



International Group Life and Disability Plans
Valid from 1st September 2018

COMPANY

Benefit Guide

Welcome

You can count on Allianz Care as your international Life and Disability insurer, to safeguard the future of your employees and their families, no matter what the future holds.

This guide includes all important information you need to know about the company's Group Life and Disability insurance plan.

To make the most of the company's Group Life and Disability cover, please read this guide in conjunction with the Table of Benefits.

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AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 61, rue Taitbout, 75436 Paris Cedex 09, France.

AWP Health & Life SA, acting through its Irish Branch, is a limited company governed by the French Insurance Code. Registered in France: No. 401 154 679 RCS Bobigny. Irish Branch registered in the Irish Companies Registration Office, registered No.: 907619, address: 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA.





SUPERIOR LEVEL OF SERVICE

We believe in making a difference by providing you and your employees with the superior level of service that you deserve, anytime, anywhere.

In the following pages we describe the full range of Life and Disability benefits we offer. Discover how you can guarantee the financial protection and security of your employees and their dependants, in the unfortunate event of death or disability .

Talk to us, we love to help!

Our multilingual Helpline is available 24 hours a day, 7 days a week to handle any questions about the company's policy or if you or your employees and their dependants need assistance.

-  Helpline: **+ 353 1 630 1301**
For our latest list of toll-free numbers, please visit:
www.allianzworldwidecare.com/toll-free-numbers
-  Email: client.services@allianzworldwidecare.com
-  Fax: **+ 353 1 630 1306**

Did you know...

...that most of our clients find that their queries are handled quicker when they call us?

TERMS AND CONDITIONS OF THE COVER

This guide describes the standard benefits and rules of the company's Group Life and Disability insurance policy.

The Table of Benefits outlines the plan(s) selected by the company and the associated benefits available to the insured persons. In addition, it confirms any benefits to which specific benefit limits or deferred periods apply and is issued in the currency set out in the Company Agreement.

Please note that the terms and conditions of the Company Benefit Guide may be changed from time to time by agreement between the company and Allianz Care.



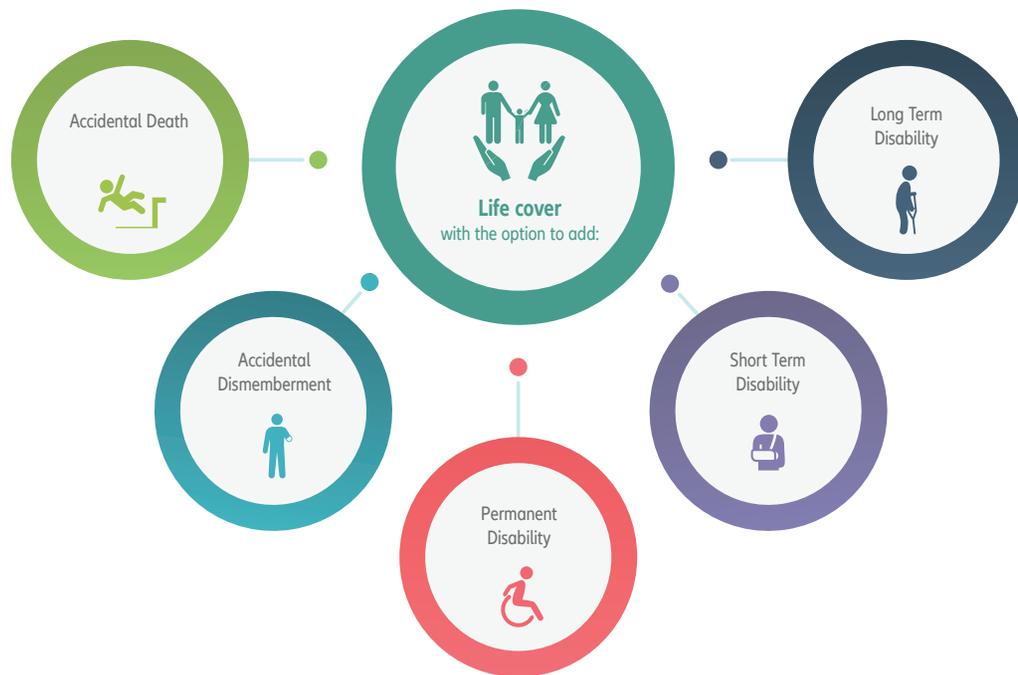
COVER EXPLAINED

The plans selected by the company are indicated in the Table of Benefits, which lists the benefits available to the insured persons and any applicable limits. For an explanation of how benefit limits apply to your company's plan, please see the "Benefit limits" paragraph on the next page.

Benefits are also subject to our definitions and exclusions (also available in this document).

WHAT DO WE COVER?

The policy provides financial protection and security for your employees and their dependants for the insurance cover indicated in their Table of Benefits. The company may have selected to cover one (or more) of the following events:



BENEFIT LIMITS

There are three kinds of benefit limits shown in the Table of Benefits:

- The **Insurance Benefit** is the maximum we will pay for each type of insurance cover selected by the company, as detailed in the Table of Benefits. These benefits may be paid on a monthly basis (Short Term and Long Term Disability cover) or on a once off lump sum basis (Life, Accidental Death, Accidental Dismemberment and Permanent Disability cover). For Short Term and Long Term Disability cover, all limits are per insured employee and per insurance year, unless otherwise stated in the Table of Benefits.
- The **Combined Benefit Limit** is the maximum we will pay for a combination of Life, Accidental Death, Accidental Dismemberment and Permanent Disability benefits. For example, in the event that the Accidental Dismemberment benefit is paid, any subsequent eligible Life benefit will be payable up to the combined maximum benefit limit after death.
- The **Single Event Limit** is the overall maximum we will pay to the Company for multiple claims that happen as a result of an accident or natural disaster (One single event).

