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Mortgage Protection Cover

Taking the worry out of your mortgage



You're safe in the hands of Aviva

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A woman is shown in a blurred background, talking on a mobile phone. In the foreground, her hand is visible, wearing several colorful knitted finger puppets in shades of purple, red, orange, green, and blue. The scene is set in a room with a patterned sofa and a notebook with a pen on a desk in the lower foreground.

You're safe in the hands of Aviva

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

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

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

**Source: aviva.com, March 2019.*



What is Mortgage Protection?

Your home is probably the most important thing you own so it makes sense that you want to protect it. But what would happen if death or a serious illness meant that you couldn't make your mortgage payments any more?

Mortgage Protection is simply a form of life insurance linked to your mortgage. It's specifically designed to help pay the outstanding balance of your mortgage if the worst were to happen to you. This gives your family the security of knowing their home is safe at a difficult time.

As long as you have enough cover in place, the plan will help to automatically pay off your mortgage if you die during the term of the plan. Your mortgage protection plan is a type of decreasing life insurance. This means

the amount it pays out reduces every month as your mortgage decreases. Because of that, you only pay for the cover you need. And if you arrange a joint mortgage, the plan can cover both people.

Anyone taking out a mortgage is obliged to have mortgage protection in place. Many people take up a policy with their mortgage provider, but it's a good idea to shop around for the plan that suits you best. Your financial broker can help you with this decision.

How does Mortgage Protection work?

When you take out a mortgage, your provider will insist you have enough cover in place to repay it if you die within the term of your mortgage. This is a basic type of life insurance cover. However, to give you further protection, you can combine your life cover plan with serious illness cover. This gives you protection for a number of serious illnesses.

When you take out a Mortgage Protection plan, you'll pay a premium each month for the length of your mortgage term.

Your mortgage protection plan helps pay off your mortgage if you die before the end of the term. As it's designed to work with your mortgage, the amount of cover reduces over time as you pay off your mortgage.

As you would expect, because your cover decreases over the term, this type of life insurance is usually cheaper than cover which stays at the full amount throughout the term of the policy.

The cost of your Mortgage Protection cover will depend on:

- **the size of your mortgage - this determines the amount of cover you need**
- **whether you add specified illness cover**
- **the length of your mortgage – this determines the term of your plan**
- **your age**
- **whether you are a smoker or non-smoker**
- **your current state of health**
- **whether you take out the plan by yourself or jointly with your partner**



What is specified illness cover?

Nobody likes to think they may become seriously ill, but it's something you should be prepared for.

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

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

Specified illness under this contract can be selected only on an accelerated basis (where the life cover is reduced by the amount of any specified illness claim), and the specified illness benefit must be the same or less than the amount of the life cover. If you are diagnosed as suffering from one of the listed specified illnesses, we will pay out the benefit amount.

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





Specified Illness Cover

Full payment illnesses

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

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

Partial payment illnesses

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

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

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

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

Precise definitions of the specified illnesses and disabilities covered are set out in your Policy Document – together with details

of any time limits that apply. In particular, you will need to survive for at least 14 days after the onset of the illness or disability. Any claim for benefits must be made within the time limits specified in the Policy Document.

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

Automatic additional benefits with your serious illness cover

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

Cover for a child

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

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

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

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

Accidental death benefit	<ul style="list-style-type: none"> This cover kicks in from the moment you send us a fully completed and signed application form and direct debit mandate. You get cover for accidental death up until we accept or decline your application. We will pay out the lower of the life cover amount being applied for and €150,000. We will only pay once under this benefit in respect of any life insured regardless of the number of life cover policies or applications for life cover a person has with Aviva.
Terminal illness benefit	<ul style="list-style-type: none"> We'll pay out the life cover amount if you're diagnosed with an advanced or rapidly progressing incurable illness. Your life expectancy must be less than 12 months in the opinions of both an attending consultant and our Chief Medical Officer.
Guaranteed Mortgage insurability option	<ul style="list-style-type: none"> If you increase your mortgage or extend its term, you can take out additional mortgage protection cover to meet your need for a larger amount of life cover. We won't ask for further evidence of your health as long as: <ul style="list-style-type: none"> › the term of your plan matches that of your extended mortgage, and › the increase in your cover is no more than €40,000. Please read the special conditions surrounding this option in your policy conditions.
Children's life cover	<ul style="list-style-type: none"> We cover each of your children for the lesser of €5,000 life cover or 10% of the sum insured life cover for as long as you are covered. We will only pay one claim for each child, no matter how many plans you have with us.

