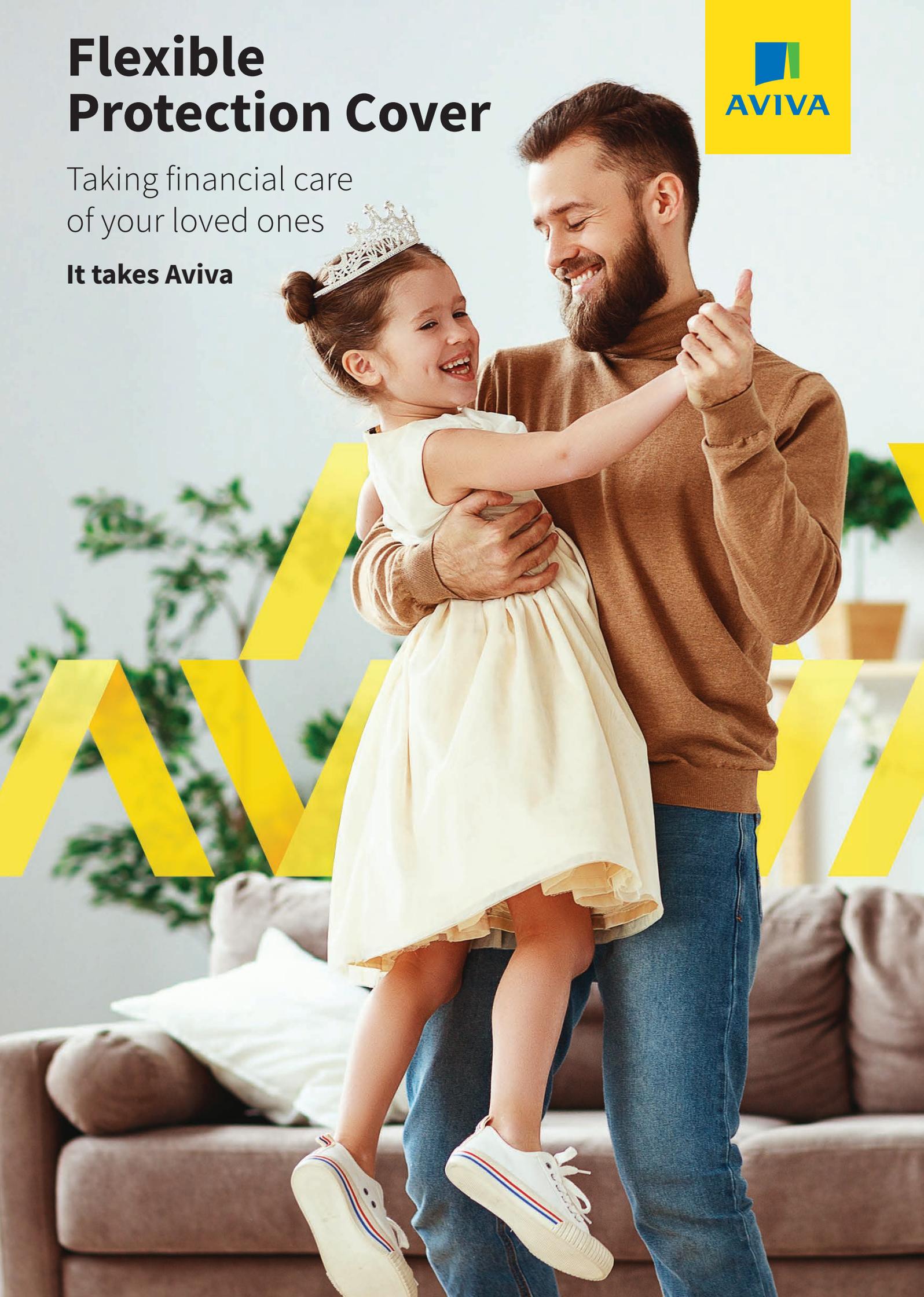


# Flexible Protection Cover

Taking financial care  
of your loved ones

**It takes Aviva**



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## Why Aviva?

