

Group Master Inability to Fly Insurance Policy

Issued to

The Irish Airline Pilots' Association

Schedule to the Policy

Policy Number:	B1735NR0041926	Insurer:	Lloyd's Insurance Company S.A.
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Policyholder: Irish Airline Pilots Association on behalf of Insured Crew Members

Address of the Policyholder: 24 Woodford Business Park, Sandford, Dublin 17. D17 E524, Ireland

Premium, Method of Payment and Due Date: Monthly in arrears based on collected premiums calculated at 1/12th of the agreed annual premium.
Premium to be calculated at the rates specified in Appendix A.
All premiums are subject to premium tax at the prevailing rate

Period of Insurance Inception: 1st January 2026 Expiry of the 3 year rate guarantee: 31st December 2028

Both days at 00:01 hours Local Standard Time at the Address of the Policyholder

Annual Anniversary Date: 1st January

Retroactive Date (for pre-existing conditions) 1st April 2004

Intermediary: Graham Hynd trading as Aviation and Marine Services

Jurisdiction: Republic of Ireland

Governing Law: Irish

Territorial Limits: Worldwide excluding USA and Canada

Administrator: Graham Hynd trading as Aviation and Marine Services

Schedule of Benefits

Benefit	Sum Insured	Maximum Benefit Period	Waiting Period
Long Term Inability to Fly	As specified in the individual Evidence of Cover but not exceeding EUR 360,000 any one person at and above the age of 54.	Not Applicable	Not Applicable
Long Term Inability to Fly	As specified in the individual Evidence of Cover but not exceeding EUR 500,000 any one person under the age of 54.	Not Applicable	Not applicable
Temporary Inability to Fly	Not exceeding 3% of Sum Insured per month or part thereof	24 months	180 days

Schedule of Insured Crew Members

As specified in the schedule held by the Intermediary, notified to the Insurer from time to time and as evidenced in the individual Evidence of Cover provided to each member

Regulatory Information

Lloyd's Insurance Company S.A.

Lloyd's Insurance Company S.A. is a Belgian limited liability company (société anonyme / naamloze vennootschap) with its registered office at Bastion Tower, Marsveldplein 5, 1050 Brussels, Belgium and registered with Banque-Carrefour des Entreprises / Kruispuntbank van Ondernemingen under number 682.594.839 RLE (Brussels). It is an insurance company subject to the supervision of the National Bank of Belgium

Firm Reference Number(s) and other details can be found on www.nbb.be.

Website address: www.lloyds.com/brussels

Email: enquiries.lloydsbrussels@lloyds.com

XL Catlin Services SE

XL Catlin Services SE acts as an agent of Lloyd's Insurance Company S.A. in connection with this policy. XL Catlin Services SE is a registered insurance intermediary authorised and regulated by the Central Bank of Ireland.

Registered Office Wolfe Tone House, Wolfe Tone Street, Dublin 1, D01HP90, Ireland.

Registered in Ireland Number 659610.

You can check this information on the Central Bank of Ireland's website at www.centralbank.ie which includes a register of all the firms they regulate.

Introduction

Please read this Policy and your Evidence of Cover together to ensure that the cover meets your requirements. Any change to the information in the Evidence of Cover must be advised to the Insurer immediately.

The Insurer will pay the Benefits defined in this Policy if an Insured Crew Member becomes Disabled in the circumstances set out in this Policy. The payment of Benefits is always subject to the terms and conditions of this Policy. The Insured Crew Member must pay the premium to the Intermediary as and when it falls due.

Payment of any Benefits will be made to an Insured Crew Member provided that the premium has been paid. The agreement between the Policyholder and the Insurer comprises all of the following:

- this Policy and any endorsement recording a change to this Policy;
- the Schedules;
- any documentation issued to Insured Crew Members by the Intermediary on behalf of the Policyholder with the prior approval of the Insurer;
- all information provided to the Insurer by the Policyholder or the Intermediary when applying or renewing their cover under this Policy.

Any documentation issued by the Policyholder to Insured Crew Members in relation to this Policy without the prior written approval of the Insurer is the responsibility of the Policyholder.

Fair Processing Notice

Who we are

We are the Lloyd's underwriter(s) identified in the contract of insurance and/or in the certificate of insurance.

The basics

We collect and use relevant information about you to provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us

Where you provide us or your agent or broker with details about other people, you must provide this notice to them.

Want more details?

For more information about how we use your personal information please see our full privacy notice(s), which is/are available online on our website(s) or in other formats on request.

