



Pupil Protector Personal Accident Policy

We agree to give the insurance cover set out in this group policy document. **We** will provide cover only to those people who are shown as being **insured persons** as long as the appropriate premium has been paid and **we** have accepted it.

This group policy, the **schedule** and any attached memoranda or endorsements show details of the cover and the terms and conditions applying to it. The **group policyholder** should read these documents to make sure that they understand the cover provided and the limitations which apply.

It is the **group policyholder's** responsibility to ensure that the **insured persons** are given full details of this insurance and that the **insured persons** agree to observe, fulfil and comply with the terms and conditions of this group policy.

Your Completed Application Form is a precise record of the information **you** provided us when applying for this insurance cover. Your acceptance of this insurance policy confirms that **your** answers have been provided honestly and with reasonable care. Please note that failure to do so may result in **your** policy being cancelled or **we** may refuse to deal with any claims or reduce the amount of a claim payment, as detailed under the **Impact of Misrepresentation** section, which **you** should read carefully.



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Scope of insurance

If an **insured person** suffers **bodily injury** which, within two years solely and independently of any other cause, results in death or **disablement** during the **period of insurance** and **operative time of cover**, we will pay the **sum insured** specified on the **schedule**.

Definitions

We use certain words in this policy which have a specific meaning. They have this specific meaning wherever they appear in the policy or **schedule** and are shown in bold print.

Accident

A sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place.

Bodily injury

Identifiable physical injury to an **insured person's** body which is caused directly and solely by an **accident**, is not intentionally self-inflicted and does not result from sickness or disease.

Brain damage

Total and permanent loss of ability to reason, receive ideas, understand and have intelligent thoughts.

Excess

The first amount of any claim which You have to pay. This amount is shown on the Schedule.

Disablement

A loss as described in the sections shown on the **schedule**.

Disappearance

If an **insured person** disappears and it is reasonable to believe that **they** have died as a result of **bodily injury**, we will pay the amount for Section C item 1, death as specified in the **schedule** provided the **insured person's** legal representative or executor signs an agreement that if it later transpires that an **insured person** has not died, any amount paid will be refunded to **us**.

Doctor

A registered medical practitioner who is not the **insured person** or related to the **insured person** who is currently registered with the Irish Medical Council in the Republic of Ireland to practice medicine.

Exposure

If the **insured person** dies or becomes disabled as a result of being exposed to the elements, we will consider the death or disability to have been caused by **bodily injury**.

Facial scarring

Scarring of the face from the hairline to the chin and from ear to ear not including the neck.

Foot or feet

All parts of the foot below the ankle.

Gradually operating cause

A cause that is the result of a series of events which occur or develop over time that cannot be attributable to a single **accident**.

**Group policyholder**

The **school** specified on the **schedule**.

Hand or hands

All parts of the hand below the wrist.

Hospital

An institution which has accommodation for residential patients and facilities for diagnosis, surgery and treatment. It does not include a convalescence home (the place for rest and recovery after an **accident**), a long-term nursing home or care facility, a geriatric (elderly care) ward or a rehabilitation centre.

Insured person or insured persons

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

Loss

Permanent, total and irrecoverable loss of use or the permanent and total loss caused by physical severance, resulting in separation.

Loss of hearing

Total, complete and permanent loss of hearing resulting in deafness.

Loss of sight

Physical loss of one or both eyes or the loss of a substantial part of the sight of one or both eyes. A substantial part means that the degree of sight remaining after the **accident** is 3/60 or less on the Snellen scale after correction with spectacles or contact lenses. (At 3/60 on the Snellen scale a person can see at 3 feet something that a person who has not suffered loss of sight should be able to see at 60 feet).

Loss of speech

Total, complete and permanent loss of speech.

Medical and dental expenses

Expenses not recoverable from any other source, necessarily and properly incurred by the **insured person** within two years of the date of **bodily injury** for medical, **hospital**, surgical, dental, manipulative, massage, therapeutic, X-ray or nursing treatment, including the cost of medical supplies and ambulance hire. Expenses incurred within two years of the date of **bodily injury** for treatment which either takes place or is expected to take place after the expiry of the two years from the date of **bodily injury** are not medical expenses for the purpose of this insurance.