WHO IS ELIGIBLE FOR COVER?

Eligible persons include all employees of the company who are:

- Under the term age of cover as set out in the Company Agreement and;
- Actively at work with the company and;
- Not working contrary to medical advice.

Eligible persons who are not working at the commencement date of the Company Agreement, or the commencement date of cover, due to certified sick leave or disability will be admissible after completing one month of employment (as per the eligible person's contract of employment).

Life cover can be extended to an insured employee's dependant, provided the insured employee is covered for Life insurance under the company plan.

Please note that underwriting will be required if the eligible person wishes to apply for cover above the Automatic Acceptance Limit indicated in the Table of Benefits.

Where underwriting is required, we reserve the right to accept or reject the eligible person application and apply premium surcharges or exclusions.

WHEN WILL THE COVER END?

Cover for **Life, Accidental Death and Accidental Dismemberment** ends once the insured person has reached 70. If cover ends at a lower age, this will be specified in the Company Agreement. For **Permanent Disability, Short-term Disability and Long-term Disability**, cover ends when the insured employee reaches 65. If cover ends at a lower age, this will be specified in the Company Agreement.



LIFE AND DISABILITY BENEFITS

Please refer to the Table of Benefits for the specific cover applicable to the company plan.

LIFE

Life cover provides financial protection and security for an insured person's beneficiaries, in the unfortunate event of the insured person's death. The benefit amount will be paid as a lump sum. This can be either a fixed amount or calculated as a factor of the insured person's gross annual salary, subject to an overall agreed maximum sum. Please refer to the Table of Benefits for the specific benefits applicable to the company plan.

Accelerated Death Benefit

Upon proof of the diagnosis of a terminal illness of an insured employee (after the commencement date of cover), we will make an advance payment of the Life sum insured for the benefit of the insured employee, as stated in the Table of Benefits.

If the Accelerated Death benefit payment is followed by a separate Life claim, we will reduce from the Life cover reimbursement sum, the amount already paid in relation to the Accelerated Death benefit.

In the event that the insured employee survives more than 12 months, we reserve the right to reassess the eligibility for the Accelerated Death benefit. We may also seek to recover amounts paid if eligibility is deemed to be no longer valid.

The Accelerated Death benefit is offered as part of the Life cover.

ACCIDENTAL DEATH

The Accidental Death benefit provides an additional lump sum for the benefit of the insured employee's beneficiaries in the unfortunate event of the insured employee's death due to an accident, provided the death takes place within 365 days of the occurrence of the accident.

The Accidental Death benefit shall not exceed 100% of the maximum benefit amount as stated in the Table of Benefits.



ACCIDENTAL DISMEMBERMENT

The Accidental Dismemberment benefit provides a lump sum for the benefit of the insured employee in the event of a loss of limb or limb function as a result of an accident, provided the dismemberment takes place within 365 days of the occurrence of the accident. Full details of the Accidental Dismemberment benefits are available in the Accidental Dismemberment Reference Table on page 36.

The Accidental Dismemberment benefit shall not exceed 100% of the maximum benefit amount as stated in the Table of Benefits.

If an Accidental Dismemberment benefit payment is followed by a separate Accidental Death claim, we will reduce from the Accidental Death reimbursement sum, the amount already paid in relation to Accidental Dismemberment benefit.



Several injuries affecting the same limb

When an insured employee suffers several injuries or infirmities resulting from an accident or from successive accidents, we will assess each injury or infirmity separately. However, the sum of injuries or infirmities affecting a limb may not exceed the maximum benefit specified (for the full loss of a limb) in the Accidental Dismemberment Reference Table.



Injuries not listed in the Accidental Dismemberment Reference Table

The Accidental Dismemberment Reference Table will be used as a guide to assess the degree of injury by comparison with listed items. The sum payable will in no case be less than the amount payable for any reasonably comparable event or injury, listed in the Accidental Dismemberment Reference Table.



Aggravating facts

If an insured employee's condition is aggravated because of an existing illness or injury, the degree of injury determined will be the same as if the accident had struck a healthy organ/limb.

PERMANENT DISABILITY

Permanent Disability consists of two types of cover: Permanent and Total Disability and Permanent and Partial Disability.

The benefit amount (for Permanent and Total Disability and Permanent and Partial Disability) will be paid as a lump sum. This lump sum can be either calculated as a factor of a fixed amount or as a factor of the insured person's gross annual salary, subject to an overall agreed maximum sum. Please refer to the Table of Benefits for the specific benefits applicable to the company plan.

1. Permanent and Total Disability

Permanent and Total Disability provides financial protection to insured employees who become permanently and totally disabled as a result of an accident or illness. This benefit will be paid when the insured employee is unable to:



provided that:



The Permanent and Total Disability benefit can be taken out without Permanent and Partial Disability benefit.

