

Claims Guide

Helping you when you need it most





At Bank of Ireland Life, we understand that this is a very difficult time for you so we've written this Claims Guide to help answer any questions you may have about the claims process.

With Bank of Ireland Life you have the peace of mind knowing that:

- A sympathetic Claims Assessor will guide you through the claims process so you'll know what to expect and to help with any questions or worries you may have along the way.
- We understand that each customer and claim is different and because of this we have a dedicated Claims Team to talk you through your own personal circumstances. You'll receive a phone number which enables you to contact your claims assessor directly.
- We make every effort to collect the right information at the application stage so that when it comes to claim stage you can have confidence in the cover you have. Because we used tele-interviewing and the information is collected by a specialist nurse, the risk of non-disclosure (that's when not all relevant information is received from the customer) is greatly reduced. In this way we aim to pay claims faster and in full.

What is Income Protection?

Income Protection provides you with a replacement income in the event that you are unable to work due to any accident or illness. This income can be used to help pay bills and living expenses. The payment will commence once you have been disabled for a set period of time (known as the "deferred period"), which you selected when the policy commenced. We will continue to pay you until you recover and are ready to return to work, or until your chosen retirement age if you are unable to go back to work.



When you're with Bank of Ireland Life, making a claim is a simple, straightforward process. We work with you and your adviser to ensure that you are supported every step of the way, leaving you time to focus on getting better.

Telling us about your Claim

In order to assess your claim and start paying your benefits quickly it is important that you contact us and let us know early. You can tell us by:

- Telephoning the Claims Team on (01) 6172904,
- E-mailing us on incomeprotectionclaims@bankofirelandlife.ie or
- Writing to us at:

Income Protection Claims Team
 Bank of Ireland Life
 1st Floor
 9-12 Dawson Street
 Dublin 2.

Once you have told us you wish to make a claim, your personal Claims Assessor will issue a claim form for you to complete. Please ensure that you return the completed claim form, together with the items on the check list no later than the timelines outlined, to ensure we can start paying your replacement income without delay.

DEFERRED PERIOD	CLAIM FORMS MUST BE RECEIVED NO LATER THAN
8 weeks	4 weeks absence from work
13 weeks	4 weeks absence from work
26 weeks	16 weeks absence from work
52 weeks	40 weeks absence from work

Our Commitment to you

Once you meet the timeframes outlined, we promise that we will start your payments as per the Deferred Period outlined in your policy.

What do I need to complete the claim form?

Check List ✓

Employed Customers

- A completed Income Protection Claim Form
- A copy of the three previous months salary slips
- A copy of the previous years P60
- A detailed Job Description
- A copy of doctor's medical certificate issued to the employer

Self- Employed Customers

- A completed Income Protection Claim Form
- A copy of the three previous years Notices of Assessment
- A copy of related Audited Accounts (e.g. Company Accounts or Partnership Accounts as appropriate).
- A detailed Job Description

Please ensure that you complete all the details on the claims form fully and accurately and send back to us with the evidence requested.

Once we receive all your documentation we'll be in touch to progress your claim.

step
2

The assessment of your claim involves 2 important aspects, medical and financial.

The Medical Assessment


We will follow-up with your doctors or consultants to review your medical status and obtain any medical information we may need to complete the claim assessment. Unfortunately, sometimes delays can occur whilst we wait for this information.

We may also arrange for a nurse to meet you directly in your own home when it suits you. The nurse will discuss the claims process and obtain any further details required. Sometimes the nurse may arrange to meet with your employer. We find that this allows us to gain a better understanding of the nature of the work you carried out prior to you being unable to work.

In some cases we may ask you to attend a medical examination with an independent specialist. For example, if you have not recently seen a consultant or the medical evidence is inconclusive. We will cover the cost of this examination.

Once all the medical evidence and documentation has been received our Chief Medical Officer will make a decision on whether the claim should be accepted, declined or whether further information is required.

All medical evidence held by Bank of Ireland Life is confidential and will be used only by our expert team of professionals to thoroughly assess your claim.



If your policy is subject to any exclusions, which are outlined when the policy commences and are relevant to your claim we will let you know.

The Financial Assessment

We will ask to see proof of your income for the 12 months prior to the claim, details of which are outlined on the check list on Pg 5. All of this will be used to calculate the benefit you are entitled to.

If you chose the Confirmed Income Option when the policy commenced, we already have proof of your income and this is the amount that will be used to calculate the benefit you will be paid.

