period. If you die closer to the beginning of your term, your policy will pay out more money than if you die near the end. That's because as you get older, the length of time you would be missing out on future earnings reduces, so you'll need less cover.

2. BILL COVER:

It's difficult to make ends meet if you're too unwell to work. With Bill Cover, we'll pay out a sum of money every month based on your level of cover if you can't work due to illness or injury. You can use this money to pay things like rent, bills, and mortgage payments.

3. SPECIFIED ILLNESS COVER:

Some illnesses and injuries are particularly life-changing, so you may need additional financial support. With Specified Illness Cover, we'll provide a lump sum that allows you to focus on recovering. This benefit is available if you suffer from a condition we cover under our policy. We've listed these conditions in Appendix A.

4. LEVEL LIFE COVER:

We call this type of cover "level" because the amount we pay out stays the same over the length of your policy, unlike Decreasing Life Cover. With Level Life Cover, you're covered for an agreed time period.

5. FUNERAL COVER:

Although it's hard to think about, there's a lot to pay for when someone dies, so it's useful to have money set aside. With Funeral Cover, the amount we pay out can help your family cover the cost of your funeral and other related expenses.

Your premiums will be shown on your policy schedule, which summarises the policy you've taken out with us, including the cost of each benefit and the cost of everything altogether. We go into the finer details of each benefit in the "Cover choices" section. There's also a range of additional benefits you can take advantage of which we've outlined in the "Other benefits" section.

We've explained the claims process in section 4 and answered a range of commonly asked questions in section 5. Your AIB Advisor can provide more detail on each benefit and help you decide how much cover you need.



SECTION 2

COVER CHOICES

1. DECREASING LIFE COVER:

A lump sum which decreases over time

HOW DOES IT WORK?

With Decreasing Life Cover, we'll pay out a one-off lump sum if you die before your cover ends. If you die closer to the beginning of your benefit term, the people you've named in your will or your estate will get more money than if you die near the end. That's because as you get older, the length of time you would be missing out on future earnings reduces, so you'll need less cover.

Some people take out this type of cover to replace income in case a family's main breadwinner dies before retiring. If that's the case, your family might use the money to pay bills, university fees, a car loan, or anything else your salary would've ordinarily paid for.

Let's say you have €480,000 Decreasing Life Cover at the start of your policy. You may have chosen the straight-line decrease option, which means your cover amount decreases by the same amount each month rather than it being linked to inflation. This would provide a replacement income of €2,000 a month for 20 years. When you get to the end of the tenth year of your policy, your Decreasing Life Cover will have reduced to €240,000. This provides replacement income of €2,000 a month for 10 years.

WHAT DO I NEED TO KNOW?

Here are the most important things to be aware of with this type of cover:

- 1. For Decreasing Life Cover, you must be under 80 to apply*

- 2. You can be covered for between five and 40 years but your benefit must end by age 84 at the latest*

- 3. Your premiums stay the same throughout the length of your cover, which we refer to as your "benefit term" in the policy schedule*

- 4. We'll pay a lump sum if you or anyone covered under this benefit dies. This can be used to replace income and pay for bills and other long-term costs*

- 5. Your chosen cover amount will reduce each month because the length of time your family needs that level of replacement income reduces as you get older*

2. BILL COVER:

A monthly amount if you get ill or injured and suffer a loss of income

HOW DOES IT WORK?

With Bill Cover, we pay you a monthly amount if you can't work due to illness or injury and suffer a total loss of income as a result. This amount can go towards your rent, mortgage and bills. You must be employed or self-employed to take out Bill Cover as part of your 360 Protect policy.

With Bill Cover we'll pay out a monthly amount if we accept your claim. The monthly pay out will start at the end of the "deferred period". This is the length of time between when you first become unable to do your job and when we start paying the claim. The deferred period can be either 4, 8, 13, 26 or 52 weeks. You can work with your AIB Advisor to choose a period that suits you, which will be shown in your policy schedule.

The deferred period will start on the day you get ill or injured. So, if you receive three months of sick pay from your employer, you might choose a 13-week deferred period. This would keep the gap between the time you receive your last salary and the day your Bill Cover payments will start to a minimum. If you're still unable to work after 13 weeks and not receiving any income, we'll start paying a claim. It's okay to receive an income during the deferred period, for example sick pay benefits. However, we'll only start paying a claim when the deferred period ends or when you stop earning, whichever is later.