2. Permanent and Partial Disability

Permanent and Partial Disability provides financial protection to insured employees who become permanently and partially disabled as a result of an accident or illness. This benefit will be paid when the insured employee is unable to:



provided that:



If a Permanent and Partial Disability benefit payment is followed by a separate Permanent and Total Disability claim, we will reduce from the Permanent and Total Disability reimbursement sum, the amount already paid in relation to Permanent and Partial Disability benefit.

The Permanent and Partial Disability Benefit can only be taken out with Permanent and Total Disability Benefit.

How is the lump sum benefit for Permanent Disability cover calculated?

Permanent Disability is assessed on:

- The functional or physical disability of the insured employee and;
- The occupational disability of the insured employee.

Degree of Permanent Disability of less than 33.33%

No benefits will be due for disabilities of less than 33.33%.

Degree of Permanent Disability between 33.33% and 66.67% (Permanent and Partial Disability)

If the degree of disability is between 33.33% and 66.67%, then the amount of the disability allowance will be calculated as the rate of disability multiplied by the sum insured.

Degree of Permanent Disability exceeding 66.67% (Permanent and Total Disability)

If the degree of disability exceeds 66.67% it is considered to be a permanent and total disability. In this case, we will pay 100% of the sum insured.

The Permanent Disability (Partial and Total) benefit shall not exceed 100% of the maximum benefit as stated in the Table of Benefits. Once a Permanent and Total Disability claim has been settled, no further claims for Partial/Total Disability will be considered.

Where Permanent Disability is selected in addition to Short Term Disability cover, any payments in respect of a valid Permanent Disability claim will only start after the Short Term Disability cover has come to an end.

Where the level of disability is in excess of 33.33%, we will calculate the benefit allowance as per the Accidental Dismemberment Reference Table (page 36), when permanent disability is related to one of the following scenarios:

1. Dismemberment
2. Paralysis
3. Ankylosis
4. Amputation



SHORT TERM DISABILITY

Short Term Disability provides financial security for insured employees who are unable to perform the material and substantial duties of their own occupation due to an accident or an illness. Following a deferred period, this benefit is paid monthly in arrears for a maximum period of 24 months. The applicable deferred period will be specified in the Table of Benefits.

LONG TERM DISABILITY

Long Term Disability cover provides financial security for insured employees who are unable to ;

1

Perform the material and substantial duties of their own occupation

&

2

Perform any suited occupation (based on their education, skills and experience)

The benefit is paid monthly in arrears, starting 24 months after the accident or illness (may be subject to a deferred period) or when the Short Term Disability cover ends (if selected). Cover ends once the insured employee has reached age 65. If cover ends at a lower age, this will be specified in the Company Agreement.

How is the Short Term/Long Term Disability benefit calculated?

The benefits for Short Term and Long Term are paid as a percentage of the insured employee's gross annual salary at the onset date of the accident or illness, up to a maximum benefit amount per month. Alternatively, it can be a fixed sum paid per month, as specified in the Table of Benefits. When the insured employee receives any other income, the benefit amount paid is decreased.

Where agreed with us, the benefit paid for Long Term Disability can be increased for the insurance year by the cost of living adjustment as set out in the Schedule to the Company Agreement and subject to the terms of the Company Agreement.

Please note that the first and last instalments are paid on a pro rata basis.

Partial return to work

Where an insured employee claiming Short Term / Long Term Disability benefits is declared fit to return to work by a medical practitioner (and this is approved by us), but is initially prevented from returning to work on a full time basis, he/she may be allowed to work on a part-time basis and avail of a partial payment for a period of up to 3 months. Any application for partial payments over 3 months will be referred to our Medical Director.

Partial return to work would allow the insured employee to go back to work on a phased basis. The partial payment will help to offset some of the loss in income until the insured employee returns to work as per their contract of employment.

Short Term/Long Term Disability benefits are eligible when:

1

The insured employee has been unable to work during the entire deferred period for the relevant benefit (but was actively at work when the event which gave rise to the claim arose).

2

The policy was in force and the claimant was an insured employee on the date from which he/she become unable to work because of the disability giving rise to the claim.

3

The first date of the disability arose or occurred prior to the attainment of the term age.

4

The insured employee is under the regular care and following the advice of an accredited medical practitioner.

5

The insured employee is not engaged in any other occupation for remuneration or profit.

Please note that loss of occupational license is not a covered risk under these benefits.

Disability benefit will stop at the earliest of the following events:

- After the maximum benefit period, as specified in the Table of Benefits, is reached.
- When the insured employee reaches the term age as specified in the Company Agreement.
- In the event of the death of the insured employee.
- When the insured employee resumes employment (as per their contract of employment), in his/her own occupation in the case of Short Term Disability.
- If, due to natural recovery, surgical operation or medical treatment, the insured employee is able to resume a gainful activity.

Any backdated benefit payments will be limited to one month.

Relapse

A return to work merely suspends the payment of benefits. Should a relapse occur, payment will resume on the same basis as before, without any deferred period (only for the unexpired portion of the maximum benefit period as specified in the Table of Benefits), providing that the return to work lasts less than 60 days and that the cause of the new disability is a recurrence of the same condition which caused the earlier work stoppage.





