

PENSIONS
INVESTMENTS
LIFE INSURANCE



Irish Life

INCOME PROTECTION

A GUIDE TO CLAIMS FOR EMPLOYERS



ABOUT US

Established in Ireland in 1939, Irish Life is now part of the Great-West Lifeco group of companies, one of the world's leading life assurance organisations.

Great-West Lifeco and its subsidiaries, including The Great-West Life Assurance Company, have a record for financial strength, earnings stability and consistently high ratings from the independent rating agencies. The Great-West Life Assurance Company has an AA rating for insurer financial strength from Standard & Poor's.

Information correct as of January 2015. For the latest information, please see www.irishlifecorporatebusiness.ie.

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INTRODUCTION

Irish Life is the leading provider of Income Protection in Ireland. We currently provide insurance to over 175,000 people covering a wide range of occupations. Irish Life pays disability payments worth over €54m to over 2,800 people each year.

(Source: Irish Life Corporate Business)

Income Protection is one of the corner stones of Irish Life's business. It provides benefits to people when they really need them. However, Irish Life's Income Protection benefit goes much further than simply ensuring the benefit payment gets there on time.

After a serious illness or accident, many people are unable to adjust to their changed circumstances without the benefit of supportive advice and assistance. Irish Life believe therefore in the formation and maintenance of long-term relationships with the income protection claimant. The relationship spans from managing claims efficiently to offering rehabilitation, retraining possibilities and also trained help and advice. All of these services are offered with the objective of restoring physical, mental, social and occupational capability as quickly and as fully as possible. Irish Life want to build this business by working together with employers and brokers and this booklet is a step in that process.

Irish Life is dedicated to providing all its customers with excellent service – this booklet forms part of that commitment. It contains essential information concerning Irish Life's benefit application documentation, our assessment and review processes - in fact, all the necessary information you require in order to make any future application on behalf of an ill or injured employee as straightforward as possible.



The purpose of your Irish Life Income Protection Scheme is to partially replace the income of employees during long-term absence from work due to illness or injury. This is a very valuable benefit for an employer to provide for employees.

We want to pay all valid Income Protection claims. We make every effort to pay claims quickly and on time, however, we also need to protect the interests of our policyholders and our shareholders against the possibility of paying claims that shouldn't be paid. We must therefore investigate each claim thoroughly at the outset and once in payment continue to monitor the claim on an ongoing basis.

Payment begins once a predetermined period ("the deferred period") has passed after the start of the absence from work. The deferred period is usually a continuous 13, 26 or 52 weeks, but this may differ according to the specific terms of your policy.

Please also check the specific terms of your policy.



Benefits payable under the scheme may increase annually by the lesser of an agreed percentage or the rise in the Consumer Price Index (CPI) in the preceding 12 months.

The scheme may also provide a proportionate benefit for employees who are unable to return to work fully and either resume their normal occupation on a part-time basis, at reduced earnings, or undertake an alternative occupation at reduced earnings. This is a valuable support for employees who are keen to return to the workforce but who cannot resume their original job in a full capacity.

THESE ARE THE TYPICAL STEPS OF A CLAIM:

Step 1

Submitting a Claim

Step 2

Medical Reports

Step 3

Claim Assessment

Step 4

Benefit Payment

Step 5

Claim Review

Step 6

Health Claim Advisers and Home Visits

Step 7

Rehabilitation and Returning to Work Programmes

Employees who qualify under the scheme will be paid under the terms of the policy until:

- they resume work
- they are fit enough to return to work
- their employment ceases
- the expiry date of payment
- retirement
- death

whichever is the earlier.

The benefit may also cease if an employee takes up an alternative occupation.

The following pages explain how you should go about submitting a claim and how such claims are processed. It is essential that you, as the employer, and Irish Life work together in managing any potential or existing claims.

MONITORING LONG-TERM ABSENCES

All your employees should be made aware that although Income Protection is a valuable benefit, it is not a pension. Your scheme is specifically designed to provide adequate financial protection, but not to be so beneficial to employees that they have no financial incentive to return to work once they are capable of doing so.

The claims experience for the scheme has a direct effect on the premium rate charged and poor claims experience is therefore bad for both the employer and Irish Life.

