



AIG Europe Limited
Cancer Cover Plan
Policy Document

Cancer Cover Plan Policy

This policy, together with the **schedule** and the application form, is evidence of the contract between the **policyholder** and **us**, AIG Europe Limited.

We agree to provide the insurance cover described in this policy to the **insured person** or **insured persons**, as long as the **policyholder** pays the premium when it is due and **we** agree to accept it.

Purpose of the insurance

This policy will help meet the needs of someone who wants to be protected against many of the financial effects of being diagnosed with a **cancer** covered by this policy.

Premiums

Premiums are due every month, every 6 months or every year and will increase as the **insured person** or **insured persons** get older. This is because the cost of providing this insurance increases as **you** get older.

Glossary

The policy contains technical medical terms which are necessary to describe precisely what is and is not covered.

We have included a glossary which is designed to give **you** more information. The glossary does not form part of the policy.

What this insurance covers

We will pay the benefits to **you** if:

- cancer** is diagnosed before **your** 75th birthday;
- the diagnosis is for **cancer** at a new **primary site**;
- you** are alive when the diagnosis is made; and
- your** cover under this policy has been in force for 90 days or more.

Benefits

Diagnosis and day-case surgery benefits

We will pay:

- **your** diagnosis benefit shown on the **schedule** if **you** are diagnosed as having **cancers** 1, 2, 3, 4 or 5; or
- **your day-case surgery** benefit shown on the **schedule** if **you** are diagnosed as having **cancers** 6 or 7.

The **day-case surgery** benefit is paid for each **hospital** visit, up to five visits.

Income benefit

If **you** qualify for the diagnosis benefit for **cancers** 1, 2, 3, 4 or 5, **we** will also pay **your** income benefit shown on the **schedule** for 12 months from the date of diagnosis, or until **you** die if this happens earlier. **We** can decide to pay 90% of the full 12 months income in one amount, if **you** ask **us** to do so, before **we** make the first monthly payment.

Hospitalisation benefit

If **you** qualify for the diagnosis benefit for **cancers** 1, 2, 3, 4 or 5, **we** will also pay **your** hospitalisation benefit shown on the **schedule** for every complete 24 hours **you** spend in **hospital** for treatment, or a **surgical procedure**, directly related to **your cancer**. **We** will do this during the five years after **your** first diagnosis.

We will pay this benefit for up to 100 days in total (these 100 days do not have to be one after the other).

Surgical procedure benefit

If **you** qualify for the diagnosis benefit for **cancers** 1, 2, 3, 4 or 5, **we** will pay the **surgical procedure** benefit shown on the **schedule** if **you** have a **surgical procedure** directly related to **your cancer** during the two years after diagnosis. **We** will only pay this benefit once.

Definitions

We use certain words in this policy which have a specific meaning, and sometimes those meanings are unique to this policy. These words are shown below, in bold print, and have this specific meaning wherever they appear in the policy and **schedule**.

AIDS

Acquired Immune Deficiency Syndrome, including Human Immunodeficiency Virus (HIV), HIV/Wasting Syndrome and AIDS-related conditions.

Cancer

- 1 Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue in a **primary site**
- 2 Leukaemia
- 3 Hodgkin's disease
- 4 Carcinoma in situ of the breast
- 5 Malignant melanoma
- 6 Carcinoma in situ of any part of the body other than the breast
- 7 Skin cancer other than malignant melanoma

Consultant

A medical practitioner who has a current full registration with the Irish Medical Council and who:

- holds a public consultant post; or
- has held a public consultant post in the past and now practices within the same specialist field; or
- holds the necessary qualifications for a public consultant post together with evidence of appropriate general professional and higher specialist training to a standard required for such a post in the speciality in which he/she intends to work and has been appointed as a consultant to a hospital.

Day-case surgery

A **hospital** procedure performed under anaesthetic in an operating theatre, where the **insured person** does not have to stay overnight in the **hospital**.

Diagnostic surgery

Surgery involving:

- a biopsy (removing and examining living tissue from the body, or an organ of the body, for microscopic examination or diagnostic purposes); or
- an aspiration (removing, or trying to remove, fluid, gases or tissue from the body for microscopic examination or diagnostic purposes).

Effective date

The start date of the policy as shown on the **schedule** or the date an **insured person** is added, if later.

Hospital

An institution which has accommodation for inpatients and facilities for diagnosis, surgery and treatment. It does not include a long-term nursing home, a rehabilitation centre, an old people's or convalescence home or an extended-care facility.

