Personal Accident & Sickness Insurance

Policy Document

Who are AIG?

This insurance is underwritten by AIG Europe S.A., an insurance undertaking with R.C.S. Luxembourg number 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 11 rue Robert Stumper, L-2557 Luxembourg, GD de Luxembourg,
Tel.: (+352) 22 69 11 - 1,caa@caa.lu, http://www.caa.lu/.

AIG Europe S.A. Ireland branch 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.

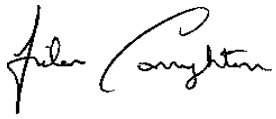
AIG Europe S.A., Ireland Branch does not provide advice or any personal recommendation about this product. This policy reflects the demands and needs of a person who wishes to purchase personal accident and sickness insurance benefits.

Overview of the Policy and Your Duty

This policy document sets out the terms of the Personal Accident and Sickness Insurance cover underwritten by AIG Europe S.A., please read it carefully. It tells an **Insured** or **Insured Person** (also referred to as **You** or **Your** in this policy) what is covered, what is not covered, what to do if **You** want to make a claim and who to call if **You** need help. **You** should familiarise yourself with the cover provided by this policy and all the terms, conditions, and exclusions that apply. **You** should read this policy in conjunction with the **Schedul**e and review the cover periodically to ensure it continues to meet **Your** needs. **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 claim or reduce the amount of a claim payment, as detailed under the **Impact of Misrepresentation** Section, which **You** should read carefully.

This policy document, together with the **Schedule**, the **Pre-contract application** form and any endorsements, collectively form evidence of the contract between the **Insured** and **Us** and applies to whichever level of cover that has been selected (1 to 8). **We** agree to provide the insurance cover described in this policy to **Insured Persons** provided that the premium is paid when it is due and **We** agree to accept it.

Please carefully check the insurance cover information confirmed in this document, to ensure that the cover benefits detailed sufficiently meet **Your** insurance cover protection needs. If they do not, please contact **Your** insurance broker who arranged this insurance, immediately.



Signed for and on behalf of AIG Europe S.A.

Aidan Connaughton
General Manager
AIG Europe S.A.
30 North Wall Quay,
International Financial Services Centre,
Dublin 1

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Cancellation and Cooling off Period

Cooling Off Period

Cancelling the policy during the cooling off period – **You** may cancel this policy within 14 consecutive days of the start date of the policy as shown in the policy **Schedule** or within 14 consecutive days of receiving **Your** policy, whichever is the latter, by giving AIG Europe S.A. notice in writing to AIG Europe S.A., 30 North Wall Quay, International Financial Services Centre, Dublin 1 or by e-mail to postmaster.ie@aig.com . **We** will give a full refund of any premiums paid so long as **You** have not claimed. Premium will be returned to **You** within 5 working days from the date **We** receive notice of cancellation from **You.**

Cancellation after the cooling off period

The **Insured** may cancel this policy by giving AIG Europe S.A. notice in writing to AIG Europe S.A., 30 North Wall Quay, International Financial Services Centre, Dublin 1 or by e-mail to postmaster.ie@aig.com **We** may cancel this policy by giving the **Insured** 30 days' notice in writing to their last known address. For monthly paid policies, cover will stop from the next premium due date following the date **We** receive notification of cancellation. For annually paid policies, cover will stop on the first day of the next calendar month following the date **We** receive notice of cancellation. The **Insured** is responsible for promptly telling other **Insured Persons** that the policy has been cancelled. No person other than the **Insured** has the right to cancel this policy

Governing Law and Language

This policy will be governed by the laws of the Republic of Ireland and its courts will have exclusive jurisdiction, unless agreed to the contrary by the **Insured** and **us** before the **Period of Insurance**. The terms and conditions of this policy will only be available in English and all communication relating to this policy will be in English.

