

Product: FORSA - Critical Illness, Personal Accident and Evacuation & Repatriation Group Policy

Manufacturer Information
<p>Product information</p> <p>This product comprises an individual Group Policy, which has been designed at the request of Fórsa for the benefit of its members. Fórsa is a trade union representing over 80,000 members across the commercial sector, state agencies, private companies and community/voluntary sectors in the Republic of Ireland.</p> <p>The product provides certain specific Critical Illness, Personal Accident and Evacuation/Repatriation covers to eligible beneficiaries within Fórsa's membership. Coverage provided by the product includes, but is not limited to (and subject to policy terms, conditions and exclusions):</p> <ul style="list-style-type: none"> • Critical Illness: the payment of a benefit amount to a member of Fórsa, if they are diagnosed with a stated critical illness or undergo a stated medical event per the policy documentation. This includes cancer, coronary artery bypass grafts, heart attack, kidney failure, major organ transplant, stroke, loss of limb and blindness, subject to policy terms and definitions. • Personal Accident: the payment of a benefit amount to a member of Fórsa if they become permanently disabled, subject to policy terms and definitions. • Evacuation and Repatriation: where a member requires evacuation or repatriation to their country of domicile as a result of accidental bodily injury or illness. This includes the repatriation of mortal remains and any emergency medical expenses necessarily incurred during the evacuation or repatriation.
<p>Target market</p> <p>The product has been designed to include a number of compulsory coverages including Critical Illness, Personal Accident and Evacuation and Repatriation to be held by the Irish trade union Fórsa, for the benefit of its members.</p> <p>Beneficiaries must be a member of Fórsa and held continuous membership for 6+ months, and not be over the age of 70 in order to be covered by the policy.</p>
<p>Types of customer for whom the product would be unsuitable</p> <p>The product, which comprises an individual group policy arranged solely for Fórsa (for the benefit of its members), is not appropriate to be sold to any other entity or person other than Fórsa.</p> <p>Benefits under the product do not respond to pre-existing medical conditions which are clearly stated in the 'Information for Members' document and the policy wording.</p>
<p>Any notable exclusions or circumstances where the product will not respond</p> <p>The key exclusions, limits of liability and excesses are summarised below. Summaries provided are no substitute for actual policy language and definitions.</p> <p>Exclusions (including but not limited to):</p> <p><u>Critical Illness & Personal Accident</u></p> <ul style="list-style-type: none"> • Claims arising from pre-existing conditions or physical disability that occurred in the 24 months prior to the Member becoming eligible; • Benefits are not payable for temporary total disablement • Benefits are not payable for death • Losses contributed to by war, biological/chemical weapons, nuclear reaction/radiation/contamination, losses related to flying, suicide, AIDS/HIV, deliberate exposure to exceptional danger, criminal act, intoxication by alcohol and drugs, mental and emotional diseases/disorder of any type, chronic pain syndromes, the interaction between bodily injury and any other medical condition. <p><u>Evacuation and Repatriation</u></p> <ul style="list-style-type: none"> • Claims arising from a pre-existing condition for which the member has received inpatient treatment in the 12 months prior to their enrolment/eligibility;

- Journeys which are booked contrary to medical advice, are to obtain medical treatment/care, or after the member has been told that 'they may not have long to live;'
- Expenses incurred in the beneficiary's home country;
- Costs associated with childbirth or pregnancy within 2 months of an expected delivery date;
- Expenses incurred more than 24 months after the date the first expense was incurred;
- Expenses recoverable under any other private hospital or medical expenses the member is entitled to;
- Losses directly or indirectly resulting from terrorist activity;
- Losses directly or indirectly resulting from sexually transmitted disease, unless this is Chlamydia, Gonorrhea, Syphilis and/or Herpes Genitalis contracted as a result of rape;
- Losses directly or indirectly arising, prolonged or aggravated by psychiatric and/or mental disorder including anxiety and depression.

Eligibility criteria:

- A person who is a current member of Fórsa, and who has been a continuous member for a period of 6 months, and;
- Is under the age 70.

Conditions:

- Liability to a member is limited to the amount stated in the Schedule, including in the event of multiple claims, or where prior claims have occurred in a period where the member has also died.
- A summary of illnesses covered is provided which includes cancer, coronary artery bypass grafts, heart attack, kidney failure, major organ transplant, stroke, loss of limb and blindness, subject to policy terms and definitions.
- Named critical illnesses covered define what is and is not considered to be within the definition of each illness, including specific information on the pre-existing conditions that would preclude a member from being able to claim under the cover/policy.
- Benefits for permanent total disablement do not become payable before the expiry of 12 months following the date of onset of the disability

Limits of liability:

Beneficiaries of the insurance cover are insured up to

- EUR 5,000 for Critical Illness;
- EUR 5,000 for Personal Accident;
- EUR 250,000 for Evacuation and Repatriation.

Excesses

- There are no applicable excesses for Critical Illness and Personal Accident;
- An excess of EUR 100 is payable by the member in respect of each and every Evacuation and Repatriation claim
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Other information which may be relevant to distributors

This product should be sold in line with Irish regulations and can only be sold by a regulated insurance distributor.

This product is a group policy that is sold face to face, via telephone, electronic communications or a mix of these methods. The group policy has been designed for Forsa, a trade union in the Republic of Ireland, for the benefit of its members (whom meet the stated eligibility criteria).

Distributors of the product must provide the group policyholder with sufficient information on the policy, including a 'Member Information' document to be made available to eligible beneficiaries of the product. Member Information documents must be made readily accessible to eligible beneficiaries, and the most up to date copies must be displayed prominently on the Forsa website.

Distributors are responsible for ensuring that the product is clearly represented and that the group policyholder is supported in ensuring that communications are accurate, clear, fair and not misleading. Information for beneficiaries must provide a clear overview of the benefits/cover available; the limits, exclusions and other conditions, and; information on the claims handling process including contact details.

Where Distributor 1 sells this Product via multiple other distributors (via sub-delegation or sub-broking), it is their responsibility to ensure all distributors have been provided this document, have reviewed it and understand the content. If there is any additional remuneration, including commissions, fees or other 'non-standard' remuneration charged to the customer by other distributors, it is the responsibility of Distributor 1 to inform TMK of these details accurately and in full.

Commission & Fees

Brokers are reminded of their own regulatory obligations in relation to remuneration as well as the requirements to make all necessary disclosures to the customer.

Where there are any fees charged by any member of the distribution chain these should be: commensurate with the service provided by the distribution.
not have an adverse impact on customer value; and
distributor should ensure that TMKS is made aware of the fee amount and/ or method of calculation.

How value is assessed

Value is assessed based on a number of metrics, including underwriting, claims and complaints information as well as through broker engagement.

Remuneration paid as set out in our agreements with distributors has been considered as part of the value assessment.

If additional add-ons (including premium finance) are sold alongside this product or additional remuneration is charged, this may affect the value for the customer.

Further information on our product approval processes can be obtained on request.

Date Product assessment completed	April 2025
Expected date of next assessment	April 2026