AonProtect Personal Accident and Travel Insurance					
	Policy Schedule				
Policy Number	ТВС				
Policyholder	yholder National Uni of Ireland Galway				
Address	Oifig An Runai, The Quadrangle University Road GALWAY				
Business	University				
Period of Insurance	(a) From: 26 November 2023	To: 25 November 2024 (both dates inclusive)			
	(b) Any subsequent period for which the <b>Insurer</b> shall accept a renewal premium.				

## AonProtect Schedule of Benefits Section A – Personal Accident

Category A	
Insured Persons	<b>All Employees</b> of the <b>Policyholder</b> (who are paid up members of the Personal Accident Scheme) in the Republic of Ireland
Effective Time/Journey Code	ET1

Benefit	Category A		
1. Death	€100,000		
<ul> <li>2. (a) Loss of limb(s) sight in one or both eyes speech or hearing in both ears</li> <li>(b) loss of hearing in one ear (30% of benefit shown)</li> </ul>	€100,000		
3. Permanent Total Disablement	€100,000		
4. Permanent Partial Disablement	€100,000		
5. Temporary Total	Benefit	Deferment Period	Benefit Period
Disablement (per week)	Not covered		
6. Temporary Partial	Benefit	<b>Deferment Period</b>	Benefit Period
Disablement (per week)	Not covered		

Limits per Insured Person		
Items 1 2 3 or 4	€100,000	
	or 10 x the <b>Annual Salary</b> of the <b>Insured Person</b> , whichever is the lesser	
Item 5 (per week)	Not covered	
Item 6 (per week)	Not covered	
In respect of Items 1 2 3 and 4 inclusive and all extensions	€2,500,000	
Item 1 in respect of Non-Employees under the age of 16	€30,000,	
Items 5 and 6 in respect of Non-Employees under the age of 16	Out of pocket expenses only	
Item 1 in respect of Non-Employees over the age of 16	€50,000	
Items 5 and 6 in respect of Non-Employees over the age of 16	Out of pocket expenses only	
Item 1 in respect of Insured Persons over 80 years of age	€150,000	

Aggregate Limits		
Per Event	€15,000,000	
Aircraft – Multi engined	€15,000,000	
Aircraft – all other	€ 2,000,000	

# AonProtect

# Schedule of Benefits

## Section A – Personal Accident

#### **Additional Insured Persons**

The following categories of **Additional Insured Persons** are automatically covered where not otherwise insured under this **Policy** 

Category	Additional Insured Persons	Effective Time/Journey Code
AIP 1	<b>Partners</b> and/or <b>Children</b> of <b>Directors</b> , and one member of any <b>Director</b> 's domestic staff, provided that such <b>Directors</b> are included under Section A on either 24 hour basis or occupational including or excluding commuting basis	ET1
AIP 2	Any Visitor	ET7
AIP3	<b>Partners</b> and/or <b>Children</b> of <b>Employees</b> whilst accompanying, travelling independently to join, or returning from being with, such <b>Employees</b> who are on a <b>Journey</b> , provided that such <b>Employees</b> are included under Section A	J11 or J12 whichever applies to such <b>Employee</b> s
AIP 4	Directors, Employees, and/or guests of the Policyholder	J17
AIP 5	Any person, who on medical advice from a <b>Qualified Medical</b> <b>Practitioner</b> , is advised to travel to or remain with an <b>Insured</b> <b>Person</b>	J18
AIP 6	Directors and Employees of the Policyholder	J3

Category	1 Death	2 Loss of limb(s) sight speech or hearing	3 Permanent Total Disablement	Paraplegia	Quadriplegia
AIP 1	Not covered	€35,000	€35,000	€50,000	€100,000
AIP 2	€35,000	€35,000	€35,000	Not covered	Not covered
AIP 3	Not covered	€35,000	€35,000	Not covered	Not covered
AIP 4	€35,000	€35,000	€35,000	Not covered	Not covered
AIP 5	Not covered	€35,000	€35,000	Not covered	Not covered
AIP 6	€35,000	€35,000	€35,000	Not covered	Not covered
	Subject otherwise to the Limit per Insured Person and Aggregate Limits, an Aggregate Limit of €1,000,000 will apply in respect of all categories of Additional Insured Persons who sustain Bodily Injury in any one Event				