Extensions

1. Death by drowning or death or **Bodily Injury** caused by the effects of exposure resulting from a mishap (including a Hi-Jack) to a conveyance in which the **Insured Person** is traveling will be deemed to have resulted from **Accidental Bodily Injury**.
2. Disappearance: If after a reasonable period of time has elapsed and all available evidence has been examined, there is reason to presume the death of the **Insured** or **Insured Person** as a result of an **Accident**, the disappearance of the **Insured** or **Insured Person** will be deemed a claim under Death benefit section of this insurance. If at any time after payment of such claim by the Underwriters the **Insured** or **Insured Person** shall be found to be living, all sums so paid will be refunded to **us**.

Impact of Misrepresentation

The impact of any Misrepresentation by the **Insured** to any of the answers provided on the **Pre-Contract Application Form** is as follows:

(a) Innocent Misrepresentation:

Where the **Insured** has answered all questions in the **Pre-Contract Application Form** honestly and with reasonable care but where the **Insured** made an innocent misrepresentation (that is, one that is neither negligent nor fraudulent) **We** will pay any covered claim event subject to the terms and conditions of this insurance.

(b) Negligent Misrepresentation:

If the **Insured** makes a negligent misrepresentation or fail to take reasonable care in completing the **Pre- Contract Application Form** the cover under this insurance may not fully operate and in the event of a claim **We** will exercise one of the following remedies:

1. If knowing the full details **We** would not have entered into this contract of insurance, **We** may avoid the contract, refuse all claims and return any premiums paid by the **Insured.**
2. If **We** would have entered into the insurance contract, but on different terms (excluding terms relating to the premium), this contract of insurance may be treated as if it had been entered into on those terms.
3. If **We** would have entered into this contract of insurance but have charged a higher premium, **We** may reduce proportionately the amount to be paid on the claim.
4. Where there is no outstanding claim under this contract of insurance, **We** may either:
   (i) give notice to **the Insured** that in the event of a claim **We** will exercise the remedies in paragraphs 1. to 3., or
   (ii) terminate the contract of insurance by giving reasonable notice to **You**.

(c) Fraudulent Misrepresentation:

If **You** make a fraudulent misrepresentation or where any conduct by **You** or involves fraud of any kind **We** shall be entitled to avoid this contract of insurance and refuse any claims.

Alteration of Risk

The **Insured** must contact the insurance **Broker** who arranged this insurance immediately or as soon as reasonably possible, if any of the answers or information provided is inaccurate or has changed beyond what was reasonably contemplated when this contract of insurance was concluded. Failure to do so may be regarded as a misrepresentation (please refer to impacts of misrepresentation section for full details).

AIG Virtual Care Service

Medical Consultation

If an **Insured Person** (or their **Partner** or **Child**) has need of a doctor for non-emergency health-related question(s), the AIG Virtual Care Program provides access to a 24 hour, 7 days a week Medical Consultation service.

Medical Second Opinion

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

Specialists can provide **You** with a second opinion to help **You** make confident health decisions when **You** 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 **Your** exact condition and the best treatment plan for **You.**

Mental Health Coaching

If an **Insured Person** (or their **Partner** or **Child**) requires Mental Health Coaching for non-emergency mental conditions, the AIG Virtual Care Service provides access to a Mental Health Coaching service.

Please review www.aigvirtualcareprogram.com for a full list of the services covered and those excluded by the AIG Virtual Care Service.

Definitions relevant to AIG Virtual Care Service only:-

- **Child** means a child, of an **Insured Person,** who is under 18 years of age or under 23 years of age if still in full-time education
- **Partner** means a person who is an **Insured Person's** husband or wife, civil partner, fiancé or fiancée, boyfriend or girlfriend.

How to Access?

- Visit www.aigvirtualcareprogram.com and choose **Your** preferred language.
- Click 'Access my account'.
- Complete the required fields. **Your** access code is made up of a 7-digit policy prefix code (noted on the AIG Virtual Care leaflet) and the last 4 digits of **Your** policy number.
- Once registered, **You** can request/receive call backs for a range of health and wellness services from licenced medical professionals.

Definitions:

Wherever the following words and phrases shown below in bold appear in this Policy (and Schedule attaching to and forming part of the Policy) they will always have the meanings defined below.