At Aviva, we provide 33 million customers\* around the world with insurance, savings and investment products. We're a leading insurer in Ireland and part of the Aviva group, which operates across 16 markets in Europe, Asia and Canada.

We combine strong life insurance, general insurance and asset management business under one powerful brand.

We also have a clear set of values, which guides everything we do. We aim to put customers first and care passionately about their needs, work to challenge the status quo and put things right. This approach means we'll be here for our customers and our communities today, tomorrow and for many years to come.

\*Source: [aviva.com](http://aviva.com), March 2019.

## What is flexible protection cover?

Who knows what will happen next in our lives? We always hope it will be something good, but nothing in life is certain. You can't always stop bad things happening, but you can protect yourself from some of the financial uncertainties that come with unexpected events in your life.

Flexible protection cover is life insurance. It's a practical way to make sure you have financial protection in place for your family if the worst were to happen. Your cover will pay out a cash lump sum if you die during the term of the plan. Your loved ones can use this money to help settle any outstanding debts or loans, pay off a mortgage, pay bills, whatever it takes to make them financially secure. It's hard to underestimate how valuable that financial peace of mind can be at a difficult time.

You can also give you and your family even more financial security by adding specified illness cover to your life insurance. This will help you cope financially if you're diagnosed with one of the specified illnesses we cover.

Making sure your family will be taken care of financially if something happens to you is one of the most important decisions you will ever make. Our flexible protection cover will help you do just that.

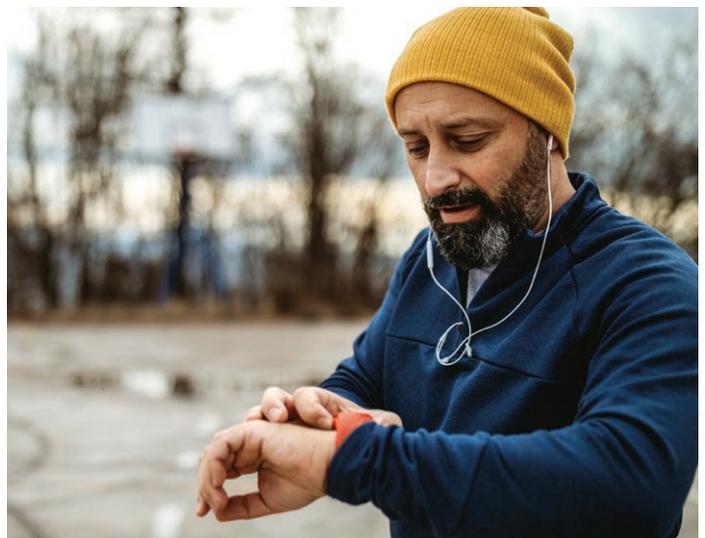
## How does flexible protection cover work?

Flexible protection cover lets you choose your own combination of life insurance and/or specified illness cover. With this plan, you can get just the right combination of protection for the amount and length of time you need it.

The level of cover you choose will depend on your own family circumstances. At the very least, you need to think about the amount your family will need to cover basic expenses if they lose your income.

### Five questions to ask yourself

- **How much cash might your family need?**
- **How long do you want the cover to last?**
- **Do you want to cover just yourself or do you want to cover you and your spouse or partner?**
- **Do you want to make sure your cover keeps in line with inflation?**
- **Do you want to add a conversion option to extend your cover at the end of the initial contract without the need for a medical assessment?**



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## How much will it cost?

The cost of your flexible protection cover will depend on a number of different factors.

These include:

- **the plan you choose – life protection, stand-alone specified illness cover or a combination of both**
- **the amount of protection you need**
- **the period of cover – the longer the term, the higher the cost**
- **whether you smoke – smokers pay more for cover**
- **your current state of health – if you're in poor health, your premiums will be higher**
- **whether you cover one life or two**
- **whether you want to add other options like index linking your cover or a conversion option.**

Your Financial Broker can talk you through the full details of the plan and help you decide which options best meet your needs.





# Choose a flexible protection plan to suit you

We have two plans for you to choose from. Our level term assurance plan gives you a set amount of life cover for a specified length of time. Alternatively our convertible term assurance is a level term assurance plan with an option to extend your cover in a follow-on plan without the need for a medical assessment.