MONITOR LONG-TERM ABSENCES

As a concerned employer you will rightly expect genuine claims to be paid. To help you plan efficiently for potential claims, we recommend you monitor any absences that are not of a short duration. If you keep in contact with employees who are incapacitated on a long-term basis you will be able to give them any assistance they need and ensure that a claim is made in good time.

CARRY OUT THE FOLLOWING SAFEGUARDS:

To control your claims experience, it is advisable as an employer to:

- 1 Consult your Company Doctor for advice.
- 2 Arrange for your Company Doctor to obtain medical reports from the employee's General Practitioner (GP) and Specialist.
- 3 Arrange regular reviews by your company doctor.
- 4 Consider referring the ill/injured employee to a specialist or paying for an intervention such as physiotherapy.
- 5 Arrange for your HR Department or Occupational Health Nurse to visit/meet with your employee.
- 6 Maintain regular contact with your employee throughout the period of the absence.
- 7 Maintain contact with Irish Life and/or your Broker for assistance and advice.

SUBMITTING A CLAIM

Before you start to make a claim it is important you have the correct documentation. We require a number of documents to be submitted with the claim.

- Employment Information Form
- Job description
- Employee's Claim Notification Form
- Proof of age (unless age has already been admitted for scheme purposes)

EMPLOYMENT INFORMATION FORM

The Employment Information Form needs to be completed by the employer and provides essential details on the employment status, other claims and social welfare entitlements. It can also be used to provide a written job description if a formal document is not available. A detailed job description is essential in assessing whether or not the employee is fit to resume work. A functional or layperson's description will be of more benefit than a technical job specification.

EMPLOYEE'S CLAIM NOTIFICATION FORM

This form must be fully completed by the employee and provides the consent for Irish Life to arrange for a specialist nurse

from MorganAsh Ltd to telephone the claimant and interview them about their health in order to complete the claim form. In some cases, a tele-interview may not be suitable and a full paper claim form may be requested.

It is very important that all documentation is correctly completed to avoid delays. Please ensure the Employment Information Form and Employee's Claim Notification Form are signed and dated and that all the questions have been answered in full. Any omissions may cause unnecessary delay while documents are returned for completion.



PROOF OF AGE/BIRTH CERTIFICATE

We also need the employee's original Birth Certificate or an alternative proof of age (Driver's Licence/Passport) to be submitted. A copy will be taken and we will return the original to you as soon as possible.

DO NOT SEND SHORT GP CERTIFICATES

Throughout the life of the claim, please do not send us routine medical certificates issued by the employee's General Practitioner, as these are not used when

assessing a claim. They are not sufficient to prove continued inability to work.

If copies of any hospital/specialist reports are available, they should also be submitted as they may speed up the processing of the claim.

SUBMITTING A CLAIM IN TIME DURING THE DEFERRED PERIOD

It is very important that the benefit application documentation is received well before the end of the deferred period (the initial period of absence during which no benefits are paid by us - e.g. the first 26 weeks).

Ideally we would like to receive claim forms

- at least 4 weeks before the end of a 13 week deferred period,
- at least 10 weeks before the end of a 26 week deferred period and
- at least 15 weeks before the end of a 52 weeks deferred period,

to help us be in a position to notify you of a formal decision before benefit payments are due to commence.

Don't miss out by delaying the benefit application.



Deferred Period	Submit the claim before the end of the deferred period
13 weeks	4 weeks
26 weeks	10 weeks
52 weeks	15 weeks

If you delay submitting the benefit application, you might miss the expiry date of the deferred period. The later the claim is submitted, the more difficult it is for us to collate medical evidence in retrospect.

We would stress the importance of notifying us in good time. Where claim forms are submitted late i.e. after the expiry of the deferred period, Irish Life may only be in a position to pay a claim from the date of receipt of the forms. In some cases it may not be possible to consider a claim at all if there is a lengthy delay involved. Therefore, it is vitally important that claim forms are submitted on time.

All our forms are available to download on our website www.irishlifecorporatebusiness.ie/document-download-centre

MEDICAL REPORTS

CLAIM FORM COMPLETION

On receipt of the Employee Claim Notification Form, an Income Protection Claims Assessor will review the form and if suitable, will refer the claim to MorganAsh Ltd for Claim Form completion by tele-interview. The claimant will be contacted by a trained nurse to schedule a suitable time for the tele-interview. Some claims may not be suitable for tele-interview and for these cases, the current paper Claim Form and Medical Certificate will be issued to the claimant for completion.