- **Accident** means a sudden and unexpected event which happens during the **Period of Insurance** and results in **Bodily Injury** caused by external violent and visible means.
- **Benefit** means the amount specified in the **Schedule**.
- **Benefit Period** means the total period as specified in the Schedule (not necessarily consecutive) for which the **Temporary Total Disablement** benefit is payable.
- **Bodily Injury** means physical injury resulting from an **Accident** to **Your** body resulting in **Your** death, **Permanent Total Disablement**, **Temporary Total Disablement**, or **Hospitalisation** being incurred and is not caused by a **Gradual Deterioration**.
- **Deferment Period** means the period, as specified in the Schedule, at the commencement of a period of **Temporary Total Disablement** or **Hospitalisation** during which no **Benefit** is payable.
- **Disability** means a state of physical incapacity resulting from an **Accident** or **Sickness**
- **Gradual Deterioration** means a circumstance that is the result of a series of events that occur or develop over time and that cannot be attributed to a single **Accident** or **Sickness**, which produce a progressive deterioration or deterioration of the health of the **Insured** or **Insured Person.**
- **Gross Monthly Wage** means the average monthly gross basic salary (excluding payments for overtime, commission, bonuses or dividends). This will be the average gross monthly basic salary for the 26 weeks prior to sustaining **Disability.**
- **Hospital** means a lawfully registered establishment providing medical and surgical treatment and 24-hour a day nursing care for ill or injured people. This does not include a convalescent, self-care or rest home, or a department in a hospital which has the role of a convalescent or nursing home.
- **Hospitalisation** means the continuous hospitalisation of the **Insured** or **Insured Person** for more than 24hrs.
- **Insured** means the Company, Corporation Entity, Partnership, Organisation, Employer or Individual named in the Schedule who subscribes to this Policy and pays or undertakes to pay the appropriate premium on behalf of the **Insured Person**(s).

- **Insured Person** means the person(s) named in or attaching to the Schedule who have been accepted for cover by **Us**, and for whom the appropriate premium has been paid.
- **Medical Practitioner** means a medically qualified person other than the **Insured** or an **Insured Person,** a relative of the **Insured** or an **Insured Person**, or an employee of the **Insured,** who is currently registered with the Medical Council in the Republic of Ireland to practice medicine.
- **Misrepresentation** means the innocent, negligent or fraudulent answers provided by the **Insured** to the questions on the **Pre-Contract** Application Form.
- **Moratorium** means the period of time that must elapse between the date of effect of this insurance and the commencement of cover under the policy. If an **Accident** or **Sickness** occurs within this Moratorium period no cover applies.
- **Natural Catastrophe** means volcanic eruption, flood, tsunami, earthquake, landslide, hurricane, tornado or wildfire.
- **Osteoporosis** means a disease causing thinning of the bone out of proportion to age.
- **Pathological fracture** means any fracture in an area where disease has caused weakening of the bone.
- **Period of Insurance** means each the calendar month commencing on the Effective Date as specified in the **Schedule** and each subsequent calendar month thereafter for which **You** have paid and **We** have accepted the premium.
- **Permanent Total Disablement** means a condition resulting from an **Accident** only which, one year after the date of disablement, is of a permanent, severe and irreversible nature and which is shown by medical evidence to be likely to continue for the remainder of **Your** life and which in **Our** reasonable opinion prevents **You** from engaging in any work or occupation for remuneration or profit.
- **Pre-Contract Application Form** means the application form provided to the **Insured** at pre-contractual stage of a contract of insurance. The **Insured** 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**
- **Pre-Existing Medical Condition** means any medical or psychological condition (diagnosed or not) for which the **Insured** or **Insured Person** has received medication, counselling or treatment; or has experienced symptoms in the two years prior to the effective date of this insurance or which, in the opinion of a **Medical Practitioner,** is considered an underlying cause or directly related to the disease or ailment subject to the claim. Any condition of which the **Insured** or **Insured Person** became aware (diagnosed or not) on the effective date of this insurance shall be considered a Pre-Existing Medical Condition.
- **Schedule** means the document showing details, amongst other information, of the Insured, Effective Date, **Insured Persons,** Premium, and Benefit level and which should be read with this policy document.
- **Sickness** means any illness or disease of the **Insured Person** the symptoms of which first appear during the **Period of Insurance** and which occasions **Temporary Total Disablement** or **Hospitalisation** within twelve consecutive months after the symptoms first appear.
- **Temporary Total Disablement** means temporary **Disability** which entirely prevents the **Insured Person** from engaging in his/her usual business or occupation.
- **War** means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious, or other goals.
- **We/Our/Us** means AIG Europe S.A.
- **You/Your** means the **Insured** and/or the **Insured Person** as specified in the Schedule.