Misrepresentation

Innocent, negligent, or fraudulent answers provided by the **group Policyholder** to the questions on the **Pre-Contract Application Form**.

Operative time of cover

The period of time during which an **insured person** is covered by this policy.

Paralysis from the neck down



The permanent and total paralysis of the two arms, forearms and **hands** and the two thighs, legs and **feet**.

Parent

A parent with parental responsibility, or a legal guardian of a **pupil**.

Period of insurance

The period between the **start date of cover** and renewal date as shown on the **schedule**.

Permanent total disability

The **insured person** being prevented from doing any paid work for the rest of their life.

Pre-Contract Application Form

The application form provided by the Insurer to the **group Policyholder** at pre-contractual stage of a contract of insurance. The **group Policyholder** must answer the questions on the **pre-contract application form** honestly and with reasonable care, failure to do so may be regarded as a **Misrepresentation** (see Impact of Misrepresentations section).

Pupil or pupils

A person who is over 3 years of age, or under 23 years of age and attending the **school**.

School

The school named on the policy **schedule**.

School activity only

While the **insured person** is participating in **school** related activities authorised by the **school** including direct travel to and from such activities.

Schedule

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

Staff

Any employee of a **school** provided the employee has not attained their 65th birthday before the start of the **period of insurance**.

Start date of cover

The date on which cover commences.

Sum insured

The amount of benefit payable shown in the **schedule**.

They or their

The **insured person**.

War

Military action, either between nations or resulting from civil war or revolution.

We, us or our

AIG Europe S.A.

24 hour cover



At all times.

What is not covered

We will not cover **Bodily injury** to an **insured person**:

- (a) if it occurs in a country where there is a **war** and the **bodily injury** was caused as a direct consequence of the **war**;
- (b) flying unless as a fare-paying passenger;
- (c) committing or attempting to commit suicide;
- (d) committing or attempting to commit a crime;
- (e) resulting in a diagnosis of fibromyalgia (a syndrome characterised by chronic pain in the muscles and soft tissues surrounding joints, fatigue and tenderness at specific sites in the body), myalgic encephalomyelitis (muscle pains and inflammation of the brain and spinal cord), chronic fatigue syndrome, post-traumatic stress disorder or any mental or nervous disorder;
- (f) resulting from a **gradually operating cause**;
- (g) taking a drug or drugs other than according to the manufacturer's instructions or as prescribed by a **doctor**;
- (h) taking a drug or drugs to treat drug addiction;
- (i) under the influence of alcohol or solvents;
- (j) in respect of **medical expenses** or **hospital** confinement arising from any physical or mental condition, or disability of a recurring or chronic nature, from which the **insured person** suffered or was known to suffer before the **period of insurance**. This exclusion shall not apply where insurance has been effected on a compulsory basis for all **pupils** or **staff** of a **school**;
- (k) occasioned during the course of employment of any kind other than an authorised **school** work experience programme or, in respect of **staff**, other than work on behalf of the **school**;
- (l) up to the amount of the **excess** as shown in the **Schedule**.



Provisions

1. Under Section B when more than one form of disability results from one **bodily injury**, we will pay the largest amount from the table shown on the **schedule**.
2. The **insured person** can only claim under one of the Sections A, B or C as a result of **bodily injury**.
3. We will only pay either the **paralysis from the neck down** or **brain damage** benefit as a result of one event causing **bodily injury**.
4. If the **insured person** dies within 26 weeks of suffering **bodily injury**, we will pay the amount under Section C (as long as the death was as a result of **bodily injury**) and not the amounts under Sections A or B.
5. We will pay the amounts shown under Sections D, E, F and G as well as those under Section B as a result of **bodily injury**.
6. The most we will pay for **bodily injury** is the **sum insured** shown for Section A1 for each **pupil**.
7. The maximum we will pay in aggregate to eligible **insured persons** under this insurance in respect of any **accident** or series of **accidents** arising from a single event will be €5,000,000. In the event that the total claims from the single event shall exceed €5,000,000 we will pay an amount which is proportionately reduced until the total does not exceed this limit.
8. We may change the terms and conditions, including the premium, of this group policy at any time and as considered necessary to reflect any event outside **our** control or that we expect to have an impact on future claims which we could not reasonably have foreseen when we last reviewed the cover terms and premiums or in the event of any change in the law affecting this policy, for example a change in insurance premium tax.