When the claimant has completed the interview, MorganAsh will issue a paper copy of the interview to the claimant for review. The reviewed form, with any amendments or additions, should be returned with the declaration and consent signed to Income Protection Claims in the prepaid envelope provided.

OBTAINING MEDICAL EVIDENCE

In order to assess the claim we may need to request reports from the employee's General Practitioner.

If the employee is under specialist care of a Consultant, a request will be made to the Consultant to provide us with full detailed information from the employee's case notes.

In most cases, an independent medical examination or functional assessment will also be required.

THE NEED FOR AN EXAMINATION OR FUNCTIONAL ASSESSMENT BY A CONSULTANT OR FUNCTIONAL CAPACITY EVALUATOR OF OUR CHOICE

This will be carried out by an appropriate independent specialist medical examiner or functional capacity evaluator of Irish Life's choice, who has not previously treated the employee.

The need for such an examination or assessment should not be interpreted as cause for concern - it is simply another element in the process of obtaining independent detailed information to assess the employee's disability.

ARRANGING A MEDICAL EXAMINATION

Certain aspects must be taken into account when arranging a medical examination:

- The Specialist - the appropriate Specialist has to be found.
- The location - we want to arrange the examination as near as possible

to where the employee lives.

- Obtaining appointments - this can be difficult and may lead to an examination some distance from the employee's home. However, this should rarely delay the claim where claim forms have been submitted on time.
- If we require a functional assessment, this can be carried out in the employee's home or alternatively a suitable location nearby.

MINIMISING DELAYS

Unfortunately, it is after the requests for medical information have been sent that delays most often occur. Accordingly we start following up on the information three weeks from the dispatch of the requests and we continue to do so at regular intervals until it is received.

Delays can be considerably reduced if the employee also telephones their GP or Consultant. Of course, this is entirely optional. The employee should always contact either yourself or the broker first to learn the current position of the claim.



Once we receive all the information, it is immediately passed to our Claims Assessors. Usually, at this stage, there will be sufficient medical evidence for us to make a decision on the claim.

However, this is not always the case - the information can be very brief and in such cases further clarification may be requested from the General Practitioner or the Consultant. In some cases, we may request

a copy of their full medical records if they are relevant to the application for benefit.

PAYMENT FOR SPECIALIST REPORTS

Irish Life will pay for these reports and will also pay reasonable travel expenses in respect of attendance for a medical examination or functional assessment. By this we mean bus or train fares or a contribution towards petrol expenses. We are unable to pay food or overnight accommodation expenses.

CONFIDENTIALITY

All medical reports are obtained for the benefit of our Chief Medical Officer and are treated as strictly private and confidential.

CLAIM ASSESSMENT

ALL FACTORS ARE TAKEN INTO ACCOUNT

When assessing the claim on behalf of your employee, the Assessor will look at all the medical evidence received and any Health Claims Advisor report (please see page 17 for more details), as well as considering the employee's occupation (the occupation they were following immediately prior to disability) and the policy terms and conditions. Our Chief Medical Officer will also often be consulted.

FUNCTIONAL DISABILITY

The Assessors will use the information gathered to determine the extent to which the employee is unable to perform the material and substantive duties of their occupation - in other words, the extent of functional disability. It is important to note that diagnosis of a condition does not in itself necessarily always denote functional disability.

THE CLAIM DECISION

At this stage a decision is made either to admit or decline the claim. The decision is immediately notified to you or your consultant/broker in writing.

If the claim is admitted, we have accepted liability and will pay the claim. Our letter of acceptance will contain details of the benefit payable.

PAYMENT FOR A STATED PERIOD

Sometimes it is clear from the information received that a full recovery and return to work can be anticipated within a short period. In these cases we will notify you in writing that our liability is accepted for this limited period only, after which the benefit payments will cease. We will also write to your employee explaining the medical reasons for our decision.

- Should the employee return to work earlier than this, please notify us of this date when known, so that the payment can be adjusted accordingly.
- Should the employee not return to work within this period, we would require notification to enable us to make further enquiries.