Contacting us and your rights

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice(s), please contact us, or the agent or broker that arranged your insurance who will provide you with our contact details at:

XL Catlin Services SE, UK Branch
20 Gracechurch Street

London
EC3V 0BG
United Kingdom

Telephone Number: +44 (0) 20 7743 8487

Email: dataprivacy@axaxl.com

Rights under the Policy

This is a group policy, an agreement made between the Policyholder on behalf of the Insured Crew Members and the Insurers, intended for the benefit of Insured Crew Members.

Insured Crew Members must comply with certain conditions stated in this Policy and only have the right to enforce its terms to the extent of their individual interest in receiving benefits under this Policy.

A person who is not a party to this contract of insurance has no right to enforce any term of this contract of insurance but this does not affect any right or remedy of a third party that is available under the Consumer Insurance Contracts Act 2019.

Accuracy of Information provided to the Insurer

All information provided to the Insurer by the Policyholder or the Intermediary when applying for this Policy or when making any changes to it must be true and complete.

If the Policyholder provides incorrect information or fails to advise the Insurer of material information, whether inadvertently or deliberately, the Insurer may at its sole discretion:

- treat this Policy as if it never existed (retaining any or part of the premium paid);
- refuse to pay any claim; or
- modify cover provided by this Policy; or
- require the payment of additional premium.
- If an Insured Crew Member provides incorrect information or fails to advise material information, whether inadvertently or deliberately, the Insurer, in respect of that Member only, may:
- withdraw cover under this Policy from the date cover is granted in respect of that Member (retaining any or part of the premium paid);
- modify the cover granted to that Member under this Policy or require the payment of additional premium.

Change in Circumstances

The Policyholder must tell the **Insurer** as soon as practicably possible of any change in the information provided to the **Insurer** which happens before or during any **Period of Insurance**.

When **the Insurer** is notified of a change **the Insurer** will tell **the Policyholder** if this affects **this** policy. For example **the Insurer** may cancel **this** policy in accordance with the Cancellation and Cooling-Off Provisions, amend the terms of **this** policy or require **the Policyholder** to pay more for **this** insurance. If **the Policyholder** does not inform **the Insurer** about a change it may affect any claim **the Policyholder** makes or could result in **this** insurance being invalid.

Cancellation and Cooling-Off Provisions

(a) Policyholder's Right to Cancel during the Cooling-Off Period

The Policyholder can cancel this policy by notifying the Insurer in writing, by email or by telephone within fourteen (14) business days of either:

- (i) the date they receive this policy; or

- (ii) the start of the Period of Insurance;

whichever is the later.

A full refund of any premium paid will be made unless a claim has been made under the policy in which case the full annual premium is due.

(b) Policyholder's Right to Cancel after the Cooling-Off Period

The Policyholder can cancel this policy after the cooling-off period by notifying the Insurer in writing, by email or by telephone. Cancellation will be effective from the date of such notice to cancel. Any return of premium due will be calculated at a proportional daily rate depending on how long the policy has been in force unless a claim has been made under the policy in which case the full annual premium is due.

(c) Insurer's Right to Cancel

The Insurer may cancel this Policy or suspend cover by writing to the Policyholder if any premium remains unpaid 30 days after its due date but only in respect of those Insured Crew Members who have not paid such premium. Please refer to Obligations in relation to premium below.

The insurer can also cancel this policy, if there is a valid reason to do so, including for example:

- (i) a change in risk which means they can no longer provide the Insured with insurance cover; or
- (ii) non-cooperation or failure to supply any information or documentation they request, such as details of a claim;

by giving the Insured fourteen (14) business days' notice in writing. Any return of premium due will be calculated at a proportional daily rate depending on how long the policy has been in force unless a claim has been made under the policy in which case the full annual premium is due.

Fraudulent Claims

- (a) If the Insured Crew member makes a fraudulent claim under this insurance contract, for example a loss which is fraudulently caused and/or exaggerated and/or supported by a fraudulent statement or other device, the Insurer:
 - (i) is not liable to pay the claim; and
 - (ii) may recover from the Insured Crew Member any sums paid by the Insurer to the Insured Crew Member in respect of the claim; and
 - (iii) may by notice to the Insured Crew Member treat the contract as having been terminated with effect from the time of the fraudulent act.
- (b) If the Insurer exercises its right under clause (a) (iii) above:
 - (i) the Insurer shall not be liable to the Insured Crew Member in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to the Insurer's liability under the Policy (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and
 - (ii) the Insurer need not return any of the premiums paid.
- (c) If a fraudulent claim is made under the contract by or on behalf of an Insured Person, the Insurer may exercise the rights set out in clause (a) above as if there were an individual insurance contract between the Insurer and the Insured Person. However, the exercise of any of those rights shall not affect the cover provided under the contract for any other person.