CLAIMS PROCESS

In relation to Life and Disability claims, please note that:

- a) Unless otherwise specified, it is the company's responsibility to notify us and submit any available supporting documentation within six months of the event which is at the origin of the claim. Should the company fail to notify us of an accident within six months of its occurrence, we will not be liable to pay any benefit. This applies regardless of whether the company was aware of the accident, or whether it would or might give rise to a claim within that period.
- b) Unless otherwise specified, there are no rights or obligations placed on the company or us in respect of eligible events occurring after the end date of the insurance cover.
- c) It is the responsibility of the company to retain any original supporting documentation (e.g. receipts) where copies are submitted to us, as we reserve the right to request original supporting documentation/receipts up to 12 months after claims settlement, for fraud detection purposes. In addition, we advise that the company keeps copies of all correspondence with us, as we cannot be held responsible for correspondence that does not reach us for any reason that is outside of our reasonable control.
- d) Eligible benefits will be paid in the currency as set out in the Company Agreement.
- e) The company agrees to assist us in obtaining all necessary information to process a claim. We have the right to access all medical records and to have direct discussions with the medical provider or the treating physician. We may, at our own expense, request a medical examination by our medical representative when we deem this to be necessary. All information will be treated in strict confidence. We reserve the right to withhold benefits if the company have not honoured these obligations.
- f) We reserve the right to restrict the benefit sum, if the insured employee's gross annual salary is increased within three months before a claim is made, and the increase:
 - Is not because of an annual salary review process or;
 - Cannot be justified as a necessary or appropriate increase or;
 - Resulted in the insured employee's sum insured exceeding the Automatic Acceptance Limit and this has not been assessed or accepted by us.

In such cases, the benefit sum will be the amount covered before the salary increase took place.

- g) The company is responsible for the payment of all benefits and sums owed to the eligible beneficiaries and insured persons under this company plan. The company shall also be responsible for filing any income tax returns associated with these benefits. We are not responsible for withholding any taxes from such payments nor are we responsible for filing any income tax returns associated with these benefits. Upon receipt of the benefit amount by the company, the insurer's liability to the company and insured persons and/or beneficiaries will cease.

HOW TO CLAIM

In order to claim benefits, the company must ensure that the following documentation is submitted to us:

	Life	Accelerated Death	Accidental Death	Accidental Dismemberment
The insured person's salary slip/advice note for the 3 months prior to the event	✓	✓	✓	✓
Original or certified* photocopy of valid identification document for the insured person (e.g. current passport, driver's licence or identity card).	✓	✓	✓	✓
Completed Life or Accidental Death Benefit Application Form	✓	✗	✓	✗
Certified* copy of the Death Certificate	✓	✗	✓	✗
Completed Accelerated Death Benefit Application Form	✗	✓	✗	✗
Completed Physician Statement for Terminal Illness	✗	✓	✗	✗
Police/Accident Report (in the event of an accident)	✓	✓	✓	✓
Completed Accidental Dismemberment Benefit Application Form	✗	✗	✗	✓
Completed Physician Statement for Accidental Dismemberment	✗	✗	✗	✓
Any other document that may be required to consider the claim	✓	✓	✓	✓

	Short Term Disability	Long Term Disability	Permanent Disability
The insured person's salary slip/advice note for the 3 months prior to absence	✓	✓	✓
Original or certified* photocopy of valid identification document for the insured person (e.g. current passport, driver's licence or identity card).	✓	✓	✓
Completed Disability Benefit Application Form	✓	✓	✓
Completed Employer Disability Statement	✓	✓	✓
Short description of the insured employee's occupation	✓	✓	✓
Completed Physician Statement for Disability	✓	✓	✓
Police/Accident Report (in the event of an accident)	✓	✓	✓
Any other document that may be required to consider the claim	✓	✓	✓



*Certified documents will only be accepted when the certification is carried out by one of the following: Police officer, Chartered and Certified Public Accountant, Notaries, Public/Practicing Solicitor, Embassy/Consular Staff, Commissioner for Oaths, Bank or Building Society Official.

The person providing the certification should sign, date and stamp the document with their official stamp.

When will the Life, Accidental Death and Accidental Dismemberment benefits be paid?

In the event of the death, accidental death or accidental dismemberment of an insured person, the company must notify us of the event in writing, within six months. All required documentation indicated on page 20 should be forwarded to us.

Benefits will be paid once we deem the claim to be valid.

Valid benefits in relation to Life and Accidental Death cover will be paid directly to the company.

When will the Accelerated Death benefit be paid?

In the event that an insured employee is diagnosed with a terminal illness, the company must notify us of this in writing, as soon as possible. All required documentation indicated on page 20 should be forwarded to us.

Benefits will be paid once we deem the claim to be valid. The Accelerated Death benefit shall not exceed the maximum benefit limit as stated in the Table of Benefits.

In the event of conflicting medical evidence or opinion, the incidence of the terminal illness will be determined by us having consulted with our Medical Director.

In the event that the insured employee survives for more than 12 months, we reserve the right to reassess the eligibility for benefit and may recover amounts paid if eligibility is deemed by us to be no longer valid.

When will the Short Term Disability benefit be paid?

The Company must inform us in writing immediately if an insured employee is on certified sick leave for the following reasons, whichever is less:

- a period in excess of the deferred period, as specified in the Table of Benefits or
- a certified sick leave period in excess of 30 days.

A completed Disability Benefit Application Form and the Employer Disability Statement Form should be submitted to us, along with all documents listed on page 20. Benefits will be paid once we deem the claim to be valid.

When will the Long Term Disability benefit be paid?

The company must notify us in writing immediately if the insured employee transitions into Long Term Disability. The company should forward a completed Disability Benefit Application Form containing the documents included in the table on page 20. Benefits will be paid once we deem the claim to be valid.