Exclusions

You are not insured and **We** will not pay under any part of this Policy:

(i) for any claim:

1. arising during the **Moratorium** period, during the **Deferment Period** or after the expiry of the **Benefit Period**;
2. where an **Insured Person**
   a. is under the age of 18 on the Effective Date of this insurance; or
   b. having attained the age of 67 years prior to the Effective Date or any subsequent **Period of Insurance**.
3. occurring while the **Insured** or **Insured Person** is outside the Republic of Ireland for more than 45 consecutive days.
4. for **Bodily Injury** or **Sickness** arising more than 12 months after the **Accident** giving rise to **Bodily Injury** or the first onset of the **Sickness** giving rise to the claim.

(ii) resulting directly or indirectly from the **Insured** or **Insured Person**('s)**:**

1. suicide or attempted suicide or intentional self-injury or deliberate exposure to exceptional danger (except in an attempt to save human life);
2. own criminal act;
3. engaging in:
   a. riding or driving in any kind of race,
   b. horse riding,
   c. riding on a motorcycle as a driver or passenger,
   d. rock climbing or mountaineering of any type,
   e. hang-gliding, paragliding, parachuting or bungee jumping,
   f. snow skiing or snowboarding whilst away from prepared and marked runs and/or against the advice of the local ski school or local authoritative body;
   g. sub aqua pursuits involving underwater breathing apparatus unless PADI/NAUI certified, accompanied by a certified instructor, and at depths of less than 10 meters; or
   h. aviation except when traveling by air as a fare paying passenger;
   i. a sport as a professional or semi-professional (including training or practicing)
4. being a member of the police or armed forces of any nation or international authority or a member of any reserve forces;
5. being under the influence of alcohol or drugs, otherwise than under the direction of a registered **Medical Practitioner** provided that such direction is not for treatment for drug addiction or dependence;

(iii) resulting directly or indirectly from:

1. any **Sickness** other than a **Sickness** resulting in **Temporary Total Disablement** or **Hospitalisation;**
2. any back or spinal condition (including Lumbago) unless there is physical evidence of **Bodily Injury**;
3. any **Pre-existing Medical Condition;**

4. Post Traumatic Stress Disorder, psychiatric, mental or nervous disorder, anxiety and/or depression, neuroses, psychoneuroses, psychopathy or psychoses, anxiety, stress, fatigue or mental or emotional diseases or disorders of any type;

5. Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS) and/or HIV or AIDS related illness or any sexually transmitted disease;

6. any **Gradual Deterioration** whatever the cause of that deterioration;

7. pregnancy, childbirth or abortion;

8. **War**, hostilities (whether war be declared or not), terrorist activity, revolution, military or usurped power, civil commotion or any similar event;

9. radiation or radioactive contamination or the effects of radiation;

10. any general infection caused by insect bites, such as malaria, exanthemata typhus, yellow fever, sleeping sickness and the like;

11. the consequences of myocardial infarction, stroke attacks, strokes and any coronary artery condition, as well as congenital anomalies or consequences of them;

12. any **Accident** where, at the time of the **Accident,** the **Insured Person** was travelling in a vehicle carries a greater number of people than is legally authorized;