Governing Law and Jurisdiction

The parties are free to choose the law applicable to this policy. Unless specifically agreed to the contrary this policy will be governed by Irish law and subject to the exclusive jurisdiction of the courts of the Republic of Ireland.

The language of this policy and all communications relating to it will be in English.

This clause shall not be read to conflict with or override the obligations of the parties to arbitrate any medical dispute as provided for in the Medical Disagreements provision of this Policy.

Sanctions Suspension Clause

It is a condition of this (re)insurance, and the (re)insured agrees, that the provision of any cover, the payment of any claim and the provision of any benefit hereunder shall be suspended, to the extent that the provision of such cover, payment of such claim or provision of such benefit by the (re)insurer would expose that (re)insurer to any sanction, prohibition or restriction under any:

- a. United Nations' resolution(s); or
- b. the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Such suspension shall continue until such time as the (re)insurer would no longer be exposed to any such sanction, prohibition or restriction.

Definitions

Certain words in this Policy have a specific meaning. The definitions of such words are detailed within this section. Where a word has been defined, the definition will apply wherever that word appears in this Policy. Words in the masculine will include the feminine and words in the singular include the plural.

- **Accident**
A sudden and unexpected external event that occurs at an identifiable time and place
- **Armed Forces**
Any military or paramilitary organisation
- **Benefits**
The Long Term Inability to Fly benefit and the Temporary Inability to Fly benefit defined under the Benefits section and which are shown as insured in the Schedule of Benefits.
- **Bodily Injury**
An identifiable physical injury external to the body to an Insured Crew Member caused solely by an Accident, as well as:
 - (a) any disease or infection directly resulting from such an injury; and/or
 - (b) any medical or surgical treatment necessitated by such an injury; and/or
 - (c) dehydration, starvation or exposure to the elements resulting from an Accident.
- **Cyber Act** means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System.
- **Cyber Incident** means:
 - 1.1 any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any Computer System; or
 - 1.2 any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any Computer System.
- **Computer System** means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the Insured or any other party.

- **Career Break**

Is a period where the Insured Crew Member ceases to be paid or undertake work as a professional pilot whilst remaining an airline employee in all respects other than the receipt of remuneration as a full-time employee. A Career Break is limited to a maximum period of 4 years unless a period of statutory maternity leave is extended by agreement.

- **Disabled/Disablement/Disability**

Failing to reach and maintain the required medical standards for all Medical Certificates held by an Insured Crew Member with the result that the Insured Crew Member is unable to undertake flying duties.

- **Evidence of Cover**

The document issued to each member of the policy setting out the coverage to which they are entitled.

- **Gainfully Employed/Gainful Employment**

Employment which results in the Insured Crew Member receiving regular remuneration from and in the capacity for which a valid Medical Certificate is held.

- **Illness**

A sickness or disease of the body that is not caused by:

- (a) an Accident; and/or
- (b) a mental or behavioural disorder; and/or
- (c) Injury sickness or disease arising from a pregnancy or during childbirth.

- **Insured Crew Member**

- (a) **Any person insured as at 31 December 2012 under policy number B0334SC3342019548 issued by the Insurer to the Policyholder.**

A crew member is automatically included in the Schedule of Insured Crew Members and who, as at 31 December 2022:

- (1) was the holder of a valid Medical Certificate issued in accordance with the JAR-FCL3 standards or equivalent
- (2) was aged 18 years or over and
- (3) had not had their licence permanently revoked or been the subject of a Long Term Unfit notice

- (b) **All other persons first becoming insured after 1 January 2022**

A crew member included in the Schedule of Insured Crew Members who has applied to the Intermediary for insurance under this Policy, been accepted by the Insurer and who on the date of application:

- (1) is the holder of a valid Medical Certificate issued in accordance with the JAR-FCL 3 standards or equivalent;
- (2) is aged 18 years or over; and
- (3) has not had their licence permanently revoked or been the subject of a Long Term Unfit notice; and
- (4) has been fully mentally and physically fit for duty as a pilot for a continuous period of at least 30 days immediately prior to the date of the first insurance under this Policy; and
- (5) has had no more than 21 consecutive days of sick leave in the 3 months immediately prior to the date of first insurance under this Policy;

Unless agreed otherwise by the Insurer, if a crew member does not meet criterion b (4) above, that crew member will not become an Insured Crew Member until he has been fully mentally and physically fit for duty for a continuous period of at least 30 days.

Unless agreed otherwise by the Insurer, if a crew member does not meet the criterion b (5) above, that crew member will not become an Insured Crew Member until a continuous period of 3 months has elapsed since the last time that crew member returned from a sick leave of 21 consecutive days or more.