If you'd like to talk these through with someone, a financial broker can talk you through all your options and help you make the right decision for you. There is no need to do this on your own.

## Conversion Option

Depending on the benefits chosen under your original plan, this could be a new Life cover and/or Standalone specified illness or Accelerated specified illness plan. This option will only apply if specifically chosen by you at outset and may be excluded from your policy if you are accepted for cover at special terms. You may exercise your conversion option at any time before your 85th birthday (or 70th birthday if you have chosen a specified illness benefit). If you wish for your new plan to include a conversion option, you must exercise your conversion option before your 83rd birthday (or 65th if you have chosen a specified illness benefit). For joint life and dual life plans, the age of the elder life will be the age taken into account.

If you select the conversion option, you can select any term for your cover from 2 to 50 years for life cover or from 5 to 40 years for Specified illness cover. You can convert the plan to a new plan at any time before expiry, without the need to provide further medical information.

Important: Aviva Life & Pensions Ireland DAC reserves the right to offer alternative cover options for conversion should Flexible Protection cover be unavailable.

You may exercise this option at any time during the original policy term, without needing to supply us with any further medical evidence no matter what your state of health is at the time.

This conversion option is subject to the following conditions:

- **The amount of your cover under the new policy cannot be higher than it was under the original plan**
- **The premiums payable to the new plan will be calculated based on your age, smoker status and on the rates applying at the time of conversion for the plan selected. If any special terms were applied to your original policy, these will also be applied to your new policy on conversion.**
- **The person or persons to be covered under the new policy must be the same as under the original policy.**
- **The new plan will be subject to the standard conditions then applying to that type of policy.**

# What is specified illness cover?

Specified illness cover provides a lump sum cash payment which enables you to take care of yourself and your family if you're diagnosed with one of the conditions we cover.

Being diagnosed and suffering from a serious illness can be emotionally and physically draining. It can disrupt your ability to earn a living or care properly for yourself and your family. You may need to adapt your home or even move house. Specified Illness cover offers you protection from the financial impact a specified illness may bring.

Adding specified illness cover to your plan gives your family extra financial security as you'll get a lump sum payment if you're diagnosed with any of a specific set of illnesses. The plan only pays out once, so if we pay out when you are diagnosed, your cover will end.

There are two ways you can take out Specified Illness Cover – as Standalone cover or as an Accelerated plan.

- Standalone cover that means it is taken out as a benefit on its own and is completely independent of any life cover you may take out.
- Accelerated cover is life cover with a specified illness cover element. Under this cover, the plan 'accelerates' the payment of the specified illness cover on the earlier diagnosis of a condition covered under the plan. If a specified illness payment is made, the life cover amount is reduced accordingly. If no specified illness claim is made, the full sum insured is paid on death.

Whether you make a speedy recovery or you have to cope with spells in hospital, operations, debilitating treatments, a lengthy recuperation or even permanent disability, specified illness cover can provide a one-off lump sum to help you through.





# Specified Illness Cover

## Full payment illnesses

Specified Illness covers 52 illnesses on a full payment basis. This means that if you suffer one of these illnesses and satisfy the definition while on cover, we will pay the full amount for which you are covered.