Some customers will continue to receive employment related financial benefits other than their income. This may include state illness benefits, employer disability benefits, benefits from other Income Protection plans and any continuing income from their employment. These payments will be taken into account when calculating the benefit you will receive from us.



step
3

Paying your claim

As soon as your claim has been finalised we will tell you how much benefit you will receive. If we can't pay you any benefit we will explain why.

Once we agree to pay a claim, it will be set up for payment monthly in arrears. This payment will be made directly to your bank account.

The benefit will continue to be paid until the first of the following occurs:

- You return to work or take up alternative employment
- Disability ceases or you're found medically fit to return to work
- You reach normal retirement age (as selected in the policy conditions)
- Death

Payments made will be subject to tax as they are deemed to be taxable income. Remember though your premiums were eligible for tax relief when you paid them.

Managing the claim

Your personal Claims Assessor will be there to support you throughout your claim. They will keep in touch on a regular basis and will let you know when a review of your claim will be carried out.

We understand that during this difficult time, your world can be turned upside down both financially and emotionally. That's why we cover the cost of your premiums while you are receiving the benefit.

IMPORTANT

You must let us know straight away if your medical or financial situation changes in any way. This includes whether you return to paid or unpaid work.

Other Services

We go the extra mile

Rehabilitation

Our experience has shown us that customers are keen to get back to work and bring a sense of normality back into their lives. Because of this, we support you in your return to work, and in some cases we help you develop new skills. This is done at a pace that is right for you.

Your Claims Assessor might use the following tools and supports to help with your recovery:

- Using qualified professionals offering assistance and advice on retraining and career guidance
- Using the services of medical or vocational rehabilitation specialists
- Liaising with your employer/doctor
- Arranging support from an Occupational Therapist
- Paying for treatment to speed up your recovery
- Paying for rehabilitation programmes to aid recovery and return to work
- Access to counselling and physiotherapy

Getting Back to Work

To support you in your return to work we provide the following benefits:

- **Back to Work Benefit**

The Back to Work Benefit is designed to help with your finances when you return to work after a long term claim e.g. one year. You'll get 50% of your benefit for the first month back to work and 25% of the benefit in the second month.

- **Relapse Benefit**

If you have a relapse within six months of returning to work and are no longer able to continue working, we will immediately restart paying your benefit. So there will be no waiting period if this is the case.

- **Proportionate Benefit**

If you return to work part or full-time either to your old job or a new career, and your new earnings are less than previously earned, you may be eligible to receive proportionate benefit.

- There is no limit to the number of claims you can make. Just remember to keep your cover going you must restart your payments when you return to work



Questions & Answers

How long does it take to assess a claim?

This will very much depend on how quickly your doctors respond to our requests for reports. This can often take several weeks, but we follow up with the doctors on a regular basis to ensure that the reports are dealt with as quickly as possible.

Does the benefit change during the course of the claim?

If there is escalation on the policy, the benefit will increase annually from the month the claim commenced.

Can my benefit be reduced?

If you are receiving other incomes, they may be deducted when we're calculating the benefit payable to you.

Examples of other income include:

- Any State Illness Benefit or equivalent entitlement in this or other European Union country if payable.
- Any continuing income, salary, commission, bonus or any other remuneration or income received by you by virtue of your current or previous occupation(s).
- Any ill health retirement pension payable from your current employment.
- Any benefit from other illness, disability or income protection policies, which involve a regular payment to you or by a financial institution on your behalf.

What options are available if the claim is declined?

If our Chief Medical Officer does not feel that you meet the definition of disability, the claim will be declined. If you have further medical information which you feel was not considered, we would ask you to submit this to our Chief Medical Officer for further consideration of the claim. Our Chief Medical Officer will review the file once again and may request that you attend a further medical.



1890 309 309

www.bankofirelandlife.ie

Terms and conditions apply. Benefits are subject to underwriting and acceptance by Bank of Ireland Life. The content of this document is for information purposes only. If there is any conflict between this guide and the Policy Conditions, the Policy Conditions will apply.

This claims guide is correct as at August 2009. Please note the claims process may change over time and the actual procedure that will apply will be the one in place as at the date of any claim.

Bank of Ireland Life is a trading name of New Ireland Assurance Company plc. New Ireland Assurance Company plc trading as Bank of Ireland Life is regulated by the Central Bank of Ireland and is a member of Bank of Ireland Group. Bank of Ireland Insurance & Investments Limited and Bank of Ireland are regulated by the Central Bank of Ireland and are tied agents of New Ireland Assurance Company plc.

To improve our service to you, calls may be recorded.

500550 V2.06.11