- **Licence Issuing Authority**

The regulatory authority responsible for issuing the licence that permits the Insured Crew Member to undertake flying duties.

- **Medical Certificate**

A certificate that validates that the Insured Crew Member has reached the medical standards required by the

Licence Issuing Authority in order to undertake their Occupation.

- **Medical Practitioner**

A registered member of the medical profession who is licensed to practice medicine under the laws of the country in which they practice, qualified to treat the Insured Crew Member's Illness or Bodily Injury, who is not known to the Insured Crew Member and is independent of the Insurer.

- **Occupation**

The occupation of an Insured Crew Member as declared to the Insurer.

- **Period of Insurance**

The period stated in the Schedule to the Policy.

- **Pre-Disability Earning**

The average monthly income, including any additional flight allowances and any other income related to flying activities, after the deduction of income and other payroll taxes for the 3 complete months immediately prior to the start of Disability.

- **Pre-Existing Condition**

Any Bodily Injury or Illness that occurs prior to:

- (a) the Retroactive Date specified in the Schedule to the Policy; or
 - (b) the most recent date that the Insured Crew Member became insured under this Policy;
- whichever date is later.

- **Waiting Period**

The Waiting Period stated in the Schedule of Benefits beginning with the commencement of a Disability.

Benefits

The standard cover reduces to Accidental Bodily Injury only from the anniversary date following attainment of age 59 years however, full sickness cover can be purchased up to age 64 years if requested. In order to maintain full sickness cover, Aviation and Marine Insurance Services must have been advised in writing on or before the anniversary date of the policy period during which age 60 years is attained.

Aviation and Marine Insurance Services address is as follows;

Creek Cottage, Knockrobin, Kinsale, Cork County, Ireland, P17 WN56

Email: amskinsale@gmail.com

If confirmation is not received in writing, cover will automatically reduce to Accidental Bodily Injury only at the anniversary date following attainment of age 55 years.

If full sickness is requested but then at a later date, cover is reduced back down to Accidental Bodily Injury only it is not possible to upgrade back up again:

Either

A. Long Term Inability to Fly Benefit where the cover is full sickness

If an Insured Crew Member becomes Disabled during the Period of Insurance as a consequence of Bodily Injury or Illness that results in the cancellation of that Insured Crew Member's Medical Certificate within 24 months of Expiry, then the Insurer will pay the Long Term Inability to Fly Benefit shown in the Schedule of Benefits if, in the opinion of the Insurer, the Insured Crew Member will remain Disabled for 5 years from the start of Disablement.

Where the Benefit payable is dependent on the Insured Crew Member's age, their age at the date of the start of their Disability shall prevail.

No Long Term Inability to Fly Benefit will be paid if the Insured Crew Member dies within 30 days of the start of Disablement unless liability has already been admitted by the Insurer.

Or

B. Long Term Inability to Fly Benefit where cover is restricted to Bodily Injury

If an Insured Crew Member becomes Disabled during the Period of Insurance as a consequence of Bodily Injury and it results in the cancellation of that Insured Crew Member's Medical Certificate within 24 months of Expiry then the Insurer will pay the Long Term Inability to Fly Benefit shown in the Schedule of Benefits if, in the opinion of the Insurer, the Insured Crew Member will remain Disabled for 5 years from the start of Disablement.

Where the Benefit payable is dependent on the Insured Crew Member's age, their age at the date of the start of their Disability shall prevail.

No Long Term Inability to Fly Benefit will be paid if the Insured Crew Member dies within 30 days of the start of Disablement unless liability has already been admitted by the Insurer.

C. Temporary Inability to Fly Benefit

If an Insured Crew Member becomes Disabled during the Period of Insurance as a consequence of Bodily Injury or Illness where cover is full sickness or Bodily Injury where cover is restricted to Bodily Injury only for longer than the Waiting Period then the Insurer will pay the Temporary Inability to Fly Benefit shown in the Schedule of Benefits for each subsequent full month (and the relevant proportion of any partial month) for which the Insured remains Disabled during the Benefit Period.

The Insurer will not pay more than 75% of the Pre-Disability Earnings of the Insured in respect of Temporary Inability to Fly Benefit less any amount receivable as sickness benefit under any state or private scheme or insurance from any source.

Where the cessation or remission of a Disability results in the Insured no longer being Disabled for a period exceeding 30 consecutive days, any subsequent period of Disability shall constitute a new Disability, with its own Waiting Period.

Temporary Inability to Fly benefit automatically and immediately ceases on the first to occur of the following:

- the Insured Crew Member ceasing to be employed in their Occupation with the Insured other than as a

- consequence of a Disability covered by this Policy;
- the Insured Crew Member attaining the Maximum Age Limit shown in the Schedule to the Policy;
- a payment becoming due for Long Term Inability to Fly benefit or
- the death of the Insured Crew Member.

