

Personal Accident – What is insured

If an **insured person** suffers **bodily injury** during the **period of insurance** and during the **operative time** shown on page 4, **we** will pay up to the relevant **sum insured** (shown in the table below) depending on which cover option is applicable to the **insured person** as shown in **your schedule**.

	SUMS INSURED PER COVER OPTION PER INSURED PERSON						
	Adult Option 1 (a)	Adult Option 1 (b)	Adult Option 2 (a)	Adult Option 2 (b)	Adult Option 3	Youth Team	Schoolboys /girls
Accidental Death	EUR 90,000	EUR 90,000	EUR 120,000	EUR 120,000	EUR 40,000	EUR 15,000	EUR 15,000
Loss of a limb	EUR 90,000	EUR 90,000	EUR 120,000	EUR 120,000	EUR 40,000	EUR 80,000	EUR 80,000
Loss of sight in one eye	EUR 90,000	EUR 90,000	EUR 120,000	EUR 120,000	EUR 40,000	EUR 80,000	EUR 80,000
Loss of two or more limbs	EUR 90,000	EUR 90,000	EUR 120,000	EUR 120,000	EUR 40,000	EUR 80,000	EUR 80,000
Loss of sight in both eyes	EUR 90,000	EUR 90,000	EUR 120,000	EUR 120,000	EUR 40,000	EUR 80,000	EUR 80,000
Loss of one limb and loss of sight in one eye	EUR 90,000	EUR 90,000	EUR 120,000	EUR 120,000	EUR 40,000	EUR 80,000	EUR 80,000
Permanent Total Disablement	EUR 90,000	EUR 90,000	EUR 120,000	EUR 120,000	EUR 40,000	EUR 80,000	EUR 80,000
Temporary total disablement (per week)	EUR 325.00	EUR 325.00	EUR 500.00	EUR 500.00	Not Insured	Not Insured	Not Insured
Temporary total disablement deferment period	14 Days	28 Days	14 Days	28 Days	Not Insured	Not Insured	Not Insured
Temporary total disablement benefit period	52 Weeks	52 Weeks	52 Weeks	52 Weeks	Not Insured	Not Insured	Not Insured
Medical Expenses	EUR 4,000	EUR 4,000	EUR 5,000	EUR 5,000	EUR 3,500	EUR 4,500	EUR 5,000
Dental sub-limit	EUR 800	EUR 800	EUR 800	EUR 800	EUR 800	EUR 800	EUR 800

Special Conditions

- Under the accidental death benefit, **we** will also pay the **sum insured** for death if an **insured person** disappears, is not found within fifty two (52) weeks and **we** receive enough evidence to assume that a **bodily injury** caused their death.
- If a loss or disablement covered by this insurance results in death (within fifty two (52) weeks of an **accident**) before **we** have paid any claim for loss or disablement, **we** will only pay the amount shown in the **schedule** for the accidental death benefit.
- For **insured persons** under 16 years of age, the most **we** will pay for accidental death is EUR 15,000.
- Under the **temporary total disablement** benefit, while an **insured person** continues to be disabled **we** will pay the weekly benefit shown in the **schedule** for up to fifty two (52) weeks from the date of an **accident**, less the **deferment period**.
- The most **we** will pay in total for an **accident** involving more than one **insured person** is EUR 1,000,000. If a claim goes over this limit, **we** will pay each **insured person** an amount equal to this limit divided by the number of **insured persons** you are claiming for.

Extra benefits

The benefits detailed below are included automatically within **your** policy at no additional premium.

1. Extra permanent disability cover

Cover is extended to include the following permanent disabilities (a – e) an **insured person** suffers as a result of **bodily injury**. The amounts **we** will pay are shown as a percentage of the **sum insured** in the **schedule** for insured **permanent total disablement**.

- Total bodily paralysis – 100%
- Permanent and total **loss of hearing** in both ears – 40%
- Permanent and total **loss of hearing** in one ear – 10%
- Permanent and total loss of speech – 40%
- Severe brain damage which entirely prevents an **insured person** from performing at least four of the following activities of daily living without using special equipment of another person helping them – 100%.

Feeding and eating	Cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils.
Dressing	Dressing (including fastening zips and buttons), getting clothes from wardrobes and drawers.
Bathing and grooming	Turning on taps, getting in and out of a bath or shower, washing face and hands and so on, drying and combing hair.
Toileting	Moving into and out of the bathroom, getting onto and off the toilet without help, recognising the need to go to the toilet in time to get there.
Mobility and transfer	Getting into and out of bed, transferring from one place to another (for example a chair to bed; a chair to standing; a chair to a chair).
Walking	Moving from one place to another, including when using a wheelchair or walking frame.

2. Hospitalisation

We will pay EUR 50 for each full 24-hours of **hospitalisation** (after the first 72-hours), if an **insured person** suffers **bodily injury** during the **period of insurance** for which they need inpatient **hospital** treatment in Ireland. The most we will pay is up to EUR 1,000 in total.