You can choose a claim payment term of either two years, five years, or until your Bill Cover is due to end. You can claim a number of times under Bill Cover, but you must return to work between claims before you can claim again. You don't have to pay your Bill Cover premiums while you're receiving a Bill Cover claim, but your premiums for any other benefits should continue as normal. Your Bill Cover premiums will start again when your claim ends, to make sure your Bill Cover stays in force.

WHAT DO I NEED TO KNOW?

Here are the most important things to be aware of with this type of cover:

- 1. For Bill Cover, you must be under 64 to apply*

- 2. You can be covered for between five and 40 years but your benefit must end by age 68 at the latest*

- 3. The maximum amount one person can be covered for is 50% of their net income or €2,500 a month, whichever is lower*

- 4. If the cover includes both you and someone else, like your partner, then the maximum is either 50% of your joint net income or €5,000 a month, whichever is lower. This is provided you're both working*

- 5. If you become ill or injured, you'll have to wait until the end of your chosen deferred period before we'll start paying your claim*

- 6. If you remain unable to work and suffer a total loss of income at the end of the deferred period, we'll start paying your monthly Bill Cover claim*

- 7. Your claim will stop when you're able to return to work or at the end of the claim payment term, whichever is earlier*

- 8. Your Bill Cover claim could end before you're able to return to work, depending on the claim payment term you've chosen. At this point your Bill Cover benefit will end altogether*

9. *If you become unemployed, you won't be covered if you become ill or injured after the first month of unemployment*

 10. *If you become unemployed and you're not planning on returning to employment, you should consider cancelling your Bill Cover benefit*

 11. *Provided you start working again, you can reinstate Bill Cover within three months of becoming unemployed without having to provide medical evidence*
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3. SPECIFIED ILLNESS COVER:

A lump sum payment if you are diagnosed with a specific condition

HOW DOES IT WORK?

Although it's hard to think about you or a loved one getting seriously unwell, it's a possibility worth planning for. With Specified Illness Cover we'll pay out a lump sum if you're diagnosed with one of the conditions we cover and meet our claims criteria. This lump sum will be to help you pay for medical bills and cope during a difficult time.

The money is yours, so you're free to use it however you choose, like paying for something you enjoy or find relaxing. Since you may have to adapt your home to live with your condition, Specified Illness Cover can also help with those improvements.

WHAT DO I NEED TO KNOW?

Here are the most important things to be aware of with this type of cover:

1. *For Specified Illness Cover, you must be under 65 to apply*
2. *You can be covered for between two and 50 years but your benefit must end by age 74 at the latest*
3. *We cover 49 conditions for full payment and 41 less severe, but still life-altering conditions for a partial payment of €15,000 or half of your Specified Illness Cover, whichever is lower. The list of conditions is included in Appendix A*

4. *If you're diagnosed with one of the full payment conditions and meet our claims criteria, we'll pay out your total Specified Illness Cover amount and your benefit will end. Our claims criteria includes surviving for 14 days after your diagnosis*

5. *If you're diagnosed with one of the partial payment Specified Illness conditions we'll pay out half of your Specified Illness Cover amount. This is provided you meet our claims criteria and survive for 14 days. You will receive up to a maximum of €15,000 and your Specified Illness Cover will continue*



REASONS WE WON'T PAY A CLAIM

We won't pay claims under Specified Illness Cover if you die within 14 days after being diagnosed with a specified illness. We also won't pay claims under this benefit if you get hurt or unwell:

- By your own deliberate act
- Due to a penalty imposed by a court of law
- Due to the inappropriate use of alcohol or drugs
- As a result of taking part in a criminal act

Claims under Specified Illness Cover also won't be paid if your condition is caused by a failure to follow reasonable medical advice, medically recommended therapies, treatment or surgery, taking part in hazardous activities, or by war, revolution or civil commotion. The reasons we won't pay a claim are described more fully in your policy conditions.

We'll only pay a valid Specified Illness Cover claim if, at the time of being diagnosed with a specified illness, you live in an EU Country, the United Kingdom, Australia, Canada, Iceland, Liechtenstein, New Zealand, Norway, South Africa, Switzerland or the USA.

