Policy Wording

Policy Number: HRV68404

Revolut Income Insurance

Policy Wording

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., Ireland branch has its registered branch office at 30 North Wall Quay, International Financial Services Centre, Dublin 1, D01 R8H7, Ireland and branch registration number 908876. AIG Europe S.A. is authorised by the Ministère des Finances and supervised by the Commissariat aux Assurances in Luxembourg and is regulated by the Central Bank of Ireland for consumer protection rules. Contact details of the Central Bank of Ireland are P.O. Box 559, North Wall Quay, Dublin 1, D01 F7X3, Ireland. E-mail: enquiries@centralbank.ie Web: http://www.centralbank.ie. The Commissariat aux Assurances has its office at 11 rue Robert Stumper, L-2557 Luxembourg, GD de Luxembourg, Tel.: (+352) 22 69 11 - 1, Email: caa@caa.lu, Web: http://www.caa.lu/.

AIG Employees are paid a salary. **We** do not pay them bonuses or commissions directly linked to sales. We don't provide advice or any personal recommendation about this product.

AIG Europe S.A. has appointed Qover S.A./N.V. to manage claims, complaints and customer services under this Policy. Qover is an independent untied insurance agent registered with the Financial Services and Markets Authority of Belgium (FSMA) under number 115284, with registered address at Rue du Commerce 31, 1000 Brussels, Belgium, and registered with the Crossroads Bank for Enterprises (BCE/KBO) under number 0650.939.878.

Overview of the Policy and Your Duty

This policy document sets out the terms of this Income Insurance cover. It tells an **Insured Person**

- what is covered;
- what is not covered;
- what to do to make a claim; and
- who to call for help.

Please read this policy alongside the **Schedule** so **You** fully understand **Your** cover. **We** recommend reviewing **Your** plan periodically to ensure it continues to meet **the Insured Person's** needs. If anything has changed or if **You** need help, please let **Us** know. A **Certificate of Insurance** is provided as a summary of the Schedule for the benefit of **Insured Person**s.

Your policy document, along with the **Schedule, Certificate of Insurance** and any endorsements, serves as **Your** official insurance contract. **We** will provide the coverage outlined in this document as long as **You** meet the eligibility criteria.

Please take a moment to review the insurance details in this document. **We** want to make sure **Your** coverage meets **Your** needs. If anything needs amending, please contact **Us**.

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

Aidan Connaughton

General Manager
AIG Europe S.A.
30 North Wall Quay,
Dublin 1 D01 R8H7
Ireland

Governing Law and Language

Subject to the mandatory provisions of any applicable European Union insurance regulations or local consumer protection laws which cannot be derogated from:

a) this Policy will be governed by the laws of the Republic of Ireland and its courts will have exclusive jurisdiction. Nothing in this clause deprives an Insured Person who is a consumer of the protection of the mandatory provisions of the law of, or of the right to bring proceedings in the courts of, their country of habitual residence.

b) this Policy may be issued in multiple languages for the convenience of the parties. In the event of any discrepancy, inconsistency, or conflict between the English version and any translation, the English text shall prevail.

All communication relating to this policy between **Us** and the **Insured** will be in English.

FOR INSURED PERSONS RESIDENT IN THE RELEVANT COUNTRY, PLEASE CONSULT THE ADDENDUM ATTACHING TO THIS POLICY REGARDING REGULATORY REQUIREMENTS IN YOUR PARTICULAR COUNTRY.

Alteration of Risk

The **Insured** should contact **Us** or **the Intermediary** as soon as reasonably possible, if any information previously provided is no longer accurate or if there has been a change in circumstances since the policy commenced.

What is Covered

This insurance product provides coverage for loss of income if **You** are unable to work due to **Temporary Total Disablement** for more than five (5) consecutive days or **Involuntary Loss of Employment** for thirty (30) or more consecutive days according to the conditions and exclusions detailed within this policy document.

The **Period of Insurance** is 9 calendar months from the date **You** activate the insurance coverage in the Revolut app.

The monthly **Benefit** of this insurance is €1,000 or 50% of **Your Gross Monthly Wage**, whichever is the lesser.

The maximum **Benefit** payable in respect of any one claim for **Temporary Total Disablement** or **Involuntary Loss of Employment** is €3,000. The total **Benefit** payable in respect of two (2) or more claims for any one **Insured Person** in any one **Period of Insurance** shall not exceed €6,000.