Insured person or insured persons

The person or persons shown on the **schedule**.

Non-smoker

An **insured person** who has not used any tobacco products at any time in the 24 months before their **effective date**.

Partner

A person aged 18 or over whose name and date of birth have been supplied to **us**, who is either an **insured person's** husband or wife, civil partner, fiancé or fiancée, boyfriend or girlfriend and who permanently lives at the same address.

Policyholder

The person who has paid for this policy and is shown on the **schedule**.

Pre-existing condition

Any medical condition (whether diagnosed or not) for which, before the **effective date**, you:

- received medication, advice or treatment; or
- experienced symptoms.

Any condition which **you** were aware of (whether diagnosed or not) at the **effective date** will be considered to be a pre-existing condition.

Primary site

The site at which the first malignant change takes place as it relates to that particular **cancer**.

Schedule

The document showing details of the cover and which should be read with this policy.

Smoker

An **insured person** who has used tobacco products in the 24 months before their **effective date**.

Surgical procedure

A surgical procedure which is recommended and performed by a **consultant** in relation to the **cancer** which has qualified **you** to receive the diagnosis benefit.

Territory

Republic of Ireland.

We, us or our

AIG Europe Limited.

You or your
An **insured person**.

Exclusions

We will not pay the benefit:

- a if **you** are diagnosed as having **cancer**, within the 90 days immediately following **your effective date**;
- b if **you** get medical advice, have symptoms or tests, or receive any medication or treatment, for **cancer** within 90 days of **your effective date**;
- c in relation to a **surgical procedure** for **diagnostic surgery**;
- d for the **cancer** for which **you** are claiming if **you** have been diagnosed with the same **cancer** before the **effective date**;
- e if, at the time you were diagnosed with **cancer**, **you** had **AIDS** or **you** are or have been tested 'sero-positive' to Human Immunodeficiency Virus (HIV);
- f for any **cancer** directly or indirectly caused by any **pre-existing condition**;
- g based on a diagnosis made by an **insured person** or a member of the **insured person's** family;
- h for any **cancer** directly or indirectly caused by **you** having taken alcohol or a drug or drugs, unless the drug or drugs were taken as prescribed by a registered medical practitioner or taken according to the manufacturer's instructions;
- i for any **cancer** directly or indirectly caused by **you** having taken a drug or drugs for treating drug addiction;
- j for any tumours which are histologically (the study of tissues and cells under a microscope) described as:
 - pre-malignant (cells that have not yet turned to **cancer**); or
 - in relation to **cancers** 1, 2, 3, 5 and 7, non-invasive (cells that remain in the original tissue where they were formed); or
- k if **you** live outside the **territory** for more than 180 days in a row.

Changed status of smokers and non-smokers

If, at any time while this policy is in force, a **non-smoker** begins using any tobacco products, they must tell **us** immediately. **We** will adjust the premium to that appropriate to a **smoker** from the date **we** are told of the change. If **we** are not told, **we** will reduce any benefit based on the percentage of the total amount of premiums **you** have paid from **your effective date** compared with the premium which would have been paid by a **smoker** for the same period.

If a **smoker** stops using tobacco products while this policy is in force, they must tell **us** immediately. **We** will adjust the premium to that appropriate to a **non-smoker** after a period of 24 months from the date **we** are told. The **insured person** will have to sign a declaration to confirm that they no longer use tobacco products. If the **smoker** does not tell **us** that they have stopped using tobacco products, **we** will only pay the benefit amounts shown on the **schedule**.

Changing the premium and conditions

We can change the premiums and conditions of this policy by giving the **policyholder** at least 30 days notice in writing sent to their last known address.

Claim procedure

You, or someone else on **your** behalf, must contact AIG Europe Limited as soon as reasonably practical after any event happens which is likely to lead to a claim. **You** can do this by phoning (01) 208 1400 or by writing to AIG Europe Limited, AIG House, Merrion Road, Dublin 4.

You must fill in a claim form and provide a histopathological report (on **your** cells and tissues) that supports the diagnosis of **cancer**. **You** must supply all certificates, evidence and information **we** ask for at **your** own expense. **We** have the right to ask for a post-mortem examination.

We may ask **you** to have a medical examination. **We** will pay the cost of any examination plus the reasonable costs of travel, if **you** agree this with **us** before **you** travel.