Before we make any changes, we will give the **group policyholder** 30 days notice in writing.

If the changes are acceptable then this cover will continue. The **group policyholder** is responsible for notify **insured person's** included in this group policy of the changes applicable.

If the changes are not acceptable, the contact person for the **group policyholder** may cancel this group policy. If this happens no claims will be paid after the date of the cancellation. Any premium for the unused portion of the **period of insurance** will be returned to the contact person for the **group policyholder**.



Pre-Contract Application Form

The **group policyholder** must answer all the questions on the **pre-contract application form** honestly and with reasonable care. Failure to do so may result in **your** policy being cancelled or **we** may refuse to deal with any claims or reduce the amount of a claim payment, as detailed under the Impact of **Misrepresentation** section, which **you** should read carefully.

The **group policyholder** shall either immediately or as soon as reasonably possible inform the **Insurer** if any of the answers or information given in the **pre-contract application form** is inaccurate or has changed before completion of the contract of insurance.

The Impact of any Misrepresentation by the group Policyholder, is as follows:

(a) Innocent Misrepresentation:

Where the **group Policyholder** have answered all questions in the **pre-contract application form** honestly and with reasonable care but where the **group Policyholder** made an innocent **misrepresentation** (that is, one that is neither negligent nor fraudulent) the Insurer will pay any covered claim event subject to the terms and conditions of this policy.

(b) Negligent Misrepresentation:

If the **group Policyholder** make a negligent misrepresentation or fail to take reasonable care in completing the **pre-contract application form** the cover under this policy may not fully operate and in the event of a claim the Insurer will exercise one of the following remedies:

- (a) If knowing the full details the Insurer would not have entered into the insurance contract, the Insurer may avoid the contract, refuse all claims and return any premiums paid by **the group Policyholder**.
- (b) If the Insurer would have entered into the insurance contract, but on different terms (excluding terms relating to the premium), the contract of insurance may be treated as if it had been entered into on those terms.
- (c) If the Insurer would have entered into the contract of insurance but have charged a higher premium, the Insurer may reduce proportionately the amount to be paid on the claim.
- (d) Where there is no outstanding claim under the contract of insurance, the Insurer may either:
 - (i) give notice to the **group Policyholder** that in the event of a claim the Insurer will exercise the remedies in paragraphs (a) to (c), or
 - (ii) terminate the contract by giving reasonable notice to the **group Policyholder**.

(c) Fraudulent Misrepresentation:

If the **Group Policyholder** make a fraudulent misrepresentation or where any conduct by the **group Policyholder** or Insured involves fraud of any kind the Insurer shall be entitled to avoid the contract of insurance and refuse any claims.



Claims procedure

We should be notified as soon as reasonably practicable after the **bodily injury** is sustained that a claim is to be made.

We may reject the claim if it is made so long after the **bodily injury** is sustained that it makes it difficult or impossible for **us** to investigate the claim fully. Claims are to be notified to:

The Accident & Health Claims Department
AIG Europe S.A. 30 North Wall Quay, IFSC,
Dublin 1.

Telephone: (01) 208 1400 Facsimile: (01) 283 7774

E Mail: pupilprotectorclaims.ie@aig.com

We may ask the **insured person** to have one or more medical examinations. If **we** do, **we** will pay the cost of the examinations and the reasonable travelling expenses of the **insured person** (and their **parent** if the **insured person** is a **pupil** under 23 years of age), as long as **we** agree beforehand. If the **insured person** fails to go to a medical examination without a good reason, **we** may reject the claim.

If **we** pay a claim under Section G, **medical expenses** which are recoverable from another source, such as a third party or private health insurer, **you** must give **us** every assistance and any information **we** require to recover this amount from them.

We will ask the claimant to give **us** certificates and information to support the claim. **We** will not pay any costs involved in doing this. If the information supplied is insufficient, **we** shall identify what further information is required. **We** may reject the claim if **we** do not receive the information **we** need.

We will deal with valid death claims as follows:

- a. If an **insured person** is age 18 years or over **we** will pay the **sum insured** to the executor or personal representative of the deceased **insured person's** estate.
- b. If an **insured person** is under age 18 years **we** will pay the **sum insured** to the **parent** of the deceased **insured person** or in accordance with the Succession Act 1965, where appropriate.