You should notify us if you start living in a country other than the ones listed above.

There are some rules and restrictions that apply to partial payment Specified Illness claims, such as:

- a. You can't claim more than once under the same condition
- b. You can't claim under more than one of the listed conditions for the same or a related injury or illness
- c. A full payment claim will be reduced if you're diagnosed with a partial payment condition, receive a claim pay-out and within 30 days of the diagnosis, you're also diagnosed with a full payment condition caused by the same or a related illness or injury

In the event of a claim for Children's Specified Illness Cover, the child must survive for at least 14 days after they have been diagnosed. We'll only pay Children's Specified Illness Cover once for each child, irrespective of the number of AIB life policies that might provide cover for the child. We won't pay a Children's Specified Illness Cover claim if, in the professional opinion of our Chief Medical Officer, symptoms first arose, the underlying condition was first suspected or diagnosed, or either parent received counselling or medical advice in relation to the condition before:

- the policy start date, or
- the child became eligible for the benefit

4. LEVEL LIFE COVER:

A fixed lump sum to protect your loved ones

HOW DOES IT WORK?

Level Life Cover ensures there is a fixed pay out when you die, unlike Decreasing Life Cover, which reduces as time passes. That's why we call this type of cover "level" cover, in that it stays the same throughout the length of your policy.

WHAT DO I NEED TO KNOW?

Here are the most important things to be aware of with this type of cover:

- 1. For Level Life Cover, you must be under 83 to apply*

- 2. You can be covered for between two and 50 years but your benefit must end by age 84 at the latest*

- 3. Your premiums stay the same throughout the length of your cover, which we refer to as your "benefit term" in the policy schedule*

- 4. We'll pay a lump sum if you, or anyone covered under this benefit, dies. This can be used to replace income and pay for bills and other long-term costs*

- 5. Your chosen cover amount will stay the same for the length of the policy, unless you ask us to change it*



5. FUNERAL COVER:

Cover to help your loved ones say goodbye

Losing a loved one is hard enough, but the truth is a lot of families are also left with unexpected funeral costs when somebody dies. That's why it's useful to have an amount put aside specifically for funeral costs, just like you might use another benefit to make sure a debt can be paid after you die.

Other policies replace your income if you die and normally end around your planned retirement date. If you allocate cover specifically for your funeral, the people you care about won't have to use savings, other insurance or a loan to fund your funeral.

With Funeral Cover you can help make sure your funeral expenses and other related costs are taken care of. This avoids placing an extra burden on your loved ones at an already difficult time. This type of cover won't end after a specific term and will continue until you die.

WHAT DO I NEED TO KNOW?

Here are the most important things to be aware of with this type of cover:

- 1. You must be aged between 18 and 74 to apply for Funeral Cover*

- 2. The default cover amount is €10,000*

- 3. It has a whole of life term, which means you're covered until you die*

- 4. If you take out Decreasing Life Cover and Funeral Cover, your Decreasing Life Cover might end at age 70. Your Funeral Cover, however, will continue for the rest of your life as long as you keep paying for it*

- 5. When you die, the cover amount will be paid out to your estate or the people you name in your will. They can use the proceeds to pay for the funeral*

SECTION 3

OTHER BENEFITS

Along with the five main benefit choices outlined in the previous section, there's a handful of other additional benefits available with 360 Protect, which go to make this policy far-reaching and flexible.

These are automatically included, but they depend on which of the five main benefits you've chosen.

1. ACCIDENTAL DEATH COVER

This benefit is automatically available while you're in the process of taking out Decreasing Life Cover, Level Life Cover or Funeral Cover.

If you die from an accident while applying for 360 Protect cover, we'll pay out your cover amount, limited to €150,000 per person. We consider the process of taking out cover to begin when we receive your completed application form.

This temporary Accidental Death Cover benefit is only available if you're under 55. It will provide cover until we accept, reject or postpone your application or return with special terms. You'll be covered for a maximum of 30 days from the day we receive your application.

2. TERMINAL ILLNESS COVER

This benefit is automatically available if you have Decreasing Life Cover, Level Life Cover or Funeral Cover.