13. the direct or indirect consequences of the dispersion, application or discharge of pathogenic or poisonous chemical, biological substances. However, this exclusion shall only apply if within 90 days of the date of the event, 50 or more persons are killed or affected by serious permanent and irreversible physical injuries;

14. the direct and indirect consequences of heat stroke, frostbite and other effects of temperature and / or atmospheric pressure, unless the exposure to them is as a result of an **Accident** covered by the policy;

15. any event classified as a **Natural Catastrophe** by the Government of Ireland;

16. **Hospitalizations** for cosmetic or cosmetic surgery operations that are not prescribed to the **Insured** or **Insured Person** as a result of an **Accident** covered by the Policy;

17. surgical operations and treatments considered unnecessary for the healing of injuries arising from an **Accident** covered by this policy, as well as injuries that are the result of surgical interventions or medical treatments not resulting from an **Accident** covered by the policy;

18. the consequences of **Accidents** or **Sickness** that occurred outside the **Period of Insurance;**

19. **Osteoporosis** or **Pathological fracture**, if they were diagnosed, for the first time, prior to the effective date of this policy. If the **Insured** or **Insured Person** suffers the fracture of a bone, as a result of an **Accident** and, during the treatment of same, they are diagnosed for the first time with **Osteoporosis** or a **Pathological fracture** of said bone, We will compensate the **Insured** or **Insured Person** for this claim, if it is covered by the policy, but will not admit any other claim of the same **Insured** or **Insured Person** in relation to any other fracture; or

20. **Bodily Injury** causing fibromyalgia or encephalomyelitis myalgia, chronic fatigue syndrome, post-traumatic stress disorder or other anxiety disorder, any mental disorder or any disease of the nervous system.

Conditions

1. **You** must comply with the terms and conditions of this Policy before a Claim under it will be paid. The **Insured** must make the **Insured Persons** aware of such requirements.

2. **We** may, at any time, pay to the **Insured Person Our** full liability under this Policy after which **We** shall have no further liability in any respect.

3. Any benefit payable under this Policy will be payable to the **Insured** unless otherwise specified in writing and agreed by **Us**.

4. The **Insured Person** must take all reasonable steps to avoid or minimise any claim and must avoid needless exposure to peril unless while attempting to save human life.

5. Written notice must be given to **Us** as soon as practicable in the event of any change in an **Insured Person**'s occupation or country of residence involving increased personal hazard. Any claim arising from such changed occupation will not be covered hereunder until **Our** agreement has been obtained and any additional premium that may be required has been paid. **We** reserve the right to withhold such agreement.

6. If any fraudulent Claim is made or if any fraudulent means or devices are used to obtain any benefit under this Policy, it shall become void and the premium paid shall be forfeited. **We** may demand immediate repayment of any such benefit paid.

7. The **Schedule** forms part of this Policy and the term 'this policy' includes this policy document, the **Schedule** and any endorsements. Any word or expression defined under Meaning of Words in this Policy has that meaning wherever it appears.

8. Where **We** have accepted a claim, any dispute as to the interpretation of this Policy, or as to any rights or obligations under this Policy shall be referred to Arbitration under the provisions laid down under current legislation. Where any dispute is referred to Arbitration under this provision, the **Insured** shall not exercise any right of legal action against **Us** before an award is made.

9. In the event that a third party is deemed liable for part or all of any claim, **We** may exercise **our** right of subrogation. **You** shall, at **our** request and **our** expense, agree to and permit **us** to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. **You** will take no action or make any agreements that may weaken or remove **our** rights under this clause without **our** prior written permission. **We** will pay any costs or expenses involved in exercising **our** right of subrogation.

10. No cover or benefit shall be provided, and no sum shall be payable under this policy to the extent that providing or paying it 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 Unite States of America.

11. **Your** policy will be in English unless **You** and **We** agree otherwise.

12. All monies which become or may become payable by **us** this policy shall in accordance with Section 93 of the Insurance Act 1936 be payable and paid in the Republic of Ireland. The appropriate stamp duty has been or shall be paid in accordance with the provisions of Section 5 of the Stamp Duties Consolidation Act 1999

13. Benefit under **Temporary Total Disablement** will only be payable until such time as the **Insured Person** can return to work activities, their death or is deemed to suffer **Permanent Total Disablement**.