1. Temporary Total Disablement

If **You** are completely unable to work due to **Sickness** or an **Accident** occurring during the **Period of Insurance** and take 100% **Sick Leave** for more than 5 consecutive days, this insurance provides a monthly payment of the amount specified in the **Certificate of Insurance**. **You** can receive this **Benefit** for up to 3 months. This Benefit does not cover if **You** reduce **Your** working hours due to **Sickness** or an **Accident**.

Specific Exclusions for Temporary Total Disablement

This insurance does not cover **Temporary Total Disablement** which is directly or indirectly caused by or in connection with:

1.1. An **Accident** or **Sickness** which **You** have sought treatment for during the 12 months before **You** became an **Insured Person.**

1.2. An **Accident** or **Sickness** resulting from alcohol abuse, narcotics, other intoxications, or abuse of other prescription drugs.

1.3. An **Sickness/Accident** which **You** have intentionally caused. Sickness and exacerbation of sickness, which is caused by gross negligence.

1.4. Voluntary participation in a brawl or criminal act.

1.5. If **You** are below age 18 or above 65 years of age.

1.6. Once **You** fail to meet the Eligibility Criteria.

2. Involuntary Loss of Employment

When **You** have been **Actively at Work** with the same employer for a minimum of three (3) consecutive months, **You** are covered for **Involuntary Loss of Employment** occurring during the **Period of Insurance** provided **You** remain unemployed for thirty (30) or more consecutive days. T his insurance provides a monthly payment of the amount specified in the **Certificate of Insurance**. The **Benefit** will be backdated to the first day without work. **You** can receive this **Benefit** for as long as **You** remain unemployed, up to a maximum of 3 months (90 days).

Specific Exclusions for Involuntary Loss of Employment

This insurance does not cover **You**:

1.7. If **You** are employed for less than 16 hours per week.

1.8. If **You** have not been continuously employed under a contract of employment by the same employer for 3 months prior to the claim date.

1.9. If **You** are **Self-employed** or were unemployed when the insurance was taken out.

1.10. If **You** are below age 18 or above age 65 years of age.

1.11. if **You** are not eligible for a benefit paid by the Social Protection System (or national equivalent).

1.12. For severance or the natural expiry of a fixed term contract of employment or of an interim contract.

1.13. For retirement, even if a benefit is paid by the Social Protection System (or national equivalent).

1.14. If **You** are dismissed when **You** are a partner, a decision making shareholder or board member of the company **You** are dismissed from, or a close relative (Parents and step-parents, Children and step-children, Siblings and step-siblings (brothers and sisters), Spouses or civil partners or In-laws (e.g., parents-in-law, siblings-in-law, children-in-law)) of a person in a senior position (partner, manager or board member) at the company **You** are dismissed from.

1.15. For resignation or voluntary redundancy.

1.16. For dismissal by reason of misconduct, fraud, dishonesty or other similar conditions.

1.17. While in partial, seasonal or casual employment.

1.18. As a result of strikes, lay-offs, lockouts or other organised labour disputes or unlawful acts.

1.19. Once **You** fail to meet the Eligibility Criteria.

Eligibility Criteria

To be eligible for this insurance **You** must:

- Activate the insurance coverage in the Revolut app by accepting the terms & conditions thereof;.
- Be at least 18 years old and no older than 65 years old;
- Be legally resident in and make contributions to the Social Protection System (or national equivalent) of a **Relevant Country**;
- For **Temporary Total Disablement**, h ave a contract of employment with the same employer for 3 or more consecutive months and work for a minimum of 16 hours per week OR where Self-employed **You** must be registered with the tax authorities in **Your** country of residence (that is a **Relevant Country**) and/or the country where **You** work;
- For **Involuntary Loss of Employment**, have a contract of employment with the same employer for 3 or more consecutive months and work for a minimum of 16 hours per week; and
- Be 100% able to work and not be aware of any impending notice, dismissal or termination of **Your** employment at the time of enrolling in this Insurance.

This insurance is a time-limited promotional benefit, provided free of charge to Revolut customers who begin depositing their salary into their Revolut account. It is provided for a single, non-renewable period of 9 calendar months and is not available to customers who have previously been covered under this insurance.

When Your Cover Starts

Your cover starts on the **Commencement Date**, which is the date and time You activate the cover in the Revolut app. Cover will not start, and no **Period of Insurance** will begin, unless **You** meet the **Eligibility Criteria** at the time **You** activate the cover. You can activate cover only while **You** are eligible, and each activation begins a single, non-renewable **Period of Insurance** of 9 calendar months.