DECLINED CLAIMS

If the claim is declined, we will write to you indicating the reasons behind the decision. We will also write to your employee explaining the medical reasons for our decision.

APPEALS PROCESS

There is an appeals process (see page 14) and any appeal must be submitted with supporting evidence within 3 months of the decision.

PAYING BENEFIT

THE FIRST BENEFIT PAYMENT

Benefit is always paid monthly in arrears.

Sometimes, due to various factors, such as delays in receiving medical evidence, the decision to admit the claim may not be made until after the payment was due to commence.

Keep the employee on the payroll. It is important to note the claimant should always remain an employee throughout the claim process to be an insured member under your policy.



SUBSEQUENT PAYMENTS

Subsequently, payment will be made on the monthly due date.

FOR HOW LONG WILL THE BENEFIT BE PAID?

The benefit will continue to be paid under the terms of the policy as long as the medical evidence and any other relevant evidence in our opinion continues to support the claim.

RETURN TO WORK - SUCCESS RATES

We have been hugely successful in assisting increasing numbers of employees

to return to work over the years. This is the best possible outcome for employees, employers and the insurer and has led to significant premium reductions for those employers with good claims experience.

TAX/PRSI/UNIVERSAL SOCIAL CHARGE

The benefit may consist of two parts:

- The employee's benefit
- The Premium Protection

The employee's benefit should be paid to the claimant through your normal payroll system. It is treated as salary for income tax purposes and therefore, comes under the PAYE system.

PRSI should be deducted from the employee's benefit, subject to the normal PRSI thresholds and exemptions. The claimant's PRSI class may change and it is important that you are notified by the claimant if this happens. You should contact the Department of Social Protection if you have any queries regarding the operation of PRSI. You should also keep in regular contact with your employee to ensure that the appropriate PRSI contributions (if any) are being made by you on their behalf.

The Universal Social Charge should also be deducted from the employee's benefit, subject to the individual thresholds and exemptions that apply in the case of each

employee. The Revenue will advise you of the appropriate thresholds and exemptions for the employee at the same time that they advise you of the employees' tax credits and cut-off point. You should contact the Revenue Commissioners if you have any queries regarding the operation of PAYE or the Universal Social Charge.

The Premium Protection element should be retained by you as the employer and used to contribute to the continuing cost of the claimant's pension and life assurance benefits.

If you have a Defined Contribution Pension Scheme with Irish Life, the Premium Protection Benefit will not be paid to you. Instead it will be transferred internally on a monthly basis directly to the pension fund.

MAXIMUM BENEFIT

The benefit payable, including amounts from other sources, cannot exceed a proportion of the employee's salary, typically 2/3 of salary. The amounts from other sources could include any other salary or earned income, Social Welfare payments, other similar insurance benefits (including disability mortgage protection insurance) and any annualised lump sum awards or settlements made in respect of the disablement. However, lump sum payments made under Critical Illness or Specified Illness Policies will be ignored.

ACCEPTED RESIDENCES

We are generally unable to assess claims or offer claims management services outside of Ireland or the UK. Employees will therefore only be entitled to benefit if they are ordinarily resident within Ireland or the United Kingdom. The benefit will not be

payable for more than 6 calendar months in total while employees are outside these countries.

RELAPSE AFTER RETURNING TO WORK - LINKED CLAIMS

Sometimes people return to work, but their original condition subsequently worsens to such an extent they are no longer able to continue working. If an employee returns to work for less than six months before this happens we will consider 'linking' the claim.

This means another deferred period will not apply and payment of benefit will resume immediately, at the same level as when benefit ceased, providing the objective medical evidence supports the claim.

Another deferred period will not apply only if the reason for the second absence is the same as the original disability.

PARTIAL BENEFIT

If, immediately following a period of disablement when the employee was receiving full benefit, the employee is unable to carry out their normal occupation on a full time basis but, with our approval, returns to their own or any occupation in a reduced capacity at reduced earnings, the other benefit may continue to be paid but at a reduced rate.

A benefit formula is used to help ensure that the employee is better off financially as a result of any such partial return to work, when compared to remaining out of work on full benefit.

CLAIM REVIEW

THE CLAIM REVIEW PROCEDURE

Claims are always reviewed on a regular basis. Where a recovery is indicated, we will review the claim as warranted by the medical information.