14. Following a period of **Temporary Total Disablement** should the **Insured Person** relapses within a period of three months as a result of the same **Accident** or **Sickness,** any new period of **Temporary Total Disablement** will be considered as a continuation of the previous period and no new **Deferment Period**

will be applied as long as the sum of all periods shall not exceed the **Benefit Period** shown in the Schedule

15. In respect of **Hospitalisation** benefit, successive periods of **Hospitalisation** will be considered a continuous period unless they are separated by 180 days during which the **Insured Person** is not admitted to a **Hospital**.

16. The maximum amount **We** shall pay for **Temporary Total Disablement** shall not exceed the lessor of:

    a. the level of cover selected

    OR

    b. 60% of the **Insured Person's Gross Monthly Wage** less:

        1. Continued payments from employment;
        2. Pension payments;
        3. Benefits from other income protection insurance policies;

Premium payment

The premium is payable monthly or annually, as shown in the **Schedule.**

If the premium is payable monthly, it is due by the first premium due date and subsequently on the 1st day of each month thereafter. Each premium paid, purchases cover under the terms of this policy for the whole calendar month the premium due date falls in. If any premium is not paid on the date it is due, the **Insured** has 30 days in which to pay it. If it is not paid during that period, the policy will be automatically cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date. No claims will be paid for any **Accident** or **Sickness** that occurs after the 30 days have passed if the premium remains unpaid.

If the premium is payable annually, it is due by the first premium due date and subsequently on policy anniversary date. If any premium is not paid on the date it is due, the **Insured** has 30 days in which to pay it. If it is not paid during that period, the policy will be automatically cancelled from the date on which the unpaid premium was due. No claims will be paid for any **Accident** or **Sickness** that occurs after the 30 days have passed if the premium remains unpaid.

Making a claim

VERY IMPORTANT – Your claim must be submitted within 30 days of the event giving rise to a valid claim under this Insurance Policy

The **Insured** or **Insured Person** must register a claim by contacting the insurance broker who arranged this insurance.

In the event of a claim the **Insured Person** must permit **Our** appointed medical adviser or advisers to examine them as often as may be deemed necessary. If **Disability** results or may result, the **Insured** or **Insured Person** must place him/herself as soon as possible under the care of a qualified **Medical Practitioner**.

The **Insured Person** must supply at their expense all documentation we request to support their claim.

Payment for **Temporary Total Disablement** claims will be made at monthly intervals in arrears commencing after the expiry of the **Deferment Period**, subject to the **Insured Person** supplying all necessary documentation to support their claim.

Payment for **Permanent Total Disablement** claims will be made when an **Insured Person** is deemed by **Us** to qualify for such payment, subject to the **Insured Person** supplying all necessary documentation to support their claim.

Payment for **Hospitalisation** claims will be made at the end of the period of **Hospitalisation**, subject to the **Insured Person** supplying all necessary documentation to support their claim. An interim payment may be requested and paid at our discretion after 5 days of continuous **Hospitalisation**.

Complaints Handling Process

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 4908
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).

If you are a consumer and you are not satisfied with the final outcome of your complaint, you can make a complaint to the Financial Services and Pensions Ombudsman:

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, 11 rue Robert Stumper, L-2557 Luxembourg, 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.

Complainants may also use the EU Consumer Redress platform using the following link: https://consumer-redress.ec.europa.eu/index_en.

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.

Compensation Fund

The **Insured** 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 an **Insured** 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 though the following link: https://www.centralbank.ie/regulation/industry-market-sectors/insurance-reinsurance/solvency-ii/insurance-compensation-fund

How We use Personal Information

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

For the purposes of this section (How **We** use Personal Information) '**You'** and '**Your'** is amended as follows:

You or **Your** is the **Insured** or the **Insured Person**

"**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 defense 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: unsub.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.