Definitions:

Wherever the following words and phrases shown below in **bold** appear in this Policy (and **Certificate of Insurance** attaching to and forming part of the Policy Wording) 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.

Accountant means a person (an accountancy firm or sole practitioner) who by way of business provides accountancy services and who holds accountancy qualifications or is a member of a designated accountancy body in **Your** country of residence in a **Relevant Country**.

Actively at Work means in the case of **Involuntary Loss of Employment**, **You** must have been permanently employed by the same employer under a contract of employment (including a fixed term contract) and have been continuously working under this contract of employment for a minimum of 16 hours per week for at least 3 consecutive months immediately before the **Involuntary Loss of Employment**.

Benefit means the amount specified in the Table of Benefits payable in respect of a period of **Temporary Total Disablement** or **Involuntary Loss of Employment**.

Benefit Period means a maximum period of three (3) months for which the **Temporary Total Disablement** or **Involuntary Loss of Employment Benefit** is payable.

Bodily Injury means physical injury (not caused by a **Gradual Deterioration)** resulting from an **Accident** to **Your** body resulting in **Temporary Total Disablement**.

Certificate of Insurance means the document issued by or on behalf of the Insurer to an Insured Person which confirms that the Insured Person is covered under the Policy Wording and summarises the key details of that cover, including the **Period of Insuranc**e, **operative time** and the applicable **benefits** .

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 **Your** health**.**

Gross Monthly Wage means the average monthly (or weekly equivalent) gross basic **Salary** paid under the terms of a contract of employment calculated over the three (3) months immediately prior to the incident giving rise to **Your** claim under this insurance. For self-employed **Insured Persons Gross Monthly Wage** means your gross income less allowable expenses, certified by **Your Accountant**.

Group Policyholder means **Revolut Bank UAB**, which subscribes to this Policy as group policyholder and pays the premium to procure cover for eligible **Insured Persons** at its own cost. The Group Policyholder does not distribute this insurance, does not advise **Insured Persons**, and receives no remuneration from **Insured Persons**.

Insured Person means a Customer meeting the **Eligibility Criteria** .

Involuntary Loss of Employment means that **You** are involuntary dismissed from permanent employment and are fully unemployed (100 %) and eligible to receive 100% unemployment compensation from the Social Protection System (or national equivalent) in **Your** country of residence in a **Relevant Country**.

Intermediary means **Revolut Insurance Europe UAB**, the registered insurance intermediary responsible for the distribution of this insurance to **Insured Persons**.

Medical Practitioner means a medically qualified person other than **You,** a relative of **Yours**, or an employee of **Yours,** who is registered with the relevant competent authority in **Your** country of residence in a **Relevant Country** to practice medicine.

Month means a calendar month as applicable.

Period of Insurance means the period during which an **Insured Person** is covered under this insurance. This period is nine (9) calendar months from the **Commencement Date**, being the date on which **You** activate the cover in the Revolut app, provided You meet the **Eligibility Criteria** at that time.

Relevant Country means Belgium, Germany, France, Spain, United Kingdom, Ireland, Italy, Lithuania, Netherlands, Poland and Portugal.

(as can be amended from time to time by an Annex to the Policy Wording).

Salary means a weekly or monthly wage or salary (excluding payments for overtime, commission, bonuses or dividends, and allowances) paid to **You** by an employer under the terms of a contract of employment.

Schedule means the document showing details, amongst other information, of the **Insured**, Effective Date, Premium, **Benefit**, and additional information agreed between You and **Us** for fulfilment of this agreement. It should be read with this policy document.

Self-employed means **You** are pursuing a gainful activity for financial remuneration, are responsible for **Your** own taxes and are free to decide when and where **You** decide to work. This definition shall also apply to **Insured Persons** engaged in Gig or Freelance work.

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** during the **Period of Insurance**.

Sick Leave means time off from work on the instruction of a **Medical Practitioner** that allows **You** to recover from a **Disability**.

Temporary Total Disablement means temporary **Disability** which entirely prevents **You** from engaging in **Your** usual occupation in totality.

Waiting Period means the minimum continuous period for which an Insured Period must suffer **Temporary Total Disablement** or **Involuntary Loss of Employment** before a **Benefit** becomes payable . An Insured Person must notify Us of, and submit a claim in respect of an event, within a reasonable time of the event giving rise to a valid claim.