And you also get benefits exclusive to Aviva...

As part of your mortgage protection plan, we also give you several benefits unique to Aviva – and you don't pay a penny extra for them.

Best Doctors[®] Second Medical Opinion

Being diagnosed with a serious illness is emotionally overwhelming for most people. If it happens you, you'll have a lot of questions.

- **What happens now?**
- **Is the diagnosis correct?**
- **What's the treatment?**
- **How can I be sure it's right?**

At Aviva, we know you need answers when you're faced with a medical problem.

That's why we give you access to the Best Doctors Second Medical Opinion service at any time during your policy – right from the first day of cover. And, as we already mentioned, you don't pay anything more for this service.

What does Best Doctors do?

Best Doctors provides independent and objective medical information, advice and recommendations from leading medical experts. It helps make sure your diagnosis is accurate and you're aware of the most appropriate treatment options available.

The information is completely confidential and goes directly to you. Best Doctors supports your treating doctors, it doesn't replace them. We encourage you to share the findings of your expert medical review with your own GP and/or treating consultant(s) and decide together the best course of action.

You can even use the service for conditions diagnosed before you took out your Aviva plan.

Does Best Doctors Second Medical Opinion service only cover me?

No, it also covers your:

- **spouse or partner**
- **children up to the age of 18 (or 23 if in full-time education)**
- **parents**
- **spouse's or partner's parents.**

How do I get access to Best Doctors Second Medical Opinion service?

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

Once you've called us, we'll give you a dedicated case manager to look after your claim.



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

Best Doctors Second Medical Opinion is not a regulated financial service.

Aviva Family Care

Aviva Family Care is a counselling and support service provided by Workplace Options. Each of our protection policies includes access to short-term counselling and carer support information services

This means that when you take out a protection policy with us, you can relax, safe in the knowledge that we'll be there for you and your family when it really matters.

What does Aviva Family Care offer?

Workplace Options is an organisation offering face-to-face or telephone based short-term counselling for you and your family. It helps with mental wellness issues such as bereavement, work-related stress and relationship breakdown.

When you get in touch, you'll have an initial telephone assessment session with a qualified clinician. This will help the service understand what type of support you need and whether short-term counselling is right for you. If it is, the clinician will agree clear goals with you. After that, the service will match you with a face-to-face counsellor who is qualified to meet your needs.

Does Aviva Family Care only cover me?

No, it also covers your:

- **spouse or partner**
- **dependent children over the age of 18**
- **your parents**

How do I get access to Aviva Family Care?

Call the confidential line on **1800 490 390** at any time of the day or night, seven days a week.

You'll be able to discuss the help you need with a qualified clinician.



Aviva Life & Pensions Ireland does not guarantee the on-going availability of the Aviva Family Care Benefit (Workplace Options Counselling services) to its policyholders and may, at its sole discretion, withdraw access to the service at a month's notice. If we withdraw it, we'll write to notify policyholders at least 31 days in advance of its removal.

Workplace Options Counselling and Carer Support Service (who provide the Aviva Family Care Benefit) is not a regulated financial service.

Our claims experience

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

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

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

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

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

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

How to contact us

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





Key Product Information

Who is eligible?

You can apply for Mortgage Protection Cover if you are aged between 18 and 74 (please see the table below for full details). You will need to complete an application form, giving us full details of your state of health – and it is possible that we may ask you to undergo a medical examination (at Aviva's expense).

	Age next birthday at entry	Age next birthday at cessation	Term
Minimum – Life cover (level)	19	21	2 years
Minimum – Life cover with Acc Specified Illness cover	19	24	5 years
Maximum – Life cover	75	90	40 years
Maximum - Life cover with Acc Specified illness cover	70	75	40 years

Premium payments

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

Minimum premium

The minimum premium is €10 per month or €120 per year for single and joint life cover.