Alzheimer's Disease or Dementia - resulting in permanent symptoms	Loss of Independent Existence – permanent and irreversible
Aorta Graft Surgery - for disease	Loss of Speech - permanent and irreversible
Aplastic Anaemia - of specified severity	Major Organ Transplant
Bacterial Meningitis - resulting in permanent symptoms	Motor Neurone Disease - resulting in permanent symptoms
Balloon Valvuloplasty	Multiple Sclerosis - with persisting symptoms
Benign brain tumour - of specified severity	Multiple System Atrophy
Benign spinal cord tumour	Necrotising fasciitis
Blindness - permanent and irreversible	Open heart surgery - with surgery to divide the breastbone
Brain Injury due to anoxia or hypoxia	Paralysis of Limb - total and irreversible
Cancer - excluding less advanced cases	Parkinson's Disease - resulting in permanent symptoms
Cardiac Arrest - with insertion of a defibrillator	Parkinson's plus syndromes
Cardiomyopathy - of specified severity	Peripheral Vascular Disease - with surgery
Chronic Pancreatitis	Primary Pulmonary Hypertension - of specified severity
Coma - resulting in permanent symptoms	Primary Sclerosing Cholangitis - of specified severity
Coronary artery by-pass grafts - with surgery to divide the breastbone	Progressive Supra-Nuclear Palsy - resulting in permanent symptoms
Creutzfeldt-Jakob disease - resulting in permanent symptoms	Pulmonary Artery Replacement - with surgery to divide the breastbone
Deafness - permanent and irreversible	Severe Crohn's Disease - with persisting symptoms that have not responded to surgical intestinal resection
Devic's Disease - with persisting symptoms	Severe Lung Disease - of specified severity
Encephalitis - resulting in permanent symptoms	Short Bowel Syndrome - requiring permanent total parenteral nutrition
Heart Attack - of specified severity	Spinal Stroke
Heart valve replacement or repair	Stroke - resulting in permanent symptoms
HIV Infection – infection from a blood transfusion, a physical assault or at work in an eligible occupation	Systemic Lupus Erythematosus - with severe complications
Intensive Care - requiring mechanical ventilation for 10 days	Terminal illness
Kidney Failure - requiring dialysis	Third degree Burns - covering 20% of the body's surface or 50% of the face's surface
Liver Failure - end stage	Total Pneumonectomy
Loss of Hand or Foot - permanent physical severance	Traumatic head Injury - resulting in permanent symptoms

## Partial payment illnesses

Specified Illness covers 45 illnesses on a partial payment basis. If you are eligible to claim for one of these, we will pay €20,000 or half of your cover amount, whichever is lower. One exception to this is Angioplasty – single vessel for which we pay €5,000 or half of your cover amount, whichever is lower.

Angioplasty - Single Vessel - for coronary artery disease of specified severity	Less advanced cancer of the oral cavity or oropharynx - with surgical removal
Angioplasty - Two or more Vessels - for coronary artery disease of specified severity	Less advanced cancer of the ovary - with surgical removal
Aortic Aneurysm - with endovascular repair	Less advanced cancer of the pancreas - with surgical removal
Carcinoma in Situ of the breast - with surgery to remove the tumour	Less advanced cancer of the renal pelvis and ureter - of specified severity
Carcinoma in situ of the oesophagus - with surgery to remove the tumour	Less advanced cancer of the stomach - with surgical removal
Carcinoma in Situ of the urinary bladder - requiring surgical removal	Less advanced cancer of the testicle - with specified surgery
Carotid Artery Stenosis – treated by endarterectomy or angioplasty	Less advanced cancer of the thymus - with surgical removal
Central retinal artery occlusion or Central retinal vein occlusion - resulting in permanent visual impairment	Less advanced cancer of the uterus - with specified surgery
Cerebral abscess - requiring surgery	Less advanced cancer of the vagina - with surgical removal
Cerebral aneurysm - with surgical repair	Less advanced cancer of the vulva - with surgical removal
Cerebral arteriovenous malformation - requiring surgery	Liver resection
Crohn's disease - treated with surgical intestinal resection	Low-grade prostate cancer
Cystectomy - complete removal of the urinary bladder	Neuroendocrine Tumour (NET) of low malignant potential – with surgery
Early stage thyroid cancer – of specified advancement	Peripheral vascular disease - with angioplasty
Gastrointestinal Stromal Tumour (GIST) of low malignant potential – with surgery	Pituitary tumour – resulting in permanent symptoms or surgery
Implantable Cardioverter Defibrillator for Primary Prevention of sudden cardiac death	Serious Accident Cover - resulting in at least 28 consecutive days in hospital
Less advanced cancer of the anus – with surgical removal	Significant Visual Impairment - permanent and irreversible
Less advanced cancer of the appendix, colon or rectum – with specified surgery	Single Lobectomy - for disease or trauma
Less advanced cancer of the bile ducts - with surgical removal	Surgical removal of one eye
Less advanced cancer of the cervix - with specified surgery	Syringomyelia or Syringobulbia
Less advanced cancer of the gallbladder - with surgical removal	Third degree burns - covering 5% of the body's surface or 25% of the face's surface
Less advanced cancer of the larynx - with specified treatment	Ulcerative Colitis - treated with total colectomy (removal of the entire bowel)
Less advanced cancer of the lung and bronchus - with specified surgery	

