

Protection Claims Appeals Process

1. Purpose of this document

This document explains how you can appeal a decision we have made on your claim.

We want to make this process easy to understand and ensure that you know what to expect at every stage.

2. When you can appeal

If we decline your claim or stop an existing claim payment, you may appeal that decision.

Every protection policy claim is reviewed in detail by our claims assessors before a decision is made. In some cases we have no choice but to decline or cease paying a claim. We only decline claims after a full review of all evidence received and careful consideration of our policy conditions.

3. How to appeal a decision

To start your appeal:

1. **Write to us or email us** explaining why you disagree with our decision.
2. Provide **up to date medical evidence** from a relevant medical specialist or consultant demonstrating how you meet the claim definition under your policy conditions.
3. Send all information to us using the contact details at the end of this document.



Important: Benefit payments cannot commence or continue while an appeal is ongoing.

4. What happens after you appeal

Once we receive your appeal:

Fresh review of your claim

A claims assessor will conduct a full reassessment of your case and review all medical evidence. A manager is always involved in appeals reviews.

Requests for more information

If further evidence is needed – for example, an independent medical examination – we will let you know.

5. Possible outcomes

Your appeal may result in one of the following:

- **Decision overturned** – your claim is admitted or reinstated based on the new evidence.
- **Decision upheld** – the original decision remains unchanged.
- **More information required** – we need to ask for additional independent medical evidence before finalising.

6. If your appeal is successful

If your appeal is successful:

- Your claim will be admitted or reinstated immediately.
- Regular claim payments will be backdated:
 - **For first time admissions:** to the date our liability commenced.
 - **For reinstated claims:** to the date payments originally ceased.
- Lump sum claim payments will be paid to your bank account within five working days of the appeal decision once we have all of your details.
- We will reimburse you for the cost of any medical evidence you provided as part of your appeal.

7. If your appeal is unsuccessful

If your appeal is not successful:

- We will write to you with a full explanation of our decision and the reasons behind it.
- If you are still unhappy with our decision, you can submit a formal complaint.
- As part of our response to the complaint, we will notify you of your right to refer the matter to the Financial Services and Pensions Ombudsman (FSPO) for consideration and provide you with their contact details.

8. We're here to help

We are here to help throughout this process.

If you need assistance preparing your appeal or understanding our decision, you can contact us at:

 Email: → hello@help.aiblife.ie	 Or call: → +353 (0)1 912 4455 Mon-Fri 08:00-18:00
 Write to us at: → AIB life, PO Box 8172, Blackrock, Co. Dublin, Ireland	

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