When will the Permanent Disability benefit be paid?

In the event of the insured employee suffering a Permanent Disability, the company must notify us of the event in writing, within six months. The company should forward a completed Disability Benefit Application Form containing the documents on page 20. Benefits will be paid once we deem the claim to be valid.



Assessment of claim validity

In order to assess the validity of any claim, the insured person shall, upon request and at our expense, undergo a medical examination with a medical expert nominated by us.

As soon as the validity of a claim is agreed upon, the benefits under this policy will be paid in the currency as set out in the Company Agreement.

Payment of any disability benefit will be subject to, and dependent upon, the assessment of the nominated medical expert and our approval. In the event of the company or the insured employee (where relevant) disputing the assessment of the medical expert nominated by us, the company or the insured employee may submit, at their own expense, a report from another medical expert of their own choice, provided such report identifies the matters in dispute. In such an event we may request the insured employee to undergo a final medical examination by a further medical expert, at our expense, whose advice made with the benefit of the previous medical reports, will be final.

We may ask any insured employee receiving benefits under this policy to undergo medical examinations when deemed necessary. If the insured employee does not undergo such a medical examination within one month from the date of request, we shall be entitled to delay or stop the benefit payment until the medical report is received. The benefit payment will then start or resume with back payment, limited to one month.

Suspension of Disability claim

A claim will be suspended under the following circumstances:



Upon the insured employee's refusal to enter into a reasonable and customary treatment program (or rehabilitative program) or non-acceptance of any reasonable offer of modified duties by the company rehabilitation program.



Upon the insured employee's refusal to retrain to qualify for a suited occupation, upon it becoming reasonably apparent that he/she will not be able to return to his/her usual occupation during the benefit period stipulated by the Company Agreement.



Upon the insured employee being deemed to be fit to return to work based on the medical evidence available to us (where applicable).

PAYING PREMIUMS

Premiums are normally payable in advance, in the contract currency and in accordance with the specified Company Agreement terms. Please also note that the company will be liable for payment of Insurance Premium Tax or other government levies that may be due and payable in respect of the company plan. Insurance Premium Tax rates or other applicable charges or levies may be subject to change throughout the term of the company plan and the company may be liable for such changes. Any premiums which the company or Allianz Care is entitled to, based on new enrolments or termination of cover, shall be paid to Allianz Care or refunded to the company on a pro rata basis.



ADMINISTRATION OF THE PLAN

ENROLMENT OF ELIGIBLE PERSONS

The company should provide a written list of eligible persons and any dependants (if applicable) for enrolment to Allianz Care in advance of the commencement date of the Company Agreement in accordance with and subject to the terms of the Company Agreement.

ADDING DEPENDANTS

An insured employee can apply to include any of their dependants for Life cover, provided that they are allowed to do so under the Company Agreement. Notification to add a dependant should be made through the company, unless otherwise stated.

CHANGES

We must be notified of additions, changes or cancellations, in writing, within four weeks of a person becoming eligible/ineligible or the change event such as the addition of a dependant. After that date we reserve the right to:

- Insure the eligible person or
- Cancel the insured person's contract or
- Make the requested change from the day such notice is given.

If the company fails to advise us of changes and/or cancellations within the four week period, for any reason, the company will remain responsible for the payment of the premium until such notice is given.

It will not be possible to backdate changes and cancellations if claims have been processed. Furthermore, the commencement date for eligible persons cannot be backdated to include any claims or claimable events that have already taken place.

CHANGING COUNTRY OF RESIDENCE

It is important that the company lets us know if the insured person changes their country of residence as it may impact the premium, even if the insured person remains within their current geographical region of cover. Cover in some countries is subject to local insurance restrictions, particularly for residents of that country. It is the insured person's responsibility to inform the company of any change in residency and to ensure that their Group Life and Disability cover is legally appropriate and we would recommend that they seek independent legal advice in this regard, as we may no longer be able to provide them with cover. Notification of change of residence should be made through the company.

CHANGING THE INSURED PERSON'S ADDRESS/EMAIL ADDRESS

Any change in the insured person's home, business or email address should be communicated by the company to us in writing as soon as possible.

CORRESPONDENCE

Written correspondence between the company and us must be sent by email or post (with the postage paid). We do not usually return original documents unless specifically requested to do so at the time of submission by the company/insured person.

RENEWING MEMBERSHIP

Prior to group renewal, we will provide a membership list to the Company. The Company will review the list, highlight any additions, changes or cancellations and confirm that it accurately reflects the group membership. If the company fails to notify us of any membership changes before the renewal date, we reserve the right to renew the group scheme with the latest available membership information.

ENDING MEMBERSHIP

The company can end the membership of an insured person by notifying us in writing. Membership will automatically end:

- At the end of the insurance year, if the Company Agreement is terminated.
- If the company decides to end the cover or does not renew the insured person's membership.
- If the company does not pay premiums or any other payment due under the Company Agreement with us.
- When the insured employee stops working for the company.
- When the insured person reaches the term age as set out in the Company Agreement.
- In the event of the death of the insured person.

We can end an insured person's membership if there is reasonable evidence that the person concerned has misled or attempted to mislead us i.e. giving false information, withholding pertinent information from us, or working with another party to give us false information, either intentionally or carelessly, which may influence us when deciding:

- Whether the insured person can join the scheme.
- What premiums the company has to pay.
- Whether we have to pay any claim.