- For **Temporary Total Disablement,** the **Waiting Period** is five (5) consecutive days from the first day on which the Insured Person is completely unable to work and takes 100% Sick Leave. No **Benefit** is payable unless the **Temporary Total Disablement** continues for more than five (5) consecutive days. Where that condition is met and if you claim is accepted, You will only qualify for the payment after five (5) consecutive days have passed from when you became completely unable to work due to Sickness or an Accident No **Benefit** shall be payable in respect of the first five (5) days of **Temporary Total Disablement**.
- For **Involuntary Loss of Employment,** the **Waiting Period** is thirty (30) consecutive days from the first day on which the Insured Period is involuntarily unemployed. No benefit is payable unless the **Involuntary Loss of Employment** continues for more than thirty (30) consecutive days. Where that condition is met and if Your claim is accepted, You will only qualify for the payment of the Benefit for the first month of unemployment after thirty (30) days have passed from when You become unemployed.

We/Our/Us means AIG Europe S.A.

You/Your means the **Insured Person**. Obligations of the **Group Policyholder** are expressed by reference to the **Insured**.

Conditions

1. **You** must comply with the terms and conditions of this Policy before a claim under it will be paid. The **Insurance Intermediary** must make the **Insured Persons** aware of such requirements and shall provide the pre-contractual and IDD information, including the insurance product information document, before accession.
2. **We** may, at any time, pay **You Our** full liability under this Policy after which **We** shall have no further liability in any respect of that claim.
3. Any **Benefit** payable under this Policy will be payable to the **Insured Person's** Revolut personal account unless otherwise specified in writing and agreed by **Us**.
4. **You** must take all reasonable steps to avoid or minimise any claim and must avoid needless exposure to peril except when attempting to save human life.
5. 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.
6. 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 between **Us** and the **Insured** 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. For the avoidance of doubt, this clause does not apply to disputes with **Insured Persons. Insured Person**s may avail of the Complaints Handling Procedure specified below.
7. 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, Luxembourg, United Kingdom or United States of America.
8. **We** will collect and remit as appropriate insurance premium taxes due in respect of each **Relevant Country**.
9. Following a period of **Temporary Total Disablement** should the **Insured Person** relapse within a period of three months from the end of the **Temporary Total Disablement** period, 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 **Waiting Period** will be applied as long as the sum of all periods shall not exceed the **Benefit Period.**
10. The maximum amount **We** shall pay in respect of any one claim is €3,000. **We** will not pay more than €6,000 in respect of any one **Insured Person** in any one **Period of Insurance**.

MAKING A CLAIM

VERY IMPORTANT – Your claim must be submitted within a reasonable time after the event giving rise to a valid claim under this Insurance Policy. We will not refuse or reduce payment if **You** fail to notify **Us** of an **Insured** event within this notification period unless such failure has materially impaired **Our** ability to determine the existence, cause or extent of the **Insured** event or loss.

To make a new claim, you can submit it directly through the Revolut mobile application. Please follow these steps:

1. Open the Revolut app and go to your **Hub**.
2. Select **Insurance**, then choose **Income Protection**.
3. Select **"Make a Claim"**.

You can also submit your claim directly via: revolut.qover.com/salary

We will ask for the completion of a claim form and for **You** to provide all reasonable and necessary evidence required by **Us** to support **Your** claim at **Your** expense. This evidence may include, but is not limited to:

1. Pay slips or financial statement from **Your Accountant** showing **your Gross Monthly Wage** (or weekly equivalent).
2. Proof of country of residence in a Relevant Country.
3. Proof of registration with social protection system (or national equivalent) in **Your** country of residence in a **Relevant Country**.
4. Letter or contract of employment (stating full name, monthly salary, number of weekly working hours and duration of employment) OR where self-employed, proof of registration with the tax authority in **Your** country of residence in a **Relevant Country**.
5. For **Temporary Total Disablement** claims:
   5.1. A letter/certificate from **a Medical Practitioner** confirming that you are 100% on **Sick Leave**, the medical condition or diagnosis, the start date of such **Sick Leave** and anticipated return to work date.
6. For **Involuntary Loss of Employment** claims:
   6.1. A letter from **Your** employer stating **Your** last day of work and confirming **You** were made redundant.