AonProtect Schedule of Benefits Section A – Personal Accident – Extensions		
Description	Benefit Amount	
Medical Expenses	25% of any amount paid or payable under Items 1, 2, 3, 4, 5, or 6, up to a maximum of €30,000 any one <b>Insured Person</b>	
Catastrophe	25% of the total Item 1 benefit payment	
Chauffeur or Similar Expenses	Up to 104 weeks, subject to limit of €10,000 per <b>Insured Person</b>	
Child Benefit	€10,000 per <b>Child</b>	
Childcare Expenses	Up to 104 weeks, subject to limit of €5,000 per <b>Insured Person</b>	
Coma Benefit	€100 per full 24 hours, up to a maximum of 730 days	
Corporate Reputation Protection	Up to €25,000 for each <b>Insured Person</b> .	
Protection	Aggregate Limit any one Event and in the Period of Insurance of €250,000	
Damage to Personal Belongings	Up to €2,500 per <b>Insured Person</b>	
Dental and Optical Expenses	Up to €2,500 per <b>Insured Person</b>	
Dependent Adult Benefit	€25,000 per <b>Dependent Adult</b>	
Disability Assistance	Up to €25,000 per <b>Insured Person</b>	
Domestic Assistance Expenses	Up to 104 weeks, subject to limit of €15,000 per <b>Insured Person</b>	
Executor Expenses	Up to €2,500 per <b>Insured Person</b>	
Full Thickness Burns	Up to €10,000 per <b>Insured Person</b>	
Funeral Expenses	Up to €10,000 per <b>Insured Person</b>	
Hemiplegia	€75,000 per <b>Insured Person</b>	
Hospital Confinement Benefits	€75 per full 24 hours, up to a maximum of 104 weeks per <b>Insured Person</b>	
Hospital Out-Patient Travel Expenses	Up to 52 weeks, subject to a limit of €2,500 per <b>Insured Person</b>	
Hospital Visiting Expenses	Up to €100 per full 24 hours, up to a maximum of €5,000 per <b>Insured Person</b>	
Independent Financial Advice	€2,500 per Insured Person	

Major Incident response	Up to €250,000 any one <b>Event</b> , and subject to:			
		ntary Travel and dation Services	Up to €10,000 per <b>Insured Person</b>	
	II. Travel Ho	me Expenses	Up to €10,000 per <b>Insured Person</b>	
	cover for T	<b>matic Stress Disorder</b> (if emporary Total nt purchased)	50% of weekly benefit for Item 5, But not exceeding €500 per week for a maximum of 26 weeks	
	IV. Court Trav	vel Expenses	Up to €10,000 per <b>Insured Person</b>	
	Counselli	ng Fees	Up to €5,000 per <b>Insured Person</b> for costs up to 52 weeks after the incident	
Paraplegia	€125,000 per <b>Insu</b>	red Person		
Personnel Replacement Expenses	Up to €500 per wee	ek, up to a maximum of €25,0	000 per <b>Insured Person</b>	
Physiotherapy	Up to €6,000 per <b>In</b>	sured Person		
Prosthesis benefit	€10,000 per <b>Insure</b>	d Person		
Quadriplegia	€250,000 per <b>Insu</b>	red Person		
Quality of Life Improvement Advice	Up to €20,000 per <b>Insured Person</b>			
Recruitment Costs following suicide	Up to €10,000 any one <b>Insured Person</b>			
Recruitment Expenses	Up to €10,000 and training costs and expenses up to €15,000			
Rehabilitation Case	For valid claims un	d claims under Items 2 3 or 4 – up to 12 months case management		
Management	For valid claims un	der Items 5 or 6 – up to 3 mo	onths case management	
Relocation Expenses	Up to a maximum o	of €25,000 per <b>Insured Pers</b> o	on	
Retraining Benefit for Insured Persons	Up to 26 weeks up to €25,000 per <b>Insured Person</b>			
Retraining Benefit for Partner of Insured Person	Up to 26 weeks up to €25,000			
Return Home Expenses	Up to € 5,000 per <b>Insured Person</b>			
		Benefit where scar is of face neck or head and exposed to view		
Coorring	1cm – 2.4cms	€1,000	€500	
Scarring Benefit	2.5cms – 4.9cms	€2,000	€1,000	
Denenit	5.0cms – 7.4cms	€4,000	€2,000	
	7.5cms – 9.9cms	€6,000	€3,000	
	10cms – 12.4cms	€8,000	€4,000	
	12.5cms – 14.9cms	€10,000	€5,000	
	15cms or over	€12,000	€6,000	
Simultaneous death of Insured Person and Partner	Item 1 Benefit is do	ubled in respect of each <b>Insu</b>		

Triplegia	€175,000 per Insured Person	€175,000 per Insured Person		
Work Experience	1 Death	€25,000		
Persons	2 (a) Loss of limb(s) sight in one or both eyes speech or hearing in both ears	€25,000		
	2 (b) loss of hearing in one ear	€7,500		
	3 Permanent Total Disablement	€25,000		
	Medical Expenses	Up to €2,500		
	Hospital Confinement Benefit	€50 per full 24 hours up to a maximum of 104 weeks		
	Aggregate Limit any one Event	€250,000		
Workplace Assault Medical Expenses	Up to €5,000 per <b>Insured Person</b>			

# **AonProtect Effective Time Definitions**

#### ET1 24 Hour

24 hours a day worldwide cover.