ADDITIONAL TERMS

The following are important additional terms that apply to the company plan :

- 1. Applicable law:** The company plan is governed by the applicable law as set out in the Company Agreement, unless otherwise required under mandatory legal regulations. Any dispute that cannot otherwise be resolved will be dealt with by courts of the country set out in the Company Agreement.
- 2. Liability:** Our liability to the company is limited to the amounts indicated in the Table of Benefits and any subsequent policy endorsement. In no event will the amount of reimbursement, whether under this policy, public medical scheme or any other insurance, exceed the amount specified on the Table of Benefits.
- 3. Third party liability:** If the insured person(s) are eligible to claim benefits under a public scheme or any other insurance policy which pertains to a claim submitted to us, we reserve the right to decline to pay benefits. The insured person must inform us through the company and provide all necessary information, if and when entitled to claim from a third party. The insured person or any of their beneficiaries (if different) and the third party may not agree to any final settlement or waive our right to recover outlays without our prior written agreement. Otherwise we are entitled to recover the amounts paid from the insured person or beneficiaries (if different) and to cancel the policy. We have full rights of subrogation and may institute proceedings in the insured person's name or any beneficiaries (if different), but at our expense, to recover, for our benefit, the amount of any payment made under another policy.
- 4. Force majeure:** We shall not be liable for any failure or delay in the performance of our obligations under the terms of this policy, caused by, or resulting from, force majeure which shall include, but is not limited to: events which are unpredictable, unforeseeable or unavoidable, such as extremely severe weather, floods, landslides, earthquakes, storms, lightning, fire, subsidence, epidemics, acts of terrorism, outbreaks of military hostilities (whether or not war is declared), riots, explosions, strikes or other labour unrest, civil disturbances, sabotage, expropriation by governmental authorities and any other act or event that is outside of our reasonable control.
- 5. Dispute Resolution**
In the event of any dispute in respect of or in connection with this company plan including any differences in respect of medical opinion in connection with the results of an accident, an event that could give rise to a claim or a medical condition arising out of or in connection with this company plan, the company and the insurer agree to use the Alternative Dispute Resolution Protocol as outlined in the Company Agreement.

6. Cancellation and fraud: If any claim is false, fraudulent, intentionally exaggerated or if fraudulent means or devices have been used by the insured person or any of their beneficiaries (or anyone acting on the insured persons behalf) to obtain benefit under the company plan, we will not pay any benefits for that claim. The amount of any claim settlement made to the insured person before the fraudulent act or omission was discovered, will become immediately due and owing to us.

- 7. Mitigation:** During any period of disability an insured employee must make reasonable efforts to:
- Facilitate their own recovery, including participation in any reasonable and customary treatment program (or rehabilitative program) or acceptance of any reasonable offer of modified duties by the company.
 - Retrain to qualify for a commensurate occupation, upon it becoming reasonably apparent that the employee will not be able to return to his/her regular occupation during the benefit period stipulated by the Company Agreement.
 - Return to their regular occupation during the benefit period or to obtain commensurate occupation.
 - Obtain other income.

A Reasonable and Customary treatment program is:

- Performed and prescribed by a medical practitioner and;
- Of the nature and frequency usually required for the condition involved and;
- Required in our opinion.



DATA PROTECTION AND RELEASE OF MEDICAL RECORDS

Our Data Protection Notice explains how we protect your privacy. This is an important notice which outlines how we will process the personal data of your employees and should be read by you before the submission of any personal data to us. To read our Data Protection Notice visit:

@ www.allianzworldwidecare.com/en/privacy.

Alternatively, you can contact us on + 353 1 630 1301 to request a paper copy of our full Data Protection Notice. If you have any queries about how we use your personal data, you can always contact us by e-mail:

@ AP.EU1DataPrivacyOfficer@allianz.com

COMPLAINTS PROCEDURE

Our Helpline is always the first number to call if the insured person or the company has any comments or complaints. If we have not been able to resolve the problem on the telephone, please email or write to us at:

☎ **+353 1 630 1301**

@ client.services@allianzworldwidecare.com

✉ Customer Advocacy Team, Allianz Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.

We will handle your complaint according to our internal complaint management procedure detailed at:

🌐 www.allianzworldwidecare.com/complaints-procedure

You can also contact our Helpline to obtain a copy of this procedure.



DEFINITIONS

The following definitions apply to the benefits included in the company Group Life and Disability Plan and to some other commonly used terms. The benefits that the insured persons are covered for are listed in their Table of Benefits. Wherever the following words/phrases appear in this document and the Table of Benefits they will always be defined as follows:

A

Accident is a sudden, unexpected event which causes injury and is due to a cause external to the insured person. The cause and symptoms must be medically and objectively definable, allow for a diagnosis and require therapy.

Actively at work means that the insured employee is:

- Working and;
- Carrying out all duties of his/her own occupation and;
- Not working contrary to medical advice.

Automatic Acceptance Limit (AAL) is a predefined limit on the maximum sum that can be insured per eligible person without medical underwriting being required. The automatic acceptance limit is set out in the Company Agreement and may be revised each year. The company will be informed of any changes to the automatic acceptance limit in writing.

C

Commencement date refers to the start date of the insurance year as specified in the Company Agreement.

Commencement date of cover is the date that cover begins under the company plan for the insured person.