You can't claim under both a partial payment specified illness and a full payment specified illness for related conditions if the diagnoses or events leading to a claim are within 30 days of each other. In these circumstances, the total amount we pay will be the full payment specified illness cover amount.

Once you claim your full specified illness cover payment, you will have no specified illness cover left and no option to claim for a partial payment.

Precise definitions of the specified illnesses and disabilities covered are set out in your Policy Document – together with details of any time limits that apply. In particular, you will need to survive for at least 14 days after the onset of the illness or disability. Any claim for benefits must be made within the time limits specified in the Policy Document.

For further information see the Specified Illness Definitions Guide which provides a full ‘layman’s’ explanation of the specific illnesses that the plan covers, as well as the exclusions and restrictions that apply.

## Automatic additional benefits with your serious illness cover

<b>Advance payment of the specified illness benefit</b>	<ul style="list-style-type: none"><li>• If you need a particular surgery (as listed in the policy conditions), we’ll pay out 50% of the specified illness benefit to a maximum of €30,000.</li></ul>
<b>Supplementary / partial payment for specified illnesses</b>	<ul style="list-style-type: none"><li>• In addition to the 52 specified illnesses where we’ll pay out fully, we also cover 45 further illnesses where we’ll pay out up to €20,000 on diagnosis.</li></ul>

### Cover for a child

Your plan also provides cover for your children. By “children” or “child” we mean any child, stepchild or adopted child of yours who is aged 30 days or more and who is under the age of 21 or under the age of 25 if in full time education.

<b>Children’s specified illness cover</b>	<ul style="list-style-type: none"><li>• We cover children for the same specified illnesses as you.</li><li>• For full payment illnesses, we cover children for €25,000 or half of your cover amount, whichever is lower.</li><li>• For partial payment illnesses, we cover children for €5,000 or a quarter of your cover amount, whichever is lower.</li><li>• As we don’t ask for any medical details about your children before including them in your plan, we won’t cover them for a specified illness if the:<ul style="list-style-type: none"><li>› condition was present at birth</li><li>› symptoms first appeared before the child was covered</li><li>› child dies within 14 days of diagnosis.</li></ul></li></ul>
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## Protect Plus – Additional extra benefits

At Aviva, we believe that life protection goes beyond helping you with financial protection.

That's why we add a number of benefits to your plan at no extra cost. These benefits are available as long as your plan lasts. So, no matter what life throws at you, you get a little help along the way.

Here's a list of what you get:

<b>Accidental death benefit</b>	<ul style="list-style-type: none"> <li>This cover kicks in from the moment you send us a fully completed and signed application form and direct debit mandate. You get cover for accidental death up until we accept or decline your application. We will pay out the lower of the life cover amount being applied for or €150,000. We will only pay once under this benefit in respect of any life insured regardless of the number of life cover policies or applications for life cover a person has with Aviva.</li> </ul>
<b>Terminal illness benefit</b>	<ul style="list-style-type: none"> <li>We'll pay out the life cover amount if you're diagnosed with an advanced or rapidly progressing incurable illness. Your life expectancy must be less than 12 months in the opinions of both an attending consultant and our Chief Medical Officer.</li> </ul>
<b>Children's life cover</b>	<ul style="list-style-type: none"> <li>We cover each of your children for €5,000 life cover for as long as you are covered. We will only pay one claim for each child, no matter how many plans you have with us.</li> </ul>





# Our claims experience

At Aviva, we pride ourselves on our sensitive and personal approach to claims management. We make sure we pay valid claims as promptly as possible. Honesty, openness and integrity are vital to our claims handling principles and procedures.