We will deal with all valid claims, other than death claims, as follows:

- a. If an **insured person** is age 18 years or over **we** will pay the appropriate **sum insured** to the **insured person**.
- b. If an **insured person** is under age 18 years **we** will pay the appropriate **sum insured** to the **parent** of the **insured person** for the benefit of the **insured person**.
- c. **We** will pay the appropriate **sum insured** to the **school** under Section G **medical expenses** where they have incurred bills and require reimbursement.

However, **we** can insist on placing any claim payments in trust for the **insured person's** benefit. **We**, the **insured person**, and their **parent** will agree on the trustees. The money will be held in trust until the **insured person** has reached **their** 18th birthday when the money will be paid to the **insured person**. If **we** cannot agree on the identity of the trustees they will be appointed by the President of the Law Society. **We** will decide the terms, conditions and powers which apply to any trust.

The receipt of the payment shall be a full discharge of all liability by **us** in respect of the claim.



General conditions

1. The policy or benefit cannot be assigned or transferred to anyone else unless **we** agree.
2. If the **parent** is contributing, or paying the premium, the insurance will not be affected by the **group policyholder's** failure to send reports, pay premiums or keep to any of the conditions of the policy.
3. If **we** have paid a claim under this policy and the **group policyholder** or the **insured person** has accepted this as full and final payment then **we** will not have to make any further payments for the same claim.
4. **We** may change the premium and conditions of this insurance at the **start date of cover** or increase the premium during the **period of insurance** if the number of **insured persons** is increased.
5. The **group policyholder** will pay premiums as agreed and supply information in the form and at the frequency required by **us**.
6. This policy will be construed and interpreted in accordance with Irish law whose courts will have jurisdiction to determine any dispute arising under or in connection with it, unless agreed to the contrary by the **group policyholder** and **us** before the **start date of cover**. The terms and conditions of this policy will only be available in English and all communication relating to this policy will be in English.
7. **We** will not pay interest on any amount paid under this policy.
8. **We** shall not be deemed to provide cover and **we** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **us, our** parent Company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Disputes and complaints

AIG Europe S.A. wants to give **you** the best possible service. If **you** feel **you** have cause for complaint **you** should contact: The Customer Complaints Officer, AIG Europe S.A., 30 North Wall Quay, IFSC, Dublin 1, D01 R8H7. Phone: +353 1 208 1400

E-mail: customercomplaints.ie@aig.com Website: www.aig.ie/complaints

We will acknowledge the complaint within 5 business days of receiving it, keep the complainant informed of progress and provide an answer within one month (unless specific circumstances prevents **us** from doing so, in which case the complainant will be informed).

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

Insurance Ireland, Insurance Centre, 5 Harbourmaster Place, IFSC, Dublin 1, D01 E7E8 Phone: +353 1 676 1820 Fax: +353 1 676 1943

E-mail: feedback@insuranceireland.eu Website: <http://www.insuranceireland.eu>

Financial Services and Pensions Ombudsman, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, D02 VH29. Phone: +353 1 567 7000

E-mail: info@fspo.ie Website: www.fspo.ie

As AIG Europe S.A. is a Luxembourg based insurance company, complainants who are natural persons acting outside of their professional activity may also, in addition to the complaints procedure set out above, if they are not satisfied with AIG's Irish Branch response or in the absence of response after 90 days:



- raise the complaint with **our** head office by writing to AIG Europe SA “Service Reclamations Niveau Direction” 35D Avenue JF Kennedy L- 1855 Luxembourg - Grand Duché de Luxembourg or by email at aigeurope.luxcomplaints@aig.com ;
- access one of the Luxembourg mediator bodies the contact details of which are available on AIG Europe S.A.’s website: <http://www.aig.lu/>: or
- lodge a request for an “out of court resolution” process with the Luxembourg Commissariat Aux Assurances (CAA) by writing to CAA, 7 boulevard Joseph II, L-1840 Luxembourg - Grand Duché de Luxembourg or by fax at +352 22 69 10, or by email at reclamation@caa.lu or online through the CAA website: <http://www.caa.lu>.

All requests to the CAA or to one of the Luxembourg mediator bodies must be filed in Luxembourgish, German, French or English.