Geographical Limitations

Insured persons are covered under this policy whilst they are within the below territories:

- Republic of Ireland
- United Kingdom of Great Britain and Northern Ireland
- plus fourteen (14) days in Europe per annum.

Operative times

Please see the relevant **operative time** in the table below depending on which type of cover option the **insured person** is included under, as shown on **your schedule**.

Any **bodily injury** must be supported by an independent witness statement from a match official, or an Accident & Emergency doctor. This statement shall confirm that the **bodily injury** occurred in accordance with the **operative time**.

Adult options 1(a & b) & 2(a & b)	In respect of Senior Team players the insured person(s) will be covered only whilst: <ul style="list-style-type: none"> • playing or officiating in league matches or tournaments under auspices of the insured at home or away fixtures; or • taking part in training organised by the insured; or • taking part in any social activity organised by the insured; or • proceeding directly to and returning from the insured's away fixtures as part of an organised party, under the insured's auspices, using private cars, motor coaches or public transport, but excluding aircraft or motor cycles.
Adult option 3	In respect of Senior Team players the insured person(s) will be covered only whilst: <ul style="list-style-type: none"> • playing or officiating in league matches or tournaments under auspices of the insured at home or away fixtures; or • taking part in training organised by the insured; or • taking part in any social activity organised by the insured; or • proceeding directly to and returning from the insured's away fixtures as part of an organised party, under the insured's auspices, using private cars, motor coaches or public transport, but excluding aircraft or motor cycles.
Youth teams	The insured person(s) will be covered only whilst: <ul style="list-style-type: none"> • playing in league matches or tournaments for the insured; or • taking part in training organised by the insured; or • taking part in any social activity organised by the insured; or • proceeding directly to and returning from away fixtures as part of an organised party, under the insured's auspices, using private cars, motor coaches or public transport, but excluding aircraft or motor cycles.
Schoolboys/girls	The insured person(s) will be covered only whilst: <ul style="list-style-type: none"> • playing or officiating in league matches or tournaments of the Schoolboys/girls Affiliated Divisional Leagues at home or away fixtures; or • taking part in training organised by the leagues or member clubs; or • taking part in any social activity organised by the leagues or member clubs; or • proceeding directly to and returning from the leagues or member clubs away fixtures as part of an organised party, under the league's or any member club's auspices, using private cars, motor coaches or public transport, but excluding aircraft or motor cycles.

Exclusions – what is not covered

We will not pay the following:

1. The **sum insured** for death if the **bodily injury** does not lead to death within fifty two (52) weeks of an **accident**.
2. **Temporary total disablement** for **insured persons** not in regular paid employment.
3. The **sum insured** for **loss of sight** or **loss of a limb(s)** if the loss results in death within fifty two (52) weeks of an **accident**.
4. The **sum insured** for **permanent total disablement** if the disability results in death within fifty two (52) weeks of an **accident**.
5. Any benefit for the **deferment period** of any claim in relation to **temporary total disablement** for each **insured person**.
6. Any claim under **temporary total disablement** for a period after fifty two (52) weeks from the date that an **accident** happened.
7. For **temporary total disablement**, any amount over 75% of an **insured person's average weekly wage** before deductions, less any social welfare benefits, sick pay and/or other recoverable income from any other source.
8. Under the Medical Expenses benefit:
 - o The **excess** as shown on **your schedule** for each and every claim
 - o Physiotherapy costs greater than EUR 400 and up to a maximum of EUR 50 per session each and every claim
 - o Emergency dental treatment greater than EUR 800
 - o Claims for dental treatment received after 48 hours (or 52 weeks for Schoolboys/girls policies) from the initial **accident**
 - o Costs that are recoverable under any other policy or Health Service Facility.
 - o Claims for damage to existing dentures, caps, crowns, veneers, bridges or implants.

This insurance does not cover death, loss, disablement or expense directly or indirectly caused by, contributed to by, resulting from or in connection with the following:

9. Any **pre-existing condition**.
10. Any **insured person** who was over the age of 65 at the beginning of the **period of insurance**.
11. **War** or acts of **terrorism**.
12. An **insured person** engaging in **active war**.
13. **Nuclear risks**.
14. Suicide, attempted suicide, intentional self-injury or an **insured person** having any psychiatric, mental or nervous disorder including stress or depression, post-traumatic stress disorder or form of dementia.
15. An **insured person** being under the influence of alcohol or non-prescribed drugs, or abusing prescribed drugs where there is sufficient evidence to conclude that the use of alcohol or drugs contributed to an **accident** or **bodily injury**.
16. An **insured person** taking part in any criminal act.
17. An **insured person** participating in professional sports.
18. An **insured person** participating in operational duties as a member of the Armed Forces.
19. An **insured person** flying, other than as a passenger in an aircraft licensed to carry passengers.
20. An **insured person** taking part in any activity other than as described in the **operative time**, unless **we** have agreed to provide cover in writing or by adding an endorsement to the policy.
21. Any surgery or treatment that is not medically necessary, cosmetic surgery, reversing cosmetic surgery, or any corrective treatment needed as a result of previous cosmetic surgery.