If the **schedule** shows that **you** are a **non-smoker**, **we** will ask for a nicotine test to be carried out. This is a simple, non-invasive test to find out whether **you** have been using tobacco products.

Cooling-off period and cancelling the policy

If the **policyholder** cancels this policy within 15 days of the date the first premium is due (shown on the **schedule**), **we** will give the **policyholder** a full refund of any premiums paid, within 30 calendar days from the date **we** receive notice of cancellation. If the **policyholder** cancels the policy after 15 days, **we** will not refund any premiums.

The **policyholder** may cancel this policy at any time by writing to AIG Europe Limited, AIG House, Merrion Road, Dublin 4, giving 30 days notice in writing. **We** may cancel this policy by giving the **policyholder** at least 30 days notice in writing sent to the **policyholder's** last known address.

False information about your age

If **we** have been told that **you** are younger than **you** are in the **policyholder's** application for this insurance, **we** will only pay part of the benefits based on the percentage of the premium paid compared with the premium that should have been paid for **your** age at **your effective date**.

If **we** have been told that **you** are older than **you** are in the **policyholder's** application for this insurance, **we** will only pay the benefit shown on the **schedule**. **We** will refund to the **policyholder** the extra premium that has been paid without adding interest.

Fraud or false information

Any fraud, deliberate dishonesty or hiding information connected with the **policyholder's** application for this policy, or in connection with a claim, will make this policy invalid. If this happens, **you** will lose any benefit due to **you** and **you** must pay back any benefit that **we** have already paid. If this happens, **we** will not refund any premiums.

Law and jurisdiction

This policy is evidence of the contract of insurance between the **policyholder** and **us**. It will be governed by the law of the Republic of Ireland as long as **we** have not agreed otherwise at the start date of this policy. If the **policyholder** lives outside the **territory**, only the courts of the Republic of Ireland will have authority.

Paying benefit

Any benefit will be paid to **you** unless **you** have died, in which case it will be paid to **your** legal representative.

Paying premiums

The premium is due every month, every 6 months or every year, as shown on the **schedule**.

Monthly premiums are due on the first premium due date shown on the **schedule**, and then on the first day of each month. Each premium paid buys cover for the calendar month in which it is due.

Six monthly premiums are due on the first premium due date shown on the **schedule**, and then every six months after that date. Each premium paid buys cover for the six calendar months following the due date.

Yearly premiums are due on the first premium due date shown on the **schedule**, and on each anniversary of that date. Each premium paid buys cover for 12 calendar months following the due date.

If the premium is not paid on the date it is due, the **policyholder** has 30 days in which to pay it. If it is not paid during that period, **we** will cancel the policy from the date on which the unpaid premium was due.

If the premium is paid during the 30 day period, the cover will continue as if it had been paid on the due date.

Residency requirement

Your cover under this policy cannot continue if **you** or the **policyholder** live outside the **territory** for more than 180 days in a row. Please tell **us** as soon as this happens so **we** can stop collecting premiums. The policy will be amended (or cancelled if there is only one **insured person**) from the 181st day of **you** living outside the **territory**.

Returning the premium

If, within 90 days of **your effective date** **you** are diagnosed with **cancer** or **you** get medical advice, have symptoms or tests, or receive any medication or treatment in relation to **cancer**, **we** will refund to the **policyholder** all premiums paid for the **insured person** concerned. That **insured person's** cover will be cancelled from their **effective date**.

Stopping the cover

Insurance cover will stop for the **cancer** for which **you** are claiming from the date the **cancer** is first diagnosed. Insurance cover will continue for other **cancers**.

Upper age limit

Your cover under this policy will stop on the premium due date following **your** 75th birthday.

If something goes wrong with our service

Complaints procedure

The AIG Europe Limited Customer Complaints Procedure is coordinated centrally by a dedicated Customer Complaints Officer, in order to respond flexibly and consistently across the Company to the evolving changes in **our** business and also in the regulatory environment in which **we** operate.

AIG Europe Limited wants to give **you** the best possible service. If **you** feel **you** have cause for complaint, **you** should contact the Accident & Health Manager at AIG Europe Limited, Ireland Branch.

If after such contact **you** remain dissatisfied, **you** may also write to the Customer Complaints Officer at AIG Europe Limited, AIG House, Merrion Road, Dublin 4. Phone 01 208 1400.