If the insurance contract has been concluded online, the complainant may also use the European Commission’s platform for Online Dispute Resolution (ODR) using the following link: <http://ec.europa.eu/consumers/odr/>

Following this complaint procedure or making use of the one of the above options does not affect the complainant’s right to take legal action.

Fraud

Any fraud, deliberate dishonesty, or deliberate hiding of information connected with the **group policyholder’s** or **insured person’s** application for this policy or in connection with a claim, will make this policy invalid.

If this happens, the **group policyholder** or **insured person** will lose any benefit due to them and they must pay back any benefit that **we** have already paid. If this occurs **we** will not refund any premiums.



Start and finish of cover

The cover provided to the **group policyholder** for each **insured person** will begin on the **start date of cover** or the date the **insured person** is included in this insurance and will end on the earliest of the following:

- a) The end of the period for which payment of premium was paid to **us**;
- b) The **group policyholder** or **we** cancel the policy;
- c) The policy is not renewed on the renewal date;
- d) An **insured person** notifies the **group policyholder** that **they** no longer wish to be included in this policy;
- e) An **insured person** dies; or
- f) An **insured person's** 23rd birthday.
- g) If an **Insured Person** reside outside the Republic of Ireland for more than 180 days, **you** need to inform **us** so that we can cancel **their** policy.

Where mandatory insurance is selected by a **school** which has been insured with a previous insurer, the premium will be deemed to have been paid provided it is received by **us** before 31 October each year.

Where specified **pupil** insurance is selected, if the **insured person** has been insured with a previous insurer the premium will be deemed to have been paid provided it is paid to **us** before 31 October each year, otherwise cover will commence in respect of the **insured person** when their application is received by the **school**.

Cancellation and cooling off period

Cooling off Period

Cancelling 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 **start date** shown in your **schedule** or within 14 days of receiving your policy, whichever is the latter. **We** will give you a full refund of any premiums paid so long as you have not claimed. Premium will be returned to the **group policyholder** within 5 working days from the date **we** receive notice of cancellation from the **group policyholder**.

Cancellation after the cooling off period

We may cancel this policy by giving 30 day's notice in writing to the **group policyholder** at the **group policyholder's** last known address or by email.

The **group policyholder** may cancel this policy by giving 30 days notice by emailing pupilprotector.ie@aig.com.

The premium for the period up to the date when the cancellation takes effect will be calculated and any unearned (unused) portion of the premium paid will be returned to the **group policyholder**.

An **insured person** may cancel their own cover under this policy by giving notice in writing to the **group policyholder**. An **insured person** or **parent** has no rights to cancel the policy held by the **group policyholder**.

If the **group policyholder** collects the premium from an **insured person** or **parent**, it is the **group policyholder's** responsibility to give back any premium **we** have returned to them and tell an **insured person** or **parent** contributing that the premium will no longer be collected.

We will refund all premiums paid, within 30 days from the date **we** received the notice of the cancellation from the **group policyholder**. **We** will not refund any premiums if a claim has been made within the 15 days of the **start date of cover** shown on the **schedule**.



How we use personal information

AIG Europe S.A. is committed to protecting the privacy of customers, claimants and other business contacts.

“Personal Information” identifies and relates to **you** or other individuals (e.g. **your** partner or other members of **your** family). If **you** provide Personal Information about another individual, **you** must (unless **we** agree otherwise) inform the individual about the content of this notice and **our** Privacy Policy and obtain **their** permission (where possible) for sharing of **their** Personal Information with **us**.

The types of Personal Information **we** may collect and why – depending on **our** relationship with **you**, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with **your** consent where required by applicable law) as well as other Personal Information provided by **you** or that **we** obtain in connection with **our** relationship with **you**. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of **our** business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside **your** country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Market research and analysis

To opt-out of any marketing communications that **we** may send **you**, contact **us** by e-mail at: postmaster.ie@aig.com or by writing to: Data Protection Officer, AIG Europe S.A., 30 North Wall Quay, International Financial Service Centre, Dublin 1. If **you** opt-out **we** may still send **you** other important service and administration communications relating to the services.

Sharing of Personal Information - For the above purposes Personal Information may be shared with **our** group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. **We** are required to register all third party claims for compensation relating to **bodily injury** to workers' compensation boards. **We** may search these registers to prevent, detect and investigate fraud or to validate **your** claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of **our** company or transfer of business assets.