If you're diagnosed with a terminal illness, which means you have less than 12 months to live, we'll make an advance payment of your cover amount. This can reduce some of the financial pressure that can come about as you near the end of your life. If we pay out a valid Terminal Illness claim, your cover will end and we won't make any payments when you die.

3. ADVANCE PAYMENT FOR SURGERY COVER

If you opt for Specified Illness Cover and you need:

- aorta graft surgery
- a major organ transplant
- coronary artery bypass graft
- heart-valve replacement/repair
- heart structural repair

we'll pay out your Specified Illness Cover up to €30,000 before the surgery. The remaining cover will be paid out after the surgery if the claims criteria are met. In order to make a claim, you'll need to provide evidence about your condition and diagnosis.

4. LIFE CHANGES

This feature is automatically available if you have Decreasing Life Cover, Bill Cover, Specified Illness Cover or Level Life Cover. Major changes in your life can impact how you'd like to insure yourself and the people you care about. That's why if you:

- get married
- have a child
- take out a new or extra mortgage
- start earning more when you start a new job or get a promotion

you can ask us to extend your benefit term and/or increase your cover amount by the lower of:

1. €150,000
2. *Half of your current cover amount*

If you want to take advantage of the option to increase your cover or extend this benefit term, you'll need to do so before you turn 55. The total increase over the life of a policy is limited to €200,000.

Following a life change, you can also increase Bill Cover by a maximum of 50% of your current cover amount. You can use this option more than once, but the maximum total increase over the life of your policy is 100% of your initial cover amount. The Bill Cover amount you can apply for will always be limited to the lower of 50% of your net monthly salary or €2,500.

You won't have to provide any information about your health. However, if you want to use this option, you'll have to do so within one year of the life change. You'll also have to give us proof of the life change. For example:

- a marriage certificate
- a birth certificate
- an adoption or guardianship court order
- a new job offer
- a promotion letter
- a confirmation of mortgage approval

This option will not apply if you have claimed or if you are claiming on any of your AIB life policies. Please see the policy conditions for full details of this option, including any restrictions or other exclusions which may apply.

5. CHILDREN'S LIFE COVER

If you take out Decreasing Life Cover or Level Life Cover, we automatically cover each of your dependent children for up to €7,000 for as long as your policy lasts. Dependent children are children up until the age of 18 or up to the age of 25 if they're in full-time education. During the first six months after you take out your policy, we only cover them for accidental death. We will only pay Children's Life Cover once for each child, irrespective of the number of AIB life policies that might cover the child.

6. CHILDREN'S SPECIFIED ILLNESS COVER

If you take out Specified Illness Cover we automatically cover each of your dependent children. These are children up until the age of 18 or up to the age of 25 if they are in full-time education. The cover amount is the lower of €25,000 or half your Specified Illness Cover amount.

Your children are also covered for the partial payment conditions, where the cover amount is the lower of €7,500 or half your Specified Illness Cover amount. We'll only pay Children's Specified Illness Cover once for each child, irrespective of the number of AIB life policies that might provide cover for the child. Exclusions that apply to this benefit can be found in your policy conditions.

The following applies to **CHILDREN'S LIFE COVER** and **CHILDREN'S SPECIFIED ILLNESS COVER**:

- Children between 18 and 25 must be studying full-time or doing an apprenticeship to qualify for these benefits
 - Our definition of children includes stepchildren, adoptees or children you're a legal guardian for
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SECTION 4

MAKING A CLAIM

WHAT DO I NEED TO KNOW?

If you or someone acting on your behalf needs to make a claim, we're here to make the process as easy as possible. The way you claim depends on the benefit you're claiming against, because they follow slightly different processes and deal with different types of events. We've outlined the steps to take for each type of benefit below.

Once we've accepted your claim and received all of the supporting evidence and documents we need, we'll aim to pay the claim within five days. Additional material may be required along with an investigation of medical details.

1. DECREASING LIFE COVER, LEVEL LIFE COVER AND FUNERAL COVER

When somebody acting on behalf of you or your family needs to make a claim, they should contact your AIB Advisor or call us at **01 912 4455**. After that, we'll send them a claim form and explain the next steps.