#### ET2 Occupational Accidents including Commuting

- 1 Whilst an **Insured Person** is engaged in their occupation with the **Policyholder** in the **Business**
- 2 At any time whilst on a **Journey** on the business of the **Policyholder**
- 3 At any time where **Bodily Injury** is the direct result of an unprovoked malicious assault by another person, or where **Bodily Injury** is the direct result of theft or attempted theft of the **Policyholder**'s or **Insured Person**'s property
- 4 Whilst in the course of daily travel directly between home (normal or temporary) and place of business (normal or temporary)

#### ET3 Occupational Accidents only

- 1 Whilst engaged in the **Insured Person**'s occupation with the **Policyholder** in the **Business**
- 2 At any time whilst on a **Journey** on the business of the **Policyholder**
- 3 At any time where **Bodily Injury** is the direct result of an unprovoked malicious assault by another person, or where **Bodily Injury** is the direct result of theft or attempted theft of the **Policyholder**'s or **Insured Person**'s property

#### ET4Assault – At any time

At any time but only in respect of **Bodily Injury** sustained as a result of robbery hold-up or attempt thereat or unprovoked malicious assault

#### ET5 Occupants of Vehicles

Whilst an **Insured Person** is mounting into, travelling in, dismounting from, carrying out road-side repair, loading, or unloading, or refuelling, any motor vehicle owned, hired, or leased, by the **Policyholder**, or by an **Insured Person** where the travel is at the expense of the **Policyholder**, or any vehicle being used as a temporary replacement for such vehicle

#### ET6 Sports Club Cover including Social Activities

Whilst an Insured Person is

- 1 at any ground or premises where the **Policyholder** has arranged a fixture or training for the purpose of taking part in a sporting activity or
- 2 travelling to or from fixtures or training sessions as a member of an organised party under the direction of the **Policyholder** or
- 3 engaging in any social activity organised by the **Policyholder** including whilst travelling directly to or from home (normal or temporary) or place of business (normal or temporary) and the venue for the social activity

#### ET7 Visitors

Whilst legally in or on the premises of the Policyholder

#### ET8 Secondees – Full Period Cover

24 hours a day during the period of Secondment

#### J3 Charity Trip

Whilst participating in a Charity Trip within Country of Residence

#### J4 Relocation – Transitional cover

Any trip involving travel from an **Insured Person**'s usual **Country of Residence** to a new **Country of Residence** to commence Employment for an overseas entity of the **Policyholder**.

- a. Cover starts from the time of the Insured Person leaving home
- b. Cover continues for a period of 30 days and ceases
  - i. at 0.00 hours on the 31<sup>st</sup> day of leaving the **Insured Person**'s original **Country of Residence**
  - or

ii. when all relevant insurances are in place locally, whichever occurs first

# J11 Business travel outside Country of Permanent Residence including Incidental Holiday travel

Any trip involving travel outside **Country of Residence** made primarily for business purposes, including any **Incidental Holiday** 

#### J12 All Business travel including Incidental Holiday travel

Any trip made primarily for business purposes, including any Incidental Holiday

#### J13 Business or Holiday travel outside Country of Permanent Residence

Any trip involving travel outside Country of Residence made for business purposes or any Holiday

#### J14 Business or Holiday travel

Any trip made for business purposes or any Holiday

#### J15 Holiday travel outside Country of Permanent Residence

Any Holiday involving travel outside Country of Residence

J16 Holiday travel

Any Holiday

#### J17 Corporate Event travel

Any trip in connection with a **Corporate Event**, involving travel outside the **Country of Residence**, or within the **Country of Residence** provided that such trip involves either air travel and/or an overnight stay away from home or normal place of business

#### J18 Compassionate travel

Any trip made solely for the purposes of being with an **Insured Person** who has suffered **Bodily Injury** or illness on a **Journey** outside **Country of Residence** 

#### J19 Secondees – Full Period Cover

24 hours a day during the period of **Secondment** 

# J20 Business trips outside Country of Permanent Residence and air travel within Country of Permanent Residence and trips within Country of Permanent Residence involving an overnight stay including Incidental Holiday travel

Any trip in connection with the **Business** of the **Policyholder** involving

- a. any travel outside Country of Residence, or
- b. air travel within **Country of Residence**, or
- c. any travel within **Country of Residence** provided such travel involves an overnight stay away from home or normal place of business, including any **Incidental Holiday**