Accumulation of Long Term and Temporary Benefits

Any sum paid or due in excess of the first 12 months' Disability under the Temporary Inability to Fly Benefit will reduce any amount payable under Long Term Inability to Fly benefit but only if the cause of Long Term Inability to Fly is the same.

Additional Benefits

Insurer will cover the additional benefits subject to the terms and condition of this policy:

A. Medical Expenses Benefit

- i. If an Insured Crew Member becomes Disabled during the Period of Insurance as a consequence of Bodily Injury or Illness that results in being deemed medically unfit by Medical Practitioner. With prior written consent, the Insurer will cover the medical expenses for treatment that will help an Insured Crew Member regain their license.
- ii. The Insurer will cover up to EUR 20,000 per an Insured Crew Member in addition.
- iii. No Medical Expenses Benefit will be paid if it is recoverable by the Health Service Executive

B. Counselling Sessions Benefit

- i. If an Insured Crew Member becomes Disabled during the Period of Insurance as a consequence of Bodily Injury or Illness that results in being deemed medically unfit by Medical Practitioner. With prior written consent, the Insurer will cover up to EUR 5,000 per an Insured Crew Member, however not to exceed EUR 100 for each counselling session if this will help an Insured Crew Member regain their license.

C. Permanent Disablement Benefit

As a direct consequence of an Accident, the Insurer will pay for:

- i. the permanent disablement, if an Insured Crew Member suffers a Bodily Injury whilst On Duty, however, 24 Hours a Day Whilst Away from Home Base and for the twelve (12) consecutive months this Bodily Injury has left them unable to carry out their duties or any other business or occupation for which the Insured Crew Member is suited by training, education, industry knowledge or experience. Provided that at the end of that period of twelve (12) consecutive months there is no hope of improvement, in the view of the Medical Practitioner.
 - a. For the purpose of this benefit, the below terms have a special meaning:
 - 1. On Duty mean from the time of reporting for duty at the home airport to the time of completion of duty on return to the home airport.
 - 2. 24 Hours A Day Whilst Away from Home Base means the coverage shall be at all times anywhere in the World (subject to the geographical limits stated in this Insurance) whilst the Insured Crew Member is required to be away from their Home Base due to their employment.
 - b. The benefit will be payable in addition up to 25% of Sum Insured.
- ii. the loss of limb defined as a permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle or the permanent, total and irrecoverable loss of use of your hand, arm, foot or leg.

- iii. the loss of sight defined as a permanent and total loss of sight which we will consider as having happened:
 - a. in both eyes (after correction) if, on the authority of a fully-qualified ophthalmic specialist, the degree of sight the Insured Crew Member has left in both eyes is 3/60 or less on the Snellen scale (meaning the Insured Crew Member can see at not more than three feet what they should be able to see at sixty feet); or
 - b. in one eye (after correction) if, on the authority of a fully-qualified ophthalmic specialist, the degree of sight the Insured Crew Member has left is 3/60 or less on the Snellen scale (meaning they can see at not more than three feet what you should be able to see at sixty feet)

The benefit will be paid in addition to the Sum Insured, up to 25% of Sum Insured.

A. Accidental Death Benefit

- i. The Insurer will pay for the accidental death or Disappearance of the Insured Crew Member, whilst flying the aircraft during the Period of Insurance; in the event of their Disappearance if:
 - a. the Insured Crew Member's body is not found within twelve (12) months of their Disappearance and sufficient evidence is produced that they have sustained bodily injury and this injury has caused the death; and
 - b. the nominated person or persons who receive the benefit payment in the event of their death or Disappearance agree in writing to refund the full amount to the Insurer if the Insured Crew Member is subsequently found to be alive;
- ii. For the purpose of this benefit the term "Disappearance" means the Insured Crew Member whilst has gone missing after suffering an Accident and are presumed dead if their body has not been found after twelve (12) consecutive months;
- iii. The Insurer will cover up to 25% of Sum Insured.

Standard Exclusions

No Benefit will be paid if the Bodily Injury or Illness is the consequence of or consists of:

- **Criminal Acts**
A criminal act by the Insured Crew Member.
- **Armed Forces**
Active duty with any Armed Forces.
- **Intentional Self-Injury**
Any deliberate attempt by the Insured Crew Member to sustain a Bodily Injury or Illness.
- **HIV/AIDS**
Infection with Human Immunodeficiency Virus (**HIV**) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS) (unless the Insured Crew Member demonstrates that such condition was contracted as a direct consequence of medical treatment for an unrelated medical condition).
- **Pre-Existing Conditions**
Any Pre-Existing Condition unless notified to and accepted by the Insurer prior to the inception of this Policy.