A Certificate of Continued Disablement may be requested. This is made up of two parts:

- one for completion by the claimant and
- the second part to be completed by the attending GP/Specialist.

The completed form should then be returned to us. Irish Life cannot be responsible for the doctor's fee for this Certificate.

We may also obtain up-to-date information from the Specialist on the current extent of the employee's functional disability. Like the GP's report, this will normally be provided based on the employee's case notes. Occasionally however, the Specialist may wish to re-examine the employee before submitting a report. An independent medical examination or functional assessment by a selected Specialist may also be requested or we may arrange for our Health Claims Advisor to meet the claimant to discuss the various aspects of the claim.

While the vast majority of claims are valid, some are not. We have a duty to ensure that we only pay claims that satisfy the policy terms and conditions. For these reasons, we use the services of Private Investigators on occasion as one of our tools to help us determine whether claims are valid. The Private Investigation companies used are large professional companies which must be accredited or be members of an appropriate trade body. They are bound by a confidentiality agreement and by the terms of the Data Protection Acts. This means that information given to them by us as part of their instructions, and gathered by them on our behalf, will not be disclosed to any other party.

On completion of an investigation, the Private Investigation company must deliver all the data collected in relation to the investigation to us and delete all information from their own records. Private Investigators must also comply with and operate within a Code of Practice prepared by us.

PAYMENT FOR CLAIM REVIEW INFORMATION

We pay the General Practitioner's and the Specialist's fees, for any information requested directly by us, as well as the fees of any independent medical examiner or functional capacity evaluator.

However, we do not pay for any incidental expenses the employee may incur in connection with the claim review apart from reasonable travel expenses in respect of any examination arranged by us as mentioned previously.

WHEN MIGHT BENEFITS CEASE?

If the medical evidence and any other relevant evidence received at the review in our opinion supports the claim, then benefit will continue to be paid.

However, if the evidence does not confirm the employee continues to be functionally disabled under the terms of the policy, then we will be obliged to cease payment and we will advise both you and your employee accordingly.

CEASED CLAIMS

If the decision to cease the benefit is made, you or your broker/consultant will be notified in writing, in advance, to allow time for an appeal if necessary. As with the initial claim assessment, the letter will indicate the reasons behind our decision to cease benefit. We will also write to your employee directly explaining the medical reasons for our decision.

MAKE SURE WE ARE NOTIFIED IF THE POSITION CHANGES

It is worth remembering that we can only make a decision on the medical evidence on file. If, after the decision to cease the claim, the employee has to have unexpected further treatment, we cannot act unless we are aware of the current situation.

APPEALS

Appeals are dealt with by separate Claims Assessors within Irish Life to enable a fresh review of the claim.

Further up-to-date specialist medical evidence would be required in order to support an appeal. The information needs to be provided by the claimant. The decision may then be upheld, the benefit payment could be reinstated or, as happens in the majority of appeals, a further independent specialist medical

examination or functional assessment may be required.

If an appeal is successful, benefits will be reinstated from the month they were ceased, provided that medical evidence supports this.

Please note that not all appeals are successful and we will write to you with our decision. We will also write to your employee setting out in detail, the reasons for the rejection of the appeal.

The Financial Services Ombudsman may subsequently have a role in resolving any disputes once our internal dispute resolution procedures have been exhausted.

The Financial Services Ombudsman
4th Floor, Lincoln House,
Lincoln Place,
Dublin 2.

Phone: 01 676 60 02

Fax: 01 661 87 76

Email: enquiries@financialombudsman.ie

Website: www.financialombudsman.ie

At any time during the review of your claim, the current position can be checked by telephoning Irish Life on 01 704 18 02.



RETURN TO WORK

To ensure accurate benefits are paid, it is very important we are notified immediately when an employee returns to work.

DEATH

Regrettably, some employees die whilst in receipt of benefit. If this happens it is very important we are notified as soon as possible. Any overpayment of benefit in respect of a period after the date of death will have to be refunded to Irish Life.

REDUNDANCY/TERMINATION OF EMPLOYMENT

LET US KNOW IF REDUNDANCY IS BEING CONSIDERED

If you decide to terminate a claimant's employment after the end of the deferred period, you should notify us in writing before the decision has been finalised or any action taken.