When managing claims, we apply several principles and procedures to make sure our process is fast, efficient and fair for everyone. These include:

- **personal handling of every claim from the first moment of contact**
- **encouraging you to tell us about a claim as soon as possible, so we can make quick decisions**
- **making sure you thoroughly understand your policy benefits and our claims process**
- **resolving any disputes professionally and fairly through our dispute procedures and our participation in the Statutory Ombudsman Scheme.**

Because our claims assessors have extensive experience in listening to claimants' questions and issues, we involve them in the design of our products. This means we should meet your expectations both for

the cover we offer and the service we give you if you need to claim. It all helps ease the worry and stress of what can be a very difficult time for you.

We all know that when you're ill, even simple things can seem difficult. Our Health Claims team are on hand to help you fill in the application form and explain our claims procedure in more detail. Once we receive your claim form, we'll assign a claims assessor to look at and manage your claim from start to finish.

## How to contact us

If you find you need to talk to someone in our claims team, please call our helpline on **1890 882 019**.



# And you also get benefits exclusive to Aviva...

An added benefit of a protection policy from Aviva, is access to Best Doctors Second Medical Opinion<sup>®</sup>. Best Doctors provides you with access to over 50,000 of the world's top physicians.

## Best Doctors<sup>®</sup> Second Medical Opinion

### Medical expertise and support

If you or a member of your family is diagnosed with a serious illness, you'll have questions.

- **What happens now?**
- **What are the treatment options?**
- **Is the diagnosis correct?**

At Aviva we understand that you need answers. That's why we give you access to the Best Doctors Second Medical Opinion services as part of your protection policy. At no extra charge and right from your first day of cover.

You can use this service for any condition affecting your quality of life. It can also be used for conditions diagnosed before taking out your cover with Aviva.

 Best Doctors<sup>®</sup>

**Member  
Care Centre**

1800 882 342



### How would Best Doctors help me?

#### Best Doctors can:

- Double-check the diagnosis you have been given or the treatment being proposed for you.
- Investigate if there are any alternative treatment options.
- Review your options if your symptoms haven't been improving.

### Who can access the service?

#### This service is available to:

- You
- Your spouse or partner
- Your children up to age 18 (or 23 if in full-time education),
- PLUS your parents and your spouse/partner's parents.

### How does it work?

Call the **Member Care Centre on 1800 882 342** at any time of the day or night, seven days a week.

A dedicated Case Manager will be assigned to you who will guide you through the whole process including supporting you to gather the relevant medical documentation and discussing the meaning of your report.



## Aviva Family Care

### Everyone is facing new challenges

When life brings new and unexpected changes, it's normal to feel anxious, stressed or down. Whatever your challenge, you're not alone. Our professional team of Psychologists are here if you're:

- **Struggling with a bereavement**
- **Overwhelmed, stressed or anxious**
- **Feeling down, depressed or lonely**
- **Need help managing the emotional impact of life events**
- **Developing coping and behavioural skills**

To help with these, Aviva Family Care gives you access to a wide variety of specialised forms of therapy, including counselling and Cognitive Behavioural Therapy.



### Who can access Aviva Family Care?

- You
- Your spouse or partner
- Your children up to 18 (23 in full time education)

Patients under 18 years of age are supported with a single assessment session during which they will benefit from a formal diagnosis. At the end of the consultation, practitioner Psychologists will make recommendations and support the patient as well as their carer/guardian/parent, to access specialised services.

### How do I contact Aviva Family Care?

Call the confidential Mental Health services phone line on **1800 816 560** at any time of the day or night, seven days a week.

A customer service agent will note your details and make an appointment for you with one of our team of Psychologists.

The Mental Health service is delivered by Clinical, Counselling and Health Psychologists registered with the Irish Psychological Society.



Aviva Life & Pensions Ireland does not guarantee the on-going availability of the Best Doctors - Second Medical Opinion benefit to its policyholders or the Aviva Family Care Benefit (Mental Health Support) and may, at its sole discretion, withdraw access to the service at a month's notice. If we withdraw it, we'll write to notify policyholders at least 31 days in advance of its removal.