The above exclusion will not apply where, for at least 24 months prior to the cut-off date described in the definition of Pre-Existing Condition, the Insured Crew Member has been free of all treatment, consultation, professional advice or medical leave of absence or claim or claim advice under any insurance in respect of or due to such Pre-Existing Condition.
- **Maximum Age Limit**
This policy will not pay any claim if the Insured Crew Member has attained the maximum age stated in the Schedule to the Policy.

- **Territorial Limits**

This policy will not pay any claim if the Bodily Injury or Illness occurs outside the Territorial Limits stated in the Schedule to the Policy.

- **Period of Insurance**

This policy will not pay any claim if the Bodily Injury or Illness does not occur during the Period of Insurance stated in the Schedule to the Policy.

Optional Exclusion

- **Mental and Behavioural Disorders**

A mental or behavioural disorder. For a complete description of mental and behavioural disorders, refer to the World Health Organisation (WHO) Official Publication, in particular ICD-10, Chapter V or its successor publication if applicable.

Conditions

- **Automatic Cessation of Cover for an Insured Crew Member**

Cover under this Policy ceases automatically in respect of an Insured Crew Member once:

- The Insured Crew Member dies; or
- The Insured Crew Member is paid the Long Term Inability to Fly benefit; or
- The Insured Crew Member attains the Maximum Age Limit shown in the Schedule to the Policy.

This provision will not apply and cover will continue if the Insured Crew Member is (a) on a Career Break or (b) ceases to be Gainfully Employed. In respect of (b), cover under this Policy can continue until:

- 18 months have passed from the date of non-Gainful Employment in the event of redundancy or completion of short term contractual work; or
- 12 months have passed from the date of non-Gainful Employment in the event of voluntary resignation; provided a valid medical certificate remains in force throughout this period.

- **Obligations in relation to Premium**

The Administrator, as detailed in the Schedule to the Policy will facilitate the collection of the relevant premium on behalf of the Policyholder from each eligible Insured Crew Member and arrange for this premium to be paid to the Administrator as and when it falls due. The Administrator will ensure that all premiums collected during each 3 month period will be paid to the Insurer no later than 60 days after the end of each period.

The Insurer may cancel this Policy or suspend cover by writing to the Policyholder if any premium remains unpaid 30 days after its due date but only in respect of those Insured Crew Members who have not paid such premium.

If the premium is payable by instalments and an instalment remains unpaid for 30 days after its due date, cover may be suspended from the due date and the Insurer will have no liability for any claim arising from a Disability that commences during the period to which such unpaid premium relates.

Notwithstanding these provisions, default of payment by one Insured Crew Member will only suspend or cancel cover under this Policy in respect of that person.

The Insurer will give written notice of the cancellation or suspension of this Policy or coverage under this Policy to the relevant Insured Crew Member and the Policyholder at the address specified in the Schedule to the Policy.

- **Obligations in relation to a Career Break**

The Insured Crew Member may continue to insure their potential earning status as a pilot during a Career Break by continuing to pay premium under this Policy in accordance with its Conditions and by doing so maintain continuous cover under this Policy.

At all times during a Career Break the Insured Crew Member must maintain the schedule of JAR specified medical examination(s) appropriate to their age and licence. The Insurer recognises that the Insured Crew Member's licence may temporarily expire for non-medical reasons during a Career Break because the Insured Crew Member does not have to undertake other licensing requirements such as Licence Proficiency checks, Operator's Proficiency checks or re-currency training.

The Insurer must be notified of any medical issues which arise during the Career Break in accordance with the "Obligations to notify the Insurer promptly of a Disability" Condition of this Policy.

If an Insured Crew Member determines not to continue in their profession as a pilot during a Career Break, the Insured Crew Member must notify the Insurer immediately and cover will automatically cease under this Policy

- **Obligation to notify the Insurer promptly of a Disability/ How to make a Claim**

The Insured Crew Member must notify the Administrator, as detailed in the Schedule to the Policy of:

- any Disablement within 60 days of the start of any Disability or as soon as reasonably practicable thereafter; or
- any absence of the Insured Crew Member from their Occupation for more than 30 continuous days (save for annual leave)

and the Administrator will issue a claim form accordingly.

The Insurer will be entitled to refuse to pay or at its sole discretion, defer payment of Benefits if the Insured Member does not comply with the terms of this condition precedent.

