ÁRACHAS TIONÓISCE PEARSANTA DO DHALTAÍ PUPIL PERSONAL ACCIDENT INSURANCE

Iniata tá foirm maidir le ÁRACHAS TIONÓISCE PEARSANTA DO DHALTAÍ, scéim atá roghnach daoibh. Ta achoimre den scéim le fáil ar an bhfoirm iniata.

Tá dá rogha ann, mar atá mínithe ar an bhfoirm iniata: Gníomhachtaí Scoile Amháin (€5) nó ar bhonn 24 Uair (€8)

Is féidir leis an scoil lascaine ar an gcostas seo a fháil tríd an t-iarratas a dhéanamh ar-líne - má theastaíonn uait an lascaine seo a fháil (níl cead againn é a choinneáil go uathoibritheach) cuir chugainn an táille laghadaithe (€3.20 nó €5.60) – má tá tú sásta go mbeadh an scoil in ann é a choinneaíl le cur le hairgead na scoile cuir chugainn an táille iomlán, le do thoil (€5 nó €8).

I ngach cás, cuir chugainn an fhoirm iniata líonta chugainn leis an dtáille faoin 30 Lúnasa (nó seol isteach an foirm ar an gcéad la scoile má ta tú ag íoc arlíne).

Enclosed find a form regarding PUPIL PERSONAL ACCIDENT INSURANCE, a scheme which is entirely optional. The scheme is summarised on the form.

There are two options, as outlined in the form attached: School Activities Only (€5 per child) or 24 Hour Basis (€8 per child)

The school has the option of receiving a discount for submitting the request early; if you wish to avail of this discount (we cannot automatically keep it) send in the reduced fee (\notin 3.20 or \notin 5.60) - if you are happy for the school to keep the discount towards school funds, please pay the full fee (\notin 5 or \notin 8).

Please send the fee along with the enclosed form, filled in, by August 30th (or if paying online, submit form on first day back) All children MUST be insured from first day of school.

Míle buíochas!



Pupil Personal Accident Insurance 2018/2019 - Specified Pupils Only

AIG Europe Limited is pleased to relaunch Pupil Protector, a new and innovative Personal Accident Plan designed to provide financial support and assistance in the event of an accident to a child.

Every year many children require hospital treatment following an accident and the consequences can be very serious, often leading to permanent disability. Our Pupil Protector Personal Accident Plan is designed to provide financial support for parents to meet some of the medical, dental and other bills that arise when serious accidents happen. Our plan provides a wide range of insurance benefits, some of which are not available on similar schemes with competitors. We also include a number of non insurance features such as access to our unique Medical Second Opinion Service and our highly qualified Medical & Rehabilitation staff for post accident advice and guidance on the best recovery path for pupils. If you wish to enrol your child in the Group policy organised by the school all you need to do is complete the form below and return it to the school by 30th Aug. 2018 with the appropriate premium for the cover option you have chosen. The premiums are €5.00 per pupil for School Activities only or €8.00 per pupil for 24hour cover.

COVER

The following is a summary of the benefits payable should any insured pupil sustain accidental bodily injury resulting in medical expenses, disablement or death.

SUMMARY OF BENEFITS

 Paralysis from the neck down 	€200,000
Brain damage	€200,000
Permanent total disability	€150,000
Loss of sight in both eyes	€150,000
 Loss of both hands or both feet 	€150,000
 Loss of sight in one eye 	€100,000
Loss of one hand or one foot	€100,000
Loss of hearing:	
both ears	€100,000
one ear	€40,000
Loss of speech	€40,000
Death by accident	€25,000
Full thickness burns up to	€20,000
• Facial Scarring up to	€2,000
• Hospitalisation €20 for each 24 hours up to	€1,800
Medical & Dental expenses not recoverable	,
from any other source up to	€40,000

INSURED PERSONS

All pupils of the school for whom premium has been paid.

AGE LIMITS

Lower Age Limit – 3 years. Upper Age Limit – 22 years. -----×-----×------×------

OPERATIVE TIME (in accordance with the option selected) While the insured person is participating in school related activities authorised by the school, including direct travel to and from such activities

OR 24 Hours a day.

PERIOD OF INSURANCE

As shown on the Policy Schedule.

WHAT IS NOT COVERED

We will not cover bodily injury to an insured person due to or caused by;

- (a) A direct consequence of war.
- Flying unless as a fare-paying passenger. (b)
- (c) Committing or attempting to commit suicide or a crime.
- Resulting in a diagnosis of fibromyalgia, myalgic encephalomyelitis, chronic fatigue syndrome, post-traumatic (d) stress disorder or any mental or nervous disorder.
- Resulting from a gradually operating cause. (e)
- Taking a drug or drugs other than according to the (f) manufacturer's instructions or as prescribed by a doctor.
- Taking a drug or drugs to treat drug addiction or under the (g) influence of alcohol or solvents.
- In respect of medical expenses or hospital confinement arising (h) 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 students or staff of a school.
- Occasioned during the course of employment of any kind other (i) than an authorised school work experience programme or, in respect of staff, other than work on behalf of the school.

This summary is a guide to policy covers and exclusions. The policy document is issued to the school and contains all terms, conditions and exclusions applicable to this insurance.

This insurance is underwritten by AIG Europe Limited. Registered in England and Wales. Company number: 01486260. Registered office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom. AIG Europe Limited, Ireland Branch has its registered branch office at 30 North Wall Quay, IFSC, Dublin 1, Ireland. Branch registration number 906664.Tel: +353 1 208 1400

AIG Europe Limited is authorised by the Prudential Regulation Authority of the United Kingdom, and is regulated by the Central Bank of Ireland for conduct of business rules.

APPLICATION FORM FOR SCHOOL GROUP POLICY

I wish to have my child included on	the Schools Group Person	al Accident Cover	Yes 🛛	No 🗆	
If yes which option do you require:	School Activities only (€5 24 Hour basis (€8.00 pe	/			
Name of Pupil (in full)					
School class/year					
Name of school					
Signature of parent/guardian	ture of parent/guardian Date				

Signature of parent/guardian

Please make cheques payable to the School

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