We may ask for birth and/or death certificates, a certified copy of the will or grant of probate, letters of administration, or information from your GP, a coroner, or another medical professional.

2. SPECIFIED ILLNESS COVER

If you're diagnosed with one of the conditions we've listed, please contact your AIB Advisor or call us at **01 912 4455**. You'll need to contact us as soon as possible, but no later than six months after your diagnosis or injury. We'll then send you a claim form, asking for details of your condition and the medical professionals you've seen.

We may also ask for birth and/or death certificates, evidence of your diagnosis, evidence from your doctor or consultant, or additional medical examinations or tests to confirm the diagnosis.

3. BILL COVER

If you have Bill Cover on your policy, please contact your AIB Advisor or call **01 912 4455** to tell us when an illness or injury stops you from working. With Bill Cover we'll pay out a monthly amount if your claim is valid. You'll start receiving this monthly amount at the end of the "deferred period", which is the length of time between when you first became unable to do your job and when we start paying the claim. You can work with your AIB Advisor to choose a period that suits you.

The deferred period can be either 4, 8, 13, 26 or 52 weeks, so that will affect when you contact us.

Please contact us no later than:

- two weeks before the end of the deferred period if the deferred period is four weeks
- three weeks before the end of the deferred period if the deferred period is eight weeks
- five weeks before the end of the deferred period if the deferred period is 13 weeks
- 10 weeks before the end of the deferred period if the deferred period is 26 weeks
- 22 weeks before the end of the deferred period if the deferred period is 52 weeks

We'll ask you to fill in a claim form. Part of this form will be completed by your doctor or specialist. Please return these forms to us within two weeks of us sending them out to you. We can only consider a Bill Cover claim when we've received your fully completed claim form and a claim form from your doctor or specialist. We may ask you to have a medical examination or other tests to verify your claim. We consider all claims carefully and will make a decision as quickly as possible.

If we do pay a Bill Cover claim, the payment will end at the earlier of:

- when you return to work
- at the end of the claim payment term you chose
- at the end of your benefit term
- if our Chief Medical Officer decides that you're fit enough to return to work
- if you die

SECTION 5

QUESTIONS AND ANSWERS

HOW DO I DECIDE WHAT LEVEL OF COVER TO TAKE OUT?

If you're considering taking out 360 Protect, an AIB Advisor can offer you advice and help you choose benefits tailored to your personal circumstances.

CAN I CHANGE MY LEVEL OF COVER?

If you want to increase your cover, you'll need to complete another application form. Based on your health at the time you apply, we may agree to increase your cover amount. If you choose to increase your cover, it is likely that this will result in an increase in the premiums you pay.

If you recently got married, became a parent, took out a mortgage or got a new job or promotion, you might be able to increase your cover without providing evidence of your health. This may be done by using the Life Changes feature, if you fit the criteria. There's more information about this option in section 3.3.

WHO GETS A PAY OUT WHEN I DIE?

It depends on the type of cover you have and the number of people included in your policy. If there are two policyholders with Life Cover or Funeral Cover and one of you dies, we'll pay out the claim to the surviving policyholder. If it's just you, we'll pay out the claim to your estate in the event of your death, which will be managed by the person named in your will, if you have one.

WHY MIGHT MY POLICY END OR BE CANCELLED?

If all the benefits under your policy have ended, or reached the end of their respective benefit terms, the policy will end. If you have a Dual Life policy, this will apply to both you and the other person covered.

Your policy could also end as a result of a claim, if there are no further benefits on the policy that could be claimed. For example, a Specified Illness benefit will end once a full payment Specified Illness claim has been paid out and a Life Cover benefit will end once a Terminal Illness Cover claim has been paid. Some benefits might end at different times. For instance, Bill Cover claims can continue after the payment of a Terminal Illness Claim, which will result in the Life Cover benefits ending.

Your policy might be cancelled if you don't pay your premiums or conceal an important piece of information during the application process, for example details about your health.

WHAT HAPPENS IF I HAVE BILL COVER AND BECOME UNEMPLOYED?