- **Obligation to assist Insurer's investigation of a claim and to minimise loss**

The Insured Crew Member must provide all assistance and information reasonably required by the Insurer in relation to a claim (either initially or throughout any period of Disability) which may include but is not limited to:

- making all efforts in a timely manner to regain the Medical Certificate;
- presentation to the Licence Issuing Authority (which includes appeal of a decision by the Licence Issuing Authority) or
- attending independent medical examinations.

The Insurer may refuse to pay or defer payment of any Benefits otherwise available under this Policy if the Insured Crew Member does not comply with this condition.

- **Right of the Insurer to make additional enquiries**

On receipt of a disability reporting form and periodically during a period of Disability, the Insurer may make any additional enquiries in order to assess the claim or the Insured Crew Member's continued right to receive Benefits under this Policy. The Insurer will pay the costs of such additional investigations.

The Insurer may refuse to pay or defer payment of any Benefits otherwise available under this Policy if the Insured Crew Member does not comply with this condition.

- **Insurer's assessment of claims**

The Insurer will endeavour to advise the Insured Crew Member of their decision in relation to the admission or rejection of a claim within 30 days from the receipt of all information required by the Insurer.

- **Medical Disagreements**

If the Insurer and the Policyholder are unable to agree whether;

- the Insured Crew Member is Disabled or no longer Disabled; or
- the Insured Crew Member's proposed medical treatment is medically necessary or could assist the Insured Crew Member in no longer being Disabled;

then such disagreement will be decided by a referee appointed by the President of the Council of the Royal College of Physicians of Ireland in Dublin, Ireland or the Dean of the faculty of Occupational Medicine of the Royal College of physicians in London, England.

The referee must be a Medical Practitioner.

The decision of the referee is final and binding on all parties. The cost of the referral will be borne

- By the Insurer if the referee upholds the Insured Crew Member or Policyholder's complaint; and
- equally between the Policyholder and the Insurer in all other circumstances.

If the Policyholder or Insured Crew Member decides to seek a referee's opinion, either the Policyholder or Insured Crew Member must write at first instance to the person specified in the Complaints section of this Policy. If this fails to resolve the complaint, the Insurers will request the nomination of a referee as noted above. Once appointed, the referee will consider the circumstances of the claim and advise both parties of:

- The information needed to form an opinion on the matter;
- Any additional medical investigations that may be needed; and
- The specific process and timetable to be followed to hear the complaint.

- **Cyber Clarification**

Any benefits for Bodily Injury or Illness caused by or arising out of a Cyber Act or a Cyber Incident are payable, subject to the terms, conditions, limitations and exclusions of this Policy.

Complaints Notice

Any complaint should be addressed to:

Head of Complaints Management

Lloyd's Insurance Company S.A.

Bastion Tower

Marsveldplein 5

1050 Brussels

Belgium

Tel: +32 (0)2 227 39 40

E-mail: lloydseurope.complaints@lloyds.com

Your complaint will be acknowledged, in writing, within 5 (five) business days of the complaint being made.

You will also be informed of the name of one or more individuals that will be your point of contact regarding your complaint until the complaint is resolved or cannot be progressed any further.

You will be provided with an update on the progress of the investigation of your complaint, in writing, within 20 (twenty) business days of the complaint being made. A decision on your complaint will be provided to you, in writing, within 40 (forty) business days of the complaint being made. Should you remain dissatisfied with the final response or if you have not received a final response within 40 (forty) business days of the complaint being made, you may be eligible to refer your complaint to the Financial Services and Pensions Ombudsman (FSPO).

The contact details are as follows:

Financial Services and Pensions Ombudsman

Lincoln House

Lincoln Place

Dublin 2

D02 VH29

Republic of Ireland

Tel: +353 1 6 567 7000

E-mail: info@fspoi.ie

Website: www.fspoi.ie

The European Commission also provides an on-line dispute resolution (ODR) platform that allows consumers to submit their complaint through a central site, which will forward the complaint to the right Alternative Dispute Resolution (ADR) scheme. The ADR scheme for XL Insurance Company SE is the Financial Services and Pensions Ombudsman, which can be contacted directly using the contact details above. For more information about ODR please visit <http://ec.europa.eu/odr>.

Insurance Guarantee Scheme

Depending upon where in the EEA you and/or the insured risk is located there may be a local scheme that applies. Where a scheme is available in an EEA member state it may cover only limited types of insurance {e.g. compulsory motor cover) although some jurisdictions have wider schemes. If you have any questions, please contact us.

All other terms, clauses and conditions remain unaltered.

Appendix A to the Master Policy – Insurance Rates

Sickness cover is not available to new entrants over the age of 54 on the date of joining the scheme, only those existing insured persons who move from age 54 to 55. Once purchased, cover is available to age 64. If you opt for sickness cover but then decide at a later date to reduce back down to Accidental Bodily Injury only you will not be eligible to upgrade back up again.