If the information supplied is insufficient, **We** will identify the further information required. If **We** do not receive the information **We** need, **We** may reject the claim or withhold payment until the information **We** may reasonably require is received.

The in-app claims journey is provided by the **Intermediary** in its capacity as registered insurance intermediary, and claims are handled by Qover S.A./N.V. on **Our** behalf. The **Group Policyholder** and the **Intermediary** have has no role in the assessment, handling or payment of claims.

You must give **Us** permission to obtain any medical reports or other records needed from any **Medical Practitioner** who has treated **You** otherwise **We** may not pay the claim.

We may ask **You** to attend one or more medical examinations. If **We** do, **We** will pay the cost of the examination(s) and for any medical reports and records. If **You** fail to attend without reasonable cause, the **We** may reject the claim.

Complaints Handling Process

Any complaint by an **Insured Person** should be addressed in the first instance to:
mediation@qover.com

QOVER SA Mediation Department
Rue du Commerce, 31
1000 Brussels
Belgium

Phone: +32 2 808 96 39

If you remain dissatisfied you may contact AIG Europe SA as follows:

The Customer Complaints Officer
AIG Europe S.A.,
30 North Wall Quay,
Dublin 1, D01 R8H7.
Ireland

Phone: +353 1 208 1400

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).

At any stage **an Insured Person** may also contact:

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, natural persons acting outside of their professional activity may also, in addition to the complaint's 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, 7 boulevard Joseph II, L-1840 Luxembourg - Grand Duché de 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. 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.

Role of the Group Policyholder and the Insurance Intermediary

The Insured subscribes to this Policy in its own name and on its own account, in its capacity as group policyholder only.

The Insured does not advise on, propose or carry out any other work preparatory to the conclusion of insurance cover in respect of any Insured Person, does not conclude any such cover, and does not assist in the administration or performance of such cover, including in the event of a claim.

All activities constituting insurance distribution in respect of Insured Persons - including the provision of pre-contractual information and the insurance product information document, accession, cancellation, withdrawal and claims intake - are carried out exclusively by the Intermediary and/or by the service provider appointed by Us under this Policy.

The Insured does not receive, and shall not be entitled to receive, any commission, fee, charge, profit commission, profit share, experience refund, premium rebate, no-claims bonus or any other economic benefit, financial or non-financial advantage or incentive of any kind from Us, from the Intermediary or from any Insured Person in respect of this Policy or of any accession to it.

No premium, fee, charge or other payment of any kind is due from any Insured Person to the Insured or to Us in respect of cover under this Policy. Access to, and the pricing of, the Insured's banking products and services is not affected by whether a customer accedes to cover under this Policy.

Premium

The insurance is provided to the **Insured Person** free of charge. The premium is due by the **Insured** only and is paid under the terms and conditions agreed by the **Insured** with **Us**. No premium will be due by the **Insured Person** for the coverage under this insurance Policy.

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

Fraud

Any fraud, deliberate dishonesty or deliberate hiding of information connected with the **Insured's** or the **Insured Person's** application for this policy or in connection with a claim, will make this policy invalid.

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, D01 R8H7, Ireland. 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, D01 R8H7, Ireland or by email at: dataprotectionofficer.ie@aig.com.

Addendum – Mandatory Provisions for Insured Persons Resident in Lithuania

The following provisions apply exclusively to **Insured Person**s resident in Lithuania and shall prevail over any conflicting provision of this Loss of Income Insurance Policy (the **Policy**), pursuant to the mandatory provisions of the Lithuanian law.

1. Amendments to the Policy

The Policy is amended solely to the extent expressly set out in this Annex. Except as expressly amended below, all other terms and conditions of the Policy remain unchanged. In the event of any inconsistency between this Annex and the Policy, this Annexe shall prevail with respect to **Insured** and **Insured Person**s resident in Lithuania.

1.1. **Section "Governing Law and Language"** is amended as follows:

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 Policy Period. However, this choice of law should not deprive **Insured Person**s who are consumers habitually resident in Lithuania of their right to bring claims before Lithuanian courts and to rely on mandatory provisions of Lithuanian law. This Policy is issued in Lithuanian and English languages for the convenience of the parties. In the event of any discrepancy, inconsistency, or conflict between the English and Lithuanian versions, the Lithuanian text shall prevail. All communication relating to this policy will be in English and Lithuanian."