If you have Bill Cover and become unemployed, you won't be able to claim if you're unemployed for more than one month. If you want to cancel your Bill Cover at this point, you may do so. If you do, and then return to work within three months of becoming unemployed, you'll be able to start your Bill Cover again without having to provide any extra medical or health details. If you decide to retire before your Bill Cover ends, you will have to cancel your benefit, but it's always best to discuss any changes to your policy with your AIB Advisor.

EUROPEAN COMMUNITIES (DISTANCE MARKETING OF CONSUMER FINANCIAL SERVICES) REGULATIONS, 2004

A financial service or product being provided on a distance basis means that it didn't involve face-to-face contact. If we provide a product on a distance basis, we're obliged to provide certain information. We have included this information under various sections in the documents we have provided to you, including this brochure. All information we provide will be written in English.

SECTION 6

CONTACTING US

We're always on hand to help. But who you contact will depend on what you're trying to do.

If you want to speak to an AIB Advisor:



Book a callback: aib.ie/make-a-plan



Visit a branch: aib.ie/branchlocator



or Call: 01 771 5867 | Mon – Fri, 09:00 - 17:00

For all other queries speak to AIB life:



Email: hello@help.aiblife.ie



or Call: 01 912 4455 | Mon – Fri, 08:00 - 18:00

If you want to update your contact details or view your documents, it's easy in the AIB Mobile Banking app:



Just click **AIB life** in the **Products** tab or directly from your accounts list, then either of the below:

- 1. Update details:** Visit **AIB life Changes** tab and make a request
- 2. View documents:** Visit **AIB Advice** tab to download your brochure or policy conditions

In the interest of customer service we will record and monitor calls.

APPENDIX A

FULL PAYMENT SPECIFIED ILLNESS CONDITIONS

Here's the 49 full payment Specified Illness conditions we cover. We've used the terms healthcare providers use when they talk about these conditions. The policy conditions have more detailed descriptions of each of them as well as specific claims criteria for each condition.

1. *Alzheimer's disease (resulting in permanent symptoms)*

 2. *Aorta graft surgery (for disease or traumatic injury)*

 3. *Aplastic anaemia (of specified severity)*

 4. *Bacterial meningitis (resulting in permanent symptoms)*

 5. *Benign brain tumour (resulting in permanent symptoms, surgery, or radiosurgery)*

 6. *Benign spinal cord tumour (resulting in permanent symptoms or requiring specified treatments)*

 7. *Blindness (permanent and irreversible)*

 8. *Brain injury due to anoxia or hypoxia (resulting in permanent symptoms)*

 9. *Cancer (excluding less advanced cases)*

 10. *Cardiac arrest (with insertion of a defibrillator)*

 11. *Cardiomyopathy (of specified severity)*

 12. *Chronic pancreatitis (of specified severity)*

 13. *Coma (requiring continuous life support for at least 96 hours and with persisting neurological symptoms)*

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14. *Coronary artery by-pass grafts (requiring thoracotomy or median sternotomy)*

15. *Creutzfeldt-Jakob disease (resulting in permanent symptoms)*

16. *Crohn's disease (of specified severity)*

17. *Deafness (total, permanent and irreversible)*

18. *Dementia (resulting in permanent symptoms)*

19. *Encephalitis (resulting in permanent symptoms)*

20. *Heart attack (definite diagnosis)*

21. *Heart valve replacement or repair (requiring surgery)*

22. *Heart structural repair (requiring thoracotomy or median sternotomy)*

23. *HIV infection (caught in the European Union, United Kingdom, Norway, Switzerland, North America, Canada, Australia and New Zealand, from a blood transfusion, a physical assault or at work while performing normal duties of employment)*

24. *Intensive Care (requiring mechanical ventilation for 10 consecutive days)*

25. *Kidney failure (requiring permanent dialysis or transplant)*

26. *Liver Failure (irreversible and end stage)*

27. *Loss of independence (permanent and irreversible)*

28. *Loss of limb (permanent physical severance)*

29. *Loss of speech (permanent and irreversible)*

30. *Major organ transplant (specified organs from another donor)*

31. *Motor neurone disease (resulting in permanent symptoms)*

32. *Multiple sclerosis or Neuromyelitis optica (Devic's Disease) (with persisting symptoms)*