Company is the employer whose name is mentioned in the Company Agreement.

Company Agreement is the agreement we have with the company, which allows eligible persons to be insured with us. This agreement sets out who can be covered, when cover begins, how it is renewed and how premiums are paid.

Cost of Living Adjustment is the agreed percentage increase (as set out in the Schedule to the Company Agreement) in the amount of benefits paid in respect of Long Term Disability claims to be applied for the insurance year, subject to the maximum benefit limits as set out in the Table of Benefits and to the terms and conditions of the Company Agreement.

D

Deferred period (Disability Benefits) is a period of time commencing from the first date of certified sick leave due to an accident or illness, during which the insured person is not entitled to payment for disability benefits. Benefits subject to deferred periods will be specified in the Table of Benefits.

Dependant is an insured employee's spouse or partner (including same sex partner) and/or unmarried children (including any step, foster or adopted children) financially dependent on the insured employee up to the day before their 18th birthday; or up to the day before their 24th birthday if in full time education, and also named on the company plan.

E

Eligible Persons are employees of the company who are:

- Under the term age of cover as set out in the Company Agreement and;
- Actively at work with the company and;
- Not working contrary to medical advice.

Eligible persons who are not at work due to certified sick leave or disability at the commencement date of the Company Agreement or the commencement date of cover will be admissible after completing two months of employment as per their contract of employment.

End date refers to the end date of the insurance year as specified in the Company Agreement.

G

Gross Annual Salary is the annual salary amount before any deduction for income tax. It includes contractual bonuses and commission earned. However, other insured person benefits such as cars, living accommodation, overtime or discretionary bonuses are not included. Where a weekly rate is provided the rate will be multiplied by 52 to yield the gross annual salary or in the case of a day rate, that rate will be multiplied by 5 to yield a weekly rate and thereafter by 52 for the gross annual salary.

I

Insurance Year is the period between (and inclusive of) the commencement date and the end date, as specified in the Company Agreement.

Insured Employee is an eligible person identified by the company to us, who is covered under the terms of the Company Agreement and for whom the company has paid the appropriate premium.

Insured Person is an insured employee and their dependants identified by the company to us and for whom the company has paid the appropriate premium.

M

Material and substantial duties: are duties that are normally required for the performance of an occupation and cannot be reasonably omitted or modified.

Medical Practitioner is a physician who is licensed to practice medicine under the law of the country in which treatment is given and where he/she is practising within the limits of his/her licence.

O

Other Income includes:

- Any disability benefits the insured employee is entitled to receive from government entities or another insurance company or his/her employer.
- Any income from a professional activity.

One Single Event is an accident or natural disaster with a maximum period of time of 72 hours. In the case of a natural disaster, if the disturbances last more than 72 consecutive hours, several events shall be taken into consideration, each one for a maximum period of time of 72 hours. The One Single Event limit is stated in the Table of Benefits.

However,

- In case of tornado, hurricane, cyclone or tempest, claims shall be related to One Single Event if they are linked to the same atmospheric disturbance.
- In case of earthquake, volcanic eruption or tidal wave, claims shall be related to One Single Event if the epicentre is unique and shared.

Own Occupation is the occupation of the insured employee at the time of death (for Life and Accidental Death cover) or dismemberment (for Accidental Dismemberment cover), or at the time of certified sick leave (for Short Term Disability cover).

S

Suited Occupation is an occupation the insured employee is reasonably suited for, based on their education, skills and experience.

Sum Insured is the maximum amount that we will pay in the event of a claim, in accordance with the Company Agreement. Details of the sum insured are specified in the Table of Benefits.

T

Terminal Illness refers to an advanced or rapidly progressing incurable illness, where in the opinion of an attending medical practitioner and our medical director, the insured employee's life expectancy is no greater than 12 months.

Term Age is the age limit of the insured person as stated in the Company Agreement, after which cover expires.

W

We/Our/Us is Allianz Care.



EXCLUSIONS

Life benefits will not be paid if the death was as a result of:

Participation in war or criminal acts: active participation in war, riots, civil disturbances, terrorism, criminal acts, illegal acts or acts against any foreign hostility, whether war has been declared or not.

Chemical contamination and radioactivity: chemical or biological contamination, radioactivity or any nuclear material contamination, including the combustion of nuclear fuel.

Passive War Risk:

- a) Being in a country, where the British government has recommended their citizens to leave (this criteria will apply regardless of the insured person's nationality) and advised against 'all travel' there; or
- b) Travelling to or staying, for a period of more than 28 days per stay, in a country or an area where the British government advise against all but essential travel;

The Passive War Risk exclusions apply regardless of whether the claim arises directly or indirectly as a consequence of war, riots, civil disturbances, terrorism, criminal acts, illegal acts or acts against any foreign hostility, whether war has been declared or not.

Accidental Death, Accidental Dismemberment, Permanent, Short or Long term Disability benefits will not be paid if the Accidental Death, Accidental Dismemberment, Permanent, Short or Long term Disability was as a result of any the exclusions listed for Life benefits or any of the following additional exclusions:

Substance abuse: alcohol, solvent or drug abuse. Drug abuse will include the abuse of prescribed, non-prescribed, legal or illegal drugs.

Flying in an aircraft: including helicopters, unless the insured person is a passenger and the pilot is legally licensed, or is a military pilot and has filed a scheduled flight plan when required by local regulations.