Assigning your plan

As your plan is an integral part of your mortgage arrangement with a bank or another lender, the plan may be assigned to this third party. Any changes to the policy while your mortgage remains in force must be approved by your mortgage lender.

Reinstatement

If your Mortgage Protection Cover lapses, you may reinstate it at any time within the following 6 months.

This reinstatement will be subject to you providing us with satisfactory evidence of your ongoing good health – and paying all the outstanding premiums, plus any late payment charge that may apply at that time.

Early repayment

If you pay off your mortgage early, you may stop the plan immediately – you need to notify us that you wish to do so. However, you may prefer to leave your plan in force, to provide additional security for your family. Your Mortgage Protection Cover does not acquire a cash-in value at any time.

Guaranteed Mortgage Insurability Option

If you increase your mortgage or extend the term of it (but not beyond your 70th birthday) you may take out an additional Mortgage Protection cover policy to meet your increased need for life assurance. The new plan will be for life assurance only, specified illness cover cannot be included. We'll set up a Mortgage Protection Cover policy for your additional cover and you'll pay an additional premium for this.

No further evidence of your good health will be required to take this option. This is provided the term of the policy matches that of your extended mortgage and any increase is not more than €40,000. However, if it is lower than €40,000, then any increase cannot be any greater than the original level of cover. Alternatively, if it is lower than €40,000 the increase in the amount of cover required must equal the amount of mortgage top-up taken.

The premiums payable for this increase will be calculated based on your age, smoker status and on the rates applying at the time. However, the availability of this option is subject to certain conditions. For example, your original policy must have been issued on standard terms.

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

A claim for a specified illness will be invalid if you are resident outside of the European Union, Western Europe (Andorra, Channel Islands, Gibraltar, Iceland, Isle of Man, Liechtenstein, Monaco, Norway, San Marino, Switzerland and the United Kingdom), Australia, Canada, Hong Kong, New Zealand, Singapore, South Africa, United Arab Emirates and/or United States of America, for more than 13 weeks in the 12 consecutive calendar months immediately preceding a claim.

Exclusions applying to specified illness and terminal illness benefits

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

Accidental death benefit

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

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

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

Should death occur within 12 months of an accident that occurred while Accidental Death benefit was in place, the

full amount of life assurance cover for which you have applied will be paid out, up to a maximum of €150,000. In the case of a joint plan this immediate cover benefit will be payable on "first death" basis. This means that, whichever one of you dies first, the benefit will be paid to the survivor. If the plan has been effected on a dual life basis, then the immediate cover benefit will be payable on the death of each life. We will only pay once under Accidental Death Benefit in respect of any life insured regardless of the number of policies or applications for life cover a person has with Aviva.

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

Notification of death must be received by Aviva Life & Pensions Ireland DAC at our registered office, Aviva Life & Pensions Ireland DAC, One Park Place, Hatch Street, Dublin 2, D02 E651 within 12 months of the date of death.

Joint Life premiums

If one of the life insured for Life Cover or Accelerated Specified Illness Cover under a joint life plan claims a death benefit or full payment specified illness benefit under the plan, the policy will cease.

Dual Life premiums

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

Other Exclusions & Restrictions

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

Key Contacts

If you have any questions about your Mortgage Protection policy, you should contact your Financial Broker or our customer service team:

In writing	By phone	By email	Web
Customer Experience Department, Aviva Life & Pensions Ireland, One Park Place, Hatch Street, Dublin 2.	1890 64 64 64	csc@aviva.com	www.aviva.ie

To enable Aviva to assess the quality and consistency of its customer service, phone calls to and from our office may be recorded for training and verification purposes.

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A commitment to quality service

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

If you wish to complain about any aspect of the service you have received, please contact our branch, Aviva Life & Pensions Ireland, One Park Place, Hatch Street, Dublin 2. If your complaint is not dealt with to your satisfaction, you may complain to:

Financial Services and Pensions Ombudsman

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

Lo-call: +353 1 5677000

E-mail: info@fspo.ie

Website: www.fspo.ie

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



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