33. *Necrotising fasciitis*

34. *Paralysis of one limb (total and irreversible)*

35. *Parkinson's disease (idiopathic) resulting in permanent symptoms*

36. *Parkinson plus syndromes (resulting in permanent symptoms)*

37. *Peripheral vascular disease (with bypass surgery)*

38. *Pneumonectomy (the removal of a complete lung)*

39. *Primary sclerosing cholangitis (of specified severity)*

40. *Pulmonary arterial hypertension (idiopathic) (of specified severity)*

41. *Pulmonary artery graft surgery (requiring median sternotomy)*

42. *Respiratory failure (of specified severity)*

43. *Short bowel syndrome (requiring permanent parenteral nutrition)*

44. *Spinal stroke (resulting in permanent symptoms)*

45. *Stroke (of specified severity)*

46. *Systemic lupus erythematosus (of specified severity)*

47. *Terminal illness (life expectancy less than one year)*

48. *Third degree burns (of 20% of the body's surface area or 50% of the surface area of the face)*

49. *Traumatic brain injury (resulting in permanent symptoms)*

PARTIAL PAYMENT SPECIFIED ILLNESS CONDITIONS

Here's the 41 partial payment Specified Illness conditions we cover. The policy conditions contain the full details and descriptions of these conditions as well as specific claims criteria for each condition.

1. *Aortic aneurysm (with endovascular repair)*

2. *Brain Abscess drained via craniotomy*

3. *Cancer in situ of the anus (treated by surgery)*

4. *Cancer in situ of the cervix (with specified surgery)*

5. *Cancer in situ of the colon or rectum (resulting in intestinal resection)*

6. *Cancer in situ of the larynx (with specified treatment)*

7. *Cancer in situ of the lung and bronchus (treated by specified surgery)*

8. *Cancer in situ of the oesophagus (treated by specified surgery)*

9. *Cancer in situ of the oral cavity or oropharynx (treated by surgery)*

10. *Cancer in situ of the renal pelvis and ureter - of specified severity*

11. *Cancer in situ of the testicle (requiring surgery to remove at least one testicle)*

12. *Cancer in situ of the urinary bladder*

13. *Cancer in situ of the uterus (treated by specified surgery)*

14. *Cancer in situ of the vagina (treated by surgery)*

15. *Cancer in situ of the vulva (treated by surgery)*

16. *Ductal carcinoma in situ – breast (treated by surgery)*

17. *Cancer in situ – other sites not already mentioned (treated by surgery)*

18. *Carotid artery stenosis (treated by endarterectomy or angioplasty)*

19. *Central retinal artery or vein occlusion (eye stroke) (resulting in permanent visual loss)*

20. *Cerebral or spinal aneurysm (with surgery, stereotactic radiosurgery or endovascular repair)*

21. *Cerebral or spinal arteriovenous malformation (with surgery, stereotactic radiosurgery or endovascular repair)*

22. *Coronary artery angioplasty (of specified severity)*

23. *Crohn's disease (treated with surgical intestinal resection)*

24. *Cystectomy (removal of the complete bladder)*

25. *Gastrointestinal stromal tumour (GIST) (treated by surgery)*

26. *Implantable cardioverter defibrillator (ICD) (for primary prevention of sudden cardiac death)*

27. *Liver resection*

28. *Low-level prostate cancer (with Gleason score between 2 and 6 and with specified treatment)*

29. *Neuroendocrine tumour (NET) of low malignant potential (treated by surgery)*

30. *Ovarian tumour of borderline malignancy/low malignant potential (with surgical removal of an ovary)*

31. *Peripheral vascular disease (treated by angioplasty)*

32. *Permanent pacemaker insertion for heartbeat abnormalities*

33. *Pituitary tumour (resulting in permanent symptoms or surgery)*

34. *Serious accident cover resulting in at least 28 consecutive days in hospital*

35. *Significant visual impairment (permanent and irreversible)*

36. *Single lobectomy (the removal of a complete lobe of a lung)*

37. *Surgical removal of one eye*

38. *Syringomyelia or syringobulbia (treated by surgery)*

39. *Third degree burns (covering at least 5% of the body's surface area or covering at least 20% surface area of the face)*

40. *Thyroid cancer (early stage with surgery)*

41. *Ulcerative colitis (treated with total colectomy, i.e. removal of the entire bowel)*



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