Teladoc Health (who provide the Best Doctors and Aviva Family Care Benefit) is not a regulated financial service.

# Key Product Information

## Who is eligible?

You can apply for Flexible Protection Cover if you are aged between 18 and 74 (please see the table below for full details). You will need to complete an application form, giving us full details of your state of health – and it is possible that we may ask you to undergo a medical examination (at Aviva's expense). We might not be able to give you conversion option under this plan if we cannot offer you cover at standard rates.

	Age next birthday at entry	Age next birthday at cessation	Term
Minimum – Life cover	19	21	2 years
Minimum – with Specified Illness cover	19	24	5 years
Maximum – Life cover (level)	75	90	50* years
Maximum – Life cover (convertible)	65	85	50* years
Maximum – Specified illness cover (level, accelerated)	70	75	40** years
Maximum – Specified illness cover (convertible)	60	70	40** years

\*subject to age 85 / \*\*subject to expiry of conversion option at age 70

## Premium payments

Premiums can be paid monthly or annually in advance by direct debit only. If you then wish to change from paying monthly to paying yearly – or vice versa – you may do so on any anniversary date. All premiums should be paid promptly – although we will allow up to 30 days of grace to cover the late payment of a premium. If a premium is delayed any longer, the plan will lapse and your cover will stop. If you do not claim during the period of cover, the plan will expire and no benefit will be payable. If you stop paying the premiums early, your cover will stop and the plan will have no cash-in value.

## Minimum premium

The minimum premium is €10 monthly or €120 yearly per policy.

## Joint life premiums

If one of the lives insured for Life Cover, Standalone Specified Illness or Accelerated Specified Illness Cover under a joint life plan claims a death benefit or full payment specified illness benefit under the plan, that benefit will stop. In the case of Double Cover, reduced premiums will apply for any remaining benefit.

## Dual life premiums

If one of the lives insured for Life Cover, Standalone Specified Illness or Accelerated Specified Illness cover under a dual life plan claims a benefit under the plan, that benefit in respect of the claimant will stop and reduced premiums will apply for any remaining benefit. Premiums for the second life insured's cover will continue to be payable.

## No cash-in value

Your Flexible Protection Cover won't ever have a cash-in value. So, at the end of your chosen term – or, if you stop paying the premiums earlier – your cover will stop and no payment will be made.

## Reinstatement

If your Flexible Protection Cover lapses, you may reinstate it at any time within the following 6 months. This reinstatement will be subject to you providing us with satisfactory evidence of your ongoing good health – and paying all the outstanding premiums, plus any late payment charge.



## Assigning your plan

The plan may be assigned to a third party – an option that may be useful if you ever borrow money from a bank, as most lenders will need to know that, if something happened to you, there should be enough money available to repay their loan

## Writing the plan under trust

You may ask for your plan to be issued ‘under trust’. You can do this on any Life Insurance benefit under your plan. This could have two main advantages: You can specify exactly who you would like to receive the benefit on your death – and, if you choose more than one person, you can specify the amounts to be received by each of them. The payment of the benefit should be quicker – as we wouldn’t have to wait for a grant of probate or letters of administration before making a payment to the trustees of your policy.

## Replacing an existing policy

If you are thinking of starting Flexible Protection Cover to replace an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, you should make sure that you are fully aware of the financial consequences of replacing an existing policy. If you are in any doubt about this, please speak to your Financial Broker

## Medical evidence

You will be asked to complete an application form, giving us details of your medical history. According to the answers you give and the amount of cover that you have requested, we might need further information. In some circumstances, we may ask you to attend a medical examination at our expense. All the questions on the application form must be answered fully and accurately. If you are not sure whether or not to give us any information about your past or present health, you should do so. If you don’t tell us about something important, it could mean that we don’t pay a claim.

## Territorial limits (Only applies to plans with Specified Illness Cover)

A claim for a specified illness will be invalid if you are resident outside of the European Union, Western Europe (Andorra, Channel Islands, Gibraltar, Iceland, Isle of Man, Liechtenstein, Monaco, Norway, San Marino, Switzerland and the United Kingdom), Australia, Canada, Hong

Kong, New Zealand, Singapore, South Africa, United Arab Emirates and/or United States of America, for more than 13 weeks in the 12 consecutive calendar months immediately preceding a claim.