International transfer - Due to the global nature of **our** business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in **your** country of residence). When making these transfers, **we** will take steps to ensure that **your** Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in **our** Privacy Policy (see below).



Security of Personal Information – Appropriate technical and physical security measures are used to keep **your** Personal Information safe and secure. When **we** provide Personal Information to a third party (including **our** service providers) or engage a third party to collect Personal Information on **our** behalf, the third party will be selected carefully and required to use appropriate security measures.

Your rights – **You** have a number of rights under data protection law in connection with **our** use of Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to correct inaccurate data, a right to erase data or suspend **our** use of data. These rights may also include a right to transfer **your** data to another organisation, a right to object to **our** use of **your** Personal Information, a right to request that certain automated decisions **we** make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about **your** rights and how **you** may exercise them is set out in full in **our** Privacy Policy (see below).

Privacy Policy - More details about **your** rights and how **we** collect, use and disclose **your** Personal Information can be found in **our** full Privacy Policy at: <https://www.aig.ie/privacy-policy> or **you** may request a copy by writing to: Data Protection Officer, AIG Europe S.A., 30 North Wall Quay, International Financial Service Centre, Dublin 1 or by email at: dataprotectionofficer.ie@aig.com

Commission & Fees

Members of **our** sales team are paid a salary; **we** do not pay them bonuses or commissions directly linked to sales.

Second Opinion Medical Service

Medical Second Opinion

If an **Insured Person** sustains any injury or illness which is diagnosed during the **Period of Insurance**, regardless of the cover, **Operative Time**, or the exclusions applicable under this policy, the AIG Virtual Care Program will provide access to a Medical Second Opinion service.

Medical Specialists can provide a second opinion to help the **Insured Person's Parent** (you) make confident health decisions when they have questions about a diagnosis, treatment options, or the need for surgery. A Personal Case Manager will support you throughout the process and work with medical experts to provide you with a confidential and in-depth report that will detail the **Insured Person's** exact condition and the best treatment plan for them.

How to Access?

- The **Insured Person's Parent** should visit www.aigvirtualcareprogram.com and choose their preferred language.
- Click 'Access my account'.
- Complete the required fields. Your access code is made up of policy prefix code IE3GP01 and the last 4 digits of your policy number (this will be available from the **Group policyholder**) i.e. IE3GP01XXXX.
- Once registered, you can request/receive call backs for a range of health and wellness services from licenced medical professionals.



Insurance Providers

This insurance is underwritten by AIG Europe S.A., an insurance undertaking with R.C.S. Luxembourg number B 218806. AIG Europe S.A. has its head office at 35 D Avenue J.F. Kennedy, L-1855, Luxembourg, <http://www.aig.lu/>. AIG Europe S.A. is authorised by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances 7, boulevard Joseph II, L-1840 Luxembourg, GD de Luxembourg, Tel.: (+352) 22 69 11 - 1, caa@caa.lu, <http://www.caa.lu/>

AIG Europe S.A. Ireland branch is an insurance company and has its registered branch office at 30 North Wall Quay, International Financial Services Centre, Dublin 1, D01 R8H7 and branch registration number 908876 and is regulated for conduct of business in Ireland by the Central Bank of Ireland. Contact details of the Central Bank of Ireland are P.O. Box 559, North Wall Quay, Dublin 1, D01 F7X3. Telephone: 1890 77 77 77. Fax: 01 6716561. E-mail: enquiries@centralbank.ie. Web: <http://www.centralbank.ie>. If a solvency and financial condition report of AIG Europe S.A. is available, it can be found at <http://www.aig.lu/>

Insurance Compensation Fund

You may be entitled to compensation from the scheme in the unlikely event that AIG Europe S.A. cannot meet its obligations. The maximum amount that could be available in respect of any sum due to a policyholder is 65% of the sum due or EUR 825,000, whichever is the lesser. Further information on the Insurance Compensation Fund is available on the Central Bank of Ireland's website through the following link: <https://www.centralbank.ie/regulation/industry-market-sectors/insurance-reinsurance/solvency-ii/insurance-compensation-fund>

AIG Europe S.A. Ireland Branch does not provide advice or any personal recommendation about this product.