If the complaint is not resolved to **your** satisfaction, **you** should contact the General Manager, AIG Europe Limited, AIG House, Merrion Road, Dublin 4.

At any stage, **you** may contact any of the following:

The Irish Insurance Federation Insurance House,
39 Molesworth Street, Dublin 2.

Telephone: (01) 676 1820, Fax: (01) 676 1943, E-mail: fed@iif.ie Web: <http://www.iif.ie>

The Central Bank of Ireland, P.O. Box 559, Dame Street, Dublin 2. Telephone: 1890 77 77 77
Fax: (01) 671 6561. E-mail: enquiries@centralbank.ie Web: <http://www.centralbank.ie>

The Financial Services Ombudsman's Bureau, 3rd. Floor, Lincoln House, Lincoln Place, Dublin 2.
Lo Call: 1890- 882090; Phone: (01) 662 0899; Fax: (01) 662 0890.
E-mail: enquiries@financialombudsman.ie Web: <http://www.financialombudsman.ie>

Data Protection

AIG Europe Limited is committed to protecting the privacy of customers, claimants and other business contacts. "Personal Information" identifies and relates to **you** or other individuals (e.g. **your** dependants). By providing Personal Information **you** give permission for its use as described below. If **you** provide Personal Information about another individual, **you** confirm that **you** are authorised to provide it for use as described below.

Depending on **our** relationship with **you**, Personal Information collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition, and other Personal Information provided by **you**. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Decision-making on provision of insurance cover and payment plan eligibility
- Assistance and advice on medical and travel matters
- Management and audit of **our** business operations
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance, including compliance with laws outside **your** country of residence
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

To opt-out of marketing communications contact **us** by e-mail at: postmaster.ie@aig.com or by writing to: Customer Service Team, AIG Europe Limited, Ireland Branch, AIG House, Merrion Road, Dublin 4. If **you** opt-out **we** may still send **you** other important communications, e.g. communications relating to administration of **your** insurance policy or claim.

Sharing of Personal Information – For the above purposes Personal Information may be shared with **our** group companies, brokers and other distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers. Personal Information will be shared with other third parties (including government authorities) if required by law. Personal information (including details of injuries) may be recorded on claims registers shared with other insurers. **We** may search these registers to detect and prevent fraud. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of **our** company or transfer of business assets.

International transfer – Due to the global nature of **our** business Personal Information may be transferred to parties located in other countries, including the United States and other countries with different data protection laws than in **your** country of residence.

Security and retention of Personal Information – Appropriate legal and security measures are used to protect Personal Information. **Our** service providers are also selected carefully and required to use appropriate protective measures. Personal information will be retained for the period necessary to fulfil the purposes described above.

Requests or questions – To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: postmaster.ie@aig.com or write to Data Protection Officer, AIG Europe Limited, Ireland Branch, AIG House, Merrion Road, Dublin 4. More details about **our** use of Personal Information can be found in **our** full Privacy Policy at www.aig.ie or **you** may request a copy using the contact details above.

Other information

This insurance is underwritten by AIG Europe Limited. Registered in England and Wales. Company number: 01486260.

Registered office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom.

AIG Europe Limited, Ireland Branch has its registered branch office at AIG House, Merrion Road, Dublin 4, Ireland.

Branch registration number 906664.Tel: +353 1 208 1400

AIG Europe Limited is authorised and regulated by the Financial Services Authority of the United Kingdom, and is regulated by the Central Bank of Ireland for conduct of business rules.

Glossary of terms (does not form part of the policy)

We hope you find this section helpful. It explains some of the medical terms used in the policy.

Carcinoma in situ:	Early-stage cancer in which the disease is confined to the cells where it first appeared.
Histological:	Studying tissues and cells under a microscope.
Histopathological report:	Reports which accurately diagnose cancer and other diseases.
Hodgkin's disease:	A malignant disease of the lymphatic system that is characterised by swollen but painless lymph nodes, spleen or other lymphatic tissue. Also called Hodgkin lymphoma.
Leukaemia:	Cancer of the blood.
Lymphoma:	Lymphomas are cancers that develop in the lymph system, part of the body's immune system.
Malignant melanoma:	A malignant tumour which arises from the pigment-producing cells (melanosomes) of the deeper layers of the skin.
Metastasis:	The spread of cancer from its primary site to other places in the body.
Radiological:	X-rays, computed axial tomography (CAT scans), magnetic resonance imaging (MRI scans) or positron emission tomography (PET scans).