

Cancer Cash Support Plan Insurance

Insurance Product Information Document



Company: **AIG Europe S.A.**

Product: **Cancer Cash Support Plan Policy - Standard & Double Cover**

AIG Europe S.A. is authorised by the Luxembourg Ministère des Finances, supervised by the Commissariat aux Assurances and is regulated for conduct of business in Ireland by the Central Bank of Ireland.

You can find complete information on the policy, in your policy schedule and in your policy document. These will also tell you the level of cover you have and your benefit limits.

What is this type of insurance?

This policy will help meet the needs of someone who wants to be protected against many of the financial effects of being diagnosed with a cancer covered by this policy. This insurance provides specified cash benefit(s) if you have a first diagnosis of a cancer covered by the policy.

There are two levels of cover available. You can choose between our Standard Cover or our Double Cover.



What is insured?

Our Cancer Cash Support Plan will pay you set benefits, detailed under the heading 'Cash Benefits' below, if you receive a first diagnosis of one of the following cancers:

1. Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue in a primary site.
2. Leukaemia
3. Hodgkin's disease
4. Carcinoma in situ of the breast
5. Malignant melanoma

Day-case surgery benefit only applies to cancers 6 & 7

6. Carcinoma in situ of any part of the body other than the breast
7. Skin cancer other than malignant melanoma

Cash Benefits - As defined by the policy

- ✓ On diagnosis
Standard Cover: €7,500 cash benefit
Double Cover: €15,000 cash benefit
- ✓ Monthly income
Standard Cover: €625 for up to 12 months
Double Cover: €1,250 for up to 12 months
- ✓ After specified surgery
Standard Cover: €4,000
Double Cover: €8,000
- ✓ Day-case surgery
Standard Cover: €100 per day up to 5 days
Double Cover: €200 per day up to 5 days
- ✓ Hospitalisation
Standard Cover: €125 per day for up to 100 days
Double Cover: €250 per day for up to 100 days

The maximum amount payable to an insured under all benefits specified by this policy are

Standard Cover: €32,000.

Double Cover: €64,000.



What is not insured?

- ✗ We will not pay the benefit for any cancer for which you are claiming if you have been diagnosed with the same cancer before taking out the policy.
- ✗ Any cancer that is diagnosed within 90 days of you taking out the policy.
- ✗ Any medical advice, have symptoms or tests, or receive any medication or treatment, for cancer within 90 days of you taking out the policy.
- ✗ Any cancer directly or indirectly caused by you having taken a drug or drugs for treating drug addiction.
- ✗ Any cancer directly or indirectly caused by you having taken alcohol or a drug or drugs, unless the drug or drugs were taken as prescribed by a registered medical practitioner or taken according to the manufacturer's instructions.
- ✗ Any cancer directly or indirectly caused by any pre-existing condition.
- ✗ We will not pay the benefit in relation to a surgical procedure for diagnostic surgery.



Are there any restrictions on cover?

- ! If you are diagnosed as having cancer, within the 90 days immediately after your cover starts.
- ! If you get medical advice, have symptoms or tests, or receive any medication or treatment for cancer within 90 days of your cover starting.
- ! If you live outside the Republic of Ireland for more than 180 days in a row.
- ! Cover under this policy will stop on the premium due date following the insured person's 75th birthday.
- ! Insurance cover will stop for the cancer for which you are claiming from the date the cancer is first diagnosed. Insurance cover will continue for the other cancers.



Where am I covered?

Worldwide – We will not pay any benefit if you reside outside of the Republic of Ireland for more than 180 days.



What are my obligations?

- When applying for your policy, you must take reasonable care to answer the questions you are asked honestly and carefully.
- Change status of smokers and non-smokers
 - If, at any time while this policy is in force, a non-smoker begins using any tobacco products, they must tell us immediately. We will adjust the premium to that appropriate to a smoker from the date we are told of the change. If we are not told, we will reduce any benefit based on the percentage of the total amount of premiums you have paid from your effective date compared with the premium which would have been paid by a smoker for the same period.
 - If a smoker stops using tobacco products while this policy is in force, they must tell us immediately. We will adjust the premium to that appropriate to a non-smoker after 24 months from the date we are told. The insured person will have to sign a declaration to confirm that they no longer use tobacco products. If the smoker does not tell us that they have stopped using tobacco products, we will only pay the benefit amounts shown on the schedule.
 - We may ask you to have an examination. We will pay the cost of any examination plus the reasonable costs of travel, if you agree this with us before you travel.



When and how do I pay?

Premiums, as shown on the schedule, are due every month, and will increase as the insured person or insured persons get older. This is because the cost of providing this insurance increase as you get older.

Monthly premiums are due on the first premium due date shown on the schedule, and then on the following month

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

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



When does the cover start and end?

The cover starts on the date that your application is accepted in writing by us and will be confirmed in your policy schedule. Cover will end on one of the following dates:

- If the premium is not paid on the date it is due, the policyholder has 30 days in which to pay it. If it is not paid during that period, we will cancel the policy from the date on which the unpaid premium was due.
- Cover under this policy will stop on the premium due date following the insured person's 75th birthday.
- Insurance cover will stop for the cancer for which you are claiming from the date the cancer is first diagnosed. Insurance cover will continue for the other cancers.
- Cover will be cancelled from the 181st day that an insured person resides outside the republic of Ireland. Please tell us as soon as this happens so there is no overpayment of premium.
- If, within 90 days of your effective date you are diagnosed with cancer or you get medical advice, have symptoms or tests, or receive any medication or treatment in relating to cancer, we will refund to the policyholder all premiums paid for the insured person concerned. That insured person's cover will be cancelled from their effective date.



How do I cancel the contract?

Canceling the policy during the cooling off period - If the cover does not meet your requirements you may cancel this policy within 14 days of the policy effective date shown in your schedule or within 14 days of receiving your policy, whichever is the later. We will give you a full refund of any premiums paid so long as you have not claimed. Premium will be returned to the policyholder within 5 working days from the date we receive notice of cancellation from the policyholder.

Canceling the policy after the cooling off period - The policyholder may cancel this policy by giving us notice in writing to AIG Europe S.A, 30 North Wall Quay, IFSC, Dublin 1 or emailing cancercover.ie@aig.com

We may cancel this policy by giving the policyholder 30 days notice in writing to the policyholder's last known address.

For the monthly paid policies, cover will stop from the next premium due date following the date we receive notification of cancellation.

The policyholder is responsible for promptly telling other insured persons that the policy has been cancelled.

No person other than the policyholder has the right to cancel this policy.