If you are an existing insured person and wish to maintain sickness cover beyond age 54 you must advise your Intermediary on or before the anniversary date of the policy period during which you attain age 55 years.

Option 1

(inclusive of government tax):

Age Band	Inclusive of 3% of sum insured Temporary Monthly benefits TD	Inclusive of 1.5% of sum insured Temporary Monthly benefits TD	Nil Temporary Monthly benefits
Age Band	% on Sum Insured	% on Sum Insured	% on Sum Insured
Sickness Cover			
24	0.183%	0.165%	0.146%
25/29	0.215%	0.194%	0.172%
30/34	0.304%	0.274%	0.243%
35/39	0.403%	0.363%	0.323%
40	0.605%	0.545%	0.484%
41	0.672%	0.605%	0.538%
42	0.740%	0.666%	0.592%
43	0.880%	0.792%	0.704%
44	1.020%	0.918%	0.816%
45	1.160%	1.044%	0.928%
46	1.301%	1.171%	1.041%
47	1.441%	1.297%	1.153%
48	1.659%	1.493%	1.327%
49	1.877%	1.689%	1.501%
50	2.094%	1.885%	1.675%
51	2.312%	2.081%	1.850%
52	2.530%	2.277%	2.024%

53	2.785%	2.506%	2.228%
54	3.040%	2.736%	2.432%
55	3.295%	2.965%	2.636%
56	3.549%	3.194%	2.840%
57	3.804%	3.424%	3.043%
58	3.962%	3.566%	3.170%
59	4.120%	3.708%	3.296%
60	4.277%	3.850%	3.422%
61	4.435%	3.992%	3.548%
62	4.593%	4.133%	3.674%
63	5.052%	4.547%	4.042%
64	5.511%	4.960%	4.409%
65	5.971%	5.373%	4.776%

**Accidental Bodily
Injury only**

55/59	0.342%
60/64	0.503%

(Appendix 5 continued)

Option 2

Excluding Loss of Licence due to "Mental or Behavioural Disorders" as described in the policy.
(inclusive of government tax):

	Inclusive of 3% of sum insured Temporary Monthly benefits TD	Inclusive of 1.5% of sum insured Temporary Monthly benefits TD	Nil Temporary Monthly benefits
Age Band	% on Sum Insured	% on Sum Insured	% on Sum Insured
Sickness Cover			
24	0.169%	0.152%	0.135%
25/29	0.195%	0.176%	0.156%
30/34	0.276%	0.248%	0.221%
35/39	0.365%	0.329%	0.292%
40	0.548%	0.493%	0.438%
41	0.609%	0.548%	0.487%
42	0.670%	0.603%	0.536%
43	0.797%	0.717%	0.637%
44	0.923%	0.831%	0.739%
45	1.050%	0.945%	0.840%
46	1.177%	1.059%	0.942%
47	1.304%	1.174%	1.043%
48	1.501%	1.351%	1.201%
49	1.699%	1.529%	1.359%
50	1.896%	1.706%	1.517%
51	2.093%	1.884%	1.675%
52	2.291%	2.061%	1.832%
53	2.521%	2.269%	2.017%
54	2.752%	2.477%	2.202%
55	2.983%	2.685%	2.386%
56	3.214%	2.892%	2.571%
57	3.444%	3.100%	2.755%
58	3.674%	3.307%	2.939%
59	3.904%	3.513%	3.123%
60	4.133%	3.720%	3.307%
61	4.363%	3.927%	3.490%
62	4.593%	4.133%	3.674%
63	5.052%	4.547%	4.042%
64	5.511%	4.960%	4.409%
65	5.971%	5.373%	4.776%
Accidental Bodily Injury only			
55/59	0.342%		
60/64	0.503%		

Appendix B to the Master Policy - Continuity of Cover with previous insurance

The Insurer agrees that this Policy will be regarded as continuous with the expiring contract number B0334SC3342019548 issued by the Insurer

The Insurer will grant an equal sum insured to an Insured Crew Member wishing to continue coverage under this Policy without further medical evidence to that in force under the expiring contract to all crew who are insured as at 31 December 2025 whether or not the Insured Crew Member is Disabled.

If an Insured Crew Member is Disabled as at 31 December 2025, the Insured Crew Member will be protected under this Policy for Bodily Injury and all medical conditions unrelated to the cause of Disability. Immediately upon the regaining of a Medical Certificate following such Disability, the Insured Crew Member will be covered under this Policy in respect of the cause of Disability.

If a sum is payable under the expiring contract and this contract in respect of the same cause of Disability, the sum paid under the expiring contract will be deducted from any amount payable under this Policy.