1.2. **Clause 6 of the Section "Conditions"** is supplemented as follows:

This arbitration provision applies only to disputes between **Us** and the **Insured** and does not apply to disputes with **Insured Person**s. Any dispute with an **Insured Person** shall first be sought to be resolved through mutual negotiations. If the dispute cannot be resolved amicably, the **Insured Person** may refer the dispute to the competent out-of-court dispute resolution body or to the competent court.

1.3. **Clause 8 of the Section "Conditions"** does not apply to the **Insured** and the **Insured Person**s in Lithuania.

1.4. **The provisions of the Section "Compensation Fund"** does not apply to **Insured** and the **Insured Person**s resident in Lithuania.

1.5. **Section "Complaints Handling Process"** is supplemented with the following provisions:

If the **Insured Person** would like to submit a complaint in relation to this Policy, this can be made through Qover SA that is acting on behalf of AIG and authorized to handle complaints:

Any complaint by an **Insured Person** should be addressed in the first instance to:
mediation@qover.com

QOVER SA Mediation Department

Rue du Commerce, 31
1000 Brussels
Belgium

Phone: +32 2 808 96 39

A response to the complaint shall be provided in writing or electronically, without undue delay, but no later than within 15 business days of receipt of the complaint. In particularly complex cases, in which it is impossible to handle the complaint and provide the response by the abovementioned time limit, the time limit for answering to complaint may be extended to a maximum of 35 business days from the date of receipt of the complaint. **We** will inform the **Insured Person** who lodged the complaint of the extension of the time limit and explain the reason for such delay, indicating the circumstances that need to be established in order to consider the complaint and specifying the expected time limit for considering the complaint and providing an answer, not exceeding 35 business days from the date of receipt of the complaint.

If you remain dissatisfied you may contact AIG Europe SA as follows:

The Customer Complaints Officer
AIG Europe S.A.
30 North Wall Quay, IFSC
Dublin 1, D01 R8H7
Ireland

Phone: +353 1 208 1400

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).

AIG Europe S.A. must respond within 45 days of the date of receipt of the complaint. For complaints concerning the conduct of agents (registered under Sections A and F of the RUI) and their employees or associates, the 45-day response period may be suspended for up to a maximum of 15 days, in order to allow for a hearing with the intermediary concerned.

1.6. This Policy is supplemented with the following provisions relating to the **Insured Person**s' **right of withdrawal and termination of the Policy**:

Where an **Insured Person** qualifies as a consumer, the **Insured Person** is entitled to withdraw from cover under this Policy, without penalty and without giving any reason, within fourteen (14) calendar days beginning on the date of accession or, if later, the date on which the **Insured Person** receives the contractual terms and the information required by applicable law.

We shall provide information on the right of withdrawal in Lithuanian and shall make available, through the Intermediary, a clearly visible and easily accessible electronic function by which the **Insured Person** may exercise that right at any time during the withdrawal period, with confirmation provided in a durable medium.

The **Insured** may terminate this Policy in accordance with the terms and conditions set forth in the cooperation agreement concluded with **Us**. In the event of termination by **Us**, the **Insured** must notify all the **Insured Persons** of such termination.

We may only terminate the Policy in respect of the particular **Insured Person** under any specific **Schedule** issued pursuant to the Policy, effective immediately, for a valid reason if the **Insured Person** commits an act of fraud or wilfully seeks to mislead **Us** in any other way.

In either case, the Policy terminates upon termination of the cooperation agreement concluded between the **Insured** and **Us**. However, **Our** obligations towards the **Insured Persons** under the Policy in force at the time of such termination shall remain in full.

1.7. The Policy is supplemented with the following provisions relating to **changes of the Policy provisions**:

Changes to this Policy require 30-days' notice from **Us** to the **Insured** and the **Insured Persons**. In case changes are needed for regulatory compliance, they will be made immediately and **We** will notify the **Insured** and the **Insured Persons** as soon as reasonably practicable.

1.8. The Policy is supplemented with the following provisions relating to **transfer of rights and obligations**:

We may transfer **Our** rights and obligations under this Policy to another insurer in accordance with the procedure prescribed by the law applicable to such transfer by informing the **Insured** 1 (one) month in advance. The **Insured** shall have a right to submit, under the procedure prescribed by law, a written objection to the transfer of the rights and obligations under this Policy. Such an objection by the **Insured** shall not bind **Us**. If the **Insured** objects to the transfer of the rights and obligations under this Policy, the **Insured** shall have the right to terminate the Policy.