## Exclusions applying to specified illness and terminal illness benefits

We will not pay any Specified Illness benefits or Terminal Illness benefits, where the disability or illness is caused by intentional self-inflicted injury, failure to follow reasonable medical advice or by alcohol, solvent or drug abuse. Specified Illness benefits or Terminal Illness benefits will also be excluded if they are caused by war or civil war; wilful participation in acts of violence; flying other than as a passenger on a recognised airline; participating in a dangerous pastime or pursuit; or any breach of the criminal law. The exclusions are described more fully in your policy document.

## Accidental death benefit

We will provide you with free accidental death cover while your application is being considered. Accidental death means a death occurring before age 65 and within 12 months of an accident due to accidental bodily injury arising solely and directly from external violent, visible and accidental causes, totally independent of any physical or mental illness or infirmity.

Your accidental death cover will start on the day we receive your fully completed application and continue until the earliest of three dates:

1. the end of 3 month, or
2. the date that the cover provided by your plan comes into effect, or
3. the date you are informed that your application has not been accepted at ordinary rates.

Should death occur within 12 months of an accident that occurred while Accidental Death Benefit was in place, the full amount of life assurance cover for which you have applied will be paid out, up to a maximum of €150,000. In the case of a joint plan this immediate cover benefit will be payable on “first death” basis. This means that, whichever one of you dies first, the benefit will be paid to the survivor. If the plan has been effected on a dual life basis, then the immediate cover benefit will be payable on the death of each life. We will only pay once under Accidental Death Benefit in respect of any life insured

regardless of the number of policies or applications for life cover a person has with Aviva.

Accidental Death Benefit will not be paid if death is caused directly or indirectly by any of the following: self inflicted injury including suicide or attempted suicide; engaging in a hazardous pursuit; war (whether declared or not, riot or civil commotion); taking alcohol or drugs (unless they are prescribed by a registered doctor in the Republic or Ireland); committing, attempting or provoking an assault or criminal offence; taking part or attempting to take part in any aerial flight other than as a fare paying passenger on a licensed airline; death in a country outside the EU, Channel Islands, Gibraltar, Isle of Man or the United Kingdom; engaging in a hazardous occupation; an assault on the covered person which

is not reported to the police; disease, bodily or mental infirmity or surgical treatment of these or where the covered person acts against medical advice.

Notification of death must be received by Aviva Life & Pensions Ireland DAC at our registered office, Aviva Life & Pensions Ireland DAC, One Park Place, Hatch Street, Dublin 2,

### Other Exclusions & Restrictions

Some additional exclusions and restrictions may apply to this plan and both the automatic and optional benefits attached to it. These are outlined in detail in your Policy Conditions.



## Get in touch



### In writing

The Customer Experience Manager, Aviva Life & Pensions Ireland DAC, Building 12, Cherrywood Business Park, Loughlinstown, Co Dublin, D18 W2P5.



### By telephone

**1890 64 64 64**



### By email

**csc@aviva.com**

### Connect with us...

Twitter - @avivaireland

Youtube - Youtube.com/avivaireland



YouTube

LinkedIn

## A commitment to quality service

Aviva Life & Pensions Ireland is committed to providing the highest possible standards of customer service. However, if you are ever unhappy with any aspect of our service, do please let us know. We take all complaints very seriously and will aim to put things right as quickly as possible.

If you wish to complain about any aspect of the service you have received, please contact, Aviva Life & Pensions Ireland, Building 12, Cherrywood Business Park, Loughlinstown, Co Dublin, D18 W2P5. If your complaint is not dealt with to your satisfaction, you may complain to:

### Financial Services and Pensions Ombudsman

Address: 3rd Floor, Lincoln House,  
Lincoln Place, Dublin 2

Lo-call: +353 1 5677000

E-mail: info@fspo.ie

Website: www.fspo.ie

Full details of the remit of the Financial Services and Pensions Ombudsman can be obtained directly from their office.

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