ACCIDENTAL DISMEMBERMENT REFERENCE TABLE

PARTIAL BENEFIT		% OF PRINCIPAL SUM INSURED PAYABLE	
1. HEAD			
1.1	Irrevocable loss of sight in one eye	40%	
1.2	Irrevocable loss of hearing in one ear	30%	
1.3	Partial removal of mandible or half of the maxillary bones	40%	
1.4	Loss of bone matter of the skull in all of its thickness		
1.4.1	Surface area of 3cm ² to 5cm ²	20%	
1.4.2	Surface area of more than 5cm ²	40%	
2. UPPER LIMBS		LEFT	RIGHT
2.1	For the loss of one arm or one hand	50%	60%
2.2	For the loss of one thumb	15%	20%
2.3	Partial loss of one thumb	5%	10%
2.4	Permanent loss of one bone in the arm	40%	50%
2.5	Considerable loss of the two bones of the forearm	30%	40%
2.6	Paralysis		
2.6.1	Paralysis of an upper limb	55%	65%
2.6.2	Paralysis of the forearm radial nerve	25%	30%
2.6.3	Paralysis of the circumflex nerve	15%	20%
2.6.4	Paralysis of the cubital nerve	25%	30%
2.6.5	Paralysis of the hand radial nerve	15%	20%
2.6.6	Paralysis of the median nerve	35%	45%
2.6.7	Paralysis of the radial nerve at the torsion cradle	35%	40%
2.7	Ankylosis		
2.7.1	Wrist in a favourable position (straight and pronation)	15%	20%
2.7.2	Wrist in an unfavourable position (flexed or strained extension or supine position)	25%	30%
2.7.3	Elbow in a favourable position (15 degrees round the right angle)	20%	25%
2.7.4	Elbow in an unfavourable position	35%	40%
2.7.5	Shoulder	30%	40%
2.7.6	Thumb	15%	20%
2.8	Amputation		
2.8.1	For the loss of a forefinger	10%	15%
2.8.2	For the loss of two phalanges of forefinger	8%	10%
2.8.3	For the loss of the unguis phalanx of forefinger	3%	5%
2.8.4	For the loss of a finger other than thumb, forefinger and median	3%	7%

2.8.5	For the loss of a thumb and forefinger	25%	35%
2.8.6	For the loss of four fingers excluding a thumb	35%	40%
2.8.7	For the loss of four fingers including a thumb	40%	45%
2.8.8	For the loss of three fingers excluding a thumb and forefinger	15%	20%
2.8.9	For the loss of two fingers excluding a thumb and forefinger	8%	12%
2.8.10	For the loss of a thumb and finger excluding forefinger	20%	25%
2.8.11	For the loss of a median finger	8%	10%
3. LOWER LIMBS			
3.1	For the loss of a foot	45%	
3.2	For the partial loss of a foot	35%	
3.3	Loss of bone from thigh or both bones of the leg	60%	
3.4	Damage of a knee joint with significant separation of the fragments and pronounced difficulty of movement	40%	
3.5	Damage of a knee joint with restricted range of movement	20%	
3.6	Shortening of the lower limb		
3.6.1	Over 3cm	20%	
3.6.2	Over 5cm	30%	
3.7	Paralysis		
3.7.1	Lower limb	60%	
3.7.2	For the loss of the external popliteal sciatic nerve	30%	
3.7.3	For the loss of the internal popliteal sciatic nerve	20%	
3.7.4	Total paralysis of both popliteal nerves	40%	
3.7.5	For the loss of all toes	25%	
3.8	Ankylosis		
3.8.1	Hip	40%	
3.8.2	Knee	20%	
3.8.3	Big toe	10%	
FULL BENEFIT		% OF PRINCIPAL SUM INSURED PAYABLE	
4. UPPER AND LOWER LIMBS			
4.1	For the loss of both hands or both feet or the sight of both eyes	100%	
4.2	For the loss of both arms or both legs	100%	
4.3	For the loss of both feet	100%	
4.4	For the loss of one arm and one leg	100%	
4.5	For the loss of one arm and one foot	100%	
4.6	For the loss of one hand and one leg	100%	
4.7	For the loss of one hand and one foot	100%	
4.8	Removal of mandible	100%	
4.9	Irrevocable loss of speech through trauma	100%	
4.10	Irrevocable loss of hearing in both ears	100%	

Note: For a person who is left-handed, provided that the insured employee has declared so in the claim, the rates relative to the right limb will be applied to the left and vice-versa.

Talk to us, we love to help!

If you have any queries, please do not hesitate to contact us:

24/7 Helpline for general enquiries

 English:	+ 353 1 630 1301
German:	+ 353 1 630 1302
French:	+ 353 1 630 1303
Spanish:	+ 353 1 630 1304
Italian:	+ 353 1 630 1305
Portuguese:	+ 353 1 645 4040

Toll-free numbers: www.allianzworldwidecare.com/toll-free-numbers

Please note that in some instances the toll-free numbers are not accessible from a mobile phone. In this case, please dial one of the Helpline numbers listed above.

Calls to our Helpline will be recorded and may be monitored for training, quality and regulatory purposes. Please note that only the policyholder (or an appointed representative) can make changes to the policy. Security questions will be asked of all callers to verify their identity.

 Email: client.services@allianzworldwidecare.com

 Fax: + 353 1 630 1306

 Address: Allianz Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.

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