This is important because, in accordance with the policy terms and conditions, once an employee's employment is terminated he or she is no longer a member of the Income Protection Scheme and no benefit is payable.



In special circumstances we may be able to waive this condition and continue to pay the benefit directly to the claimant. This would be solely at Irish Life's discretion and has implications which would have to be considered individually.

HEALTH CLAIMS ADVISORS

TRAINED ASSISTANCE AND ADVICE IN A TIME OF NEED

As part of our claims management philosophy, we try to get to know each of our claimants as an individual and to tailor our services to their requirements and circumstances, where appropriate.

In our experience, when a claimant has suffered a serious illness or accident that prevents them from working, there are questions which people sometimes find difficult to get answered. The aim of our home visit service is to help with some of these aspects and also to provide supportive advice and assistance.

HEALTH CLAIMS ADVISORS CAN PROVIDE ADVICE ABOUT:

- The claims assessment processes
- Possible rehabilitation supports available from Irish Life
- The role of outside agencies and the supports they can provide
- Planning the transition back into the workforce
- Financial safety nets to support a return to work.

All visits will be arranged by appointment.

RETURNING TO WORK AND REHABILITATION PROGRAMMES

REHABILITATION

Irish Life provide access to a number of rehabilitation services including:

- Mental Health Rehabilitation Programme
- Cancer Rehabilitation Service
- Springback Programme
- Career Change Programme

These approved programmes are fully funded by Irish Life and have been hugely successful in helping claimants to return to work. See the next few pages for more details



Although the employee might not be able to resume their original occupation on a full-time basis, they may recover sufficiently to be able to work part-time, or to take an alternative job at a reduced salary. Irish Life should be notified in advance and a partial benefit may be payable so they do not suffer financially as they take this first step towards rehabilitation.

It is very important when a benefit is being paid on this basis that we are notified of any salary changes so the benefit can be adjusted before incorrect payments occur.

MENTAL HEALTH REHABILITATION PROGRAMME

This programme is suitable for anyone who has experienced mental health difficulties that have resulted in a period of absence from work and who is experiencing difficulties in returning to paid employment.

It is based around 4 major themes that are addressed in a variety of ways. Work under each theme involves a combination of individual consultations with both the Rehabilitation Co-ordinator and relevant professionals.

It also includes home exercises that are designed to encourage exploration and increase awareness.

ELEMENTS OF THE PROGRAMME

1 Exploring Mental Health

This initial phase is designed to help the participant consider the meaning of the terms mental health and mental ill health and the impact that their own difficulties have had on their life.

2 Optimising Functioning

This strand aims to maximise function both physically and socially and to raise awareness of how attitudes and behaviour can impact on the ability to return to work.

3 Regaining and Retaining Mental Health

The aim of the work carried out under this section is to build psychological resilience to prevent or tackle mental health difficulties such as depression and anxiety and to equip participants with the skills to tackle their own emotional difficulties.

4 Returning to Work

Work carried out under this theme aims to facilitate a return to work and to explore the impact of the participant's own mental health difficulties on work.

CANCER REHABILITATION PROGRAMME

Our Cancer Rehabilitation Programme was designed in association with Partner Health, now Medmark Occupational Healthcare.

It is natural for people who have completed cancer treatment to be worried about a recurrence and what the future might hold for them. Returning to the workplace can evoke other concerns including a fear of not being able to cope, a fear of isolation and a fear of not being accommodated if the person has specific requirements to enable them to complete their job.

The programme is designed to assist people who have suffered from cancer during this transition phase back into the workplace.

ELEMENTS OF THE PROGRAMME

1 Suitability Assessment

This initial phase will involve a consultation with the Occupational Health Physician who will thoroughly evaluate the participant's health and assess their suitability to participate in the programme. This phase also includes the gathering of information from their medical doctors in order to build up a full medical history.

2 Rehabilitation Treatments

During this intensive 6 week programme, participants will have regular meetings with their Case Manager who will consult with all the parties providing rehabilitation on the programme. During the programme, they will receive treatment from an Occupational Health Physician, a Psychotherapist and a Lifestyle Consultant. Where required, referrals will also be made to other medical specialists, and this may include physiotherapy.

The programme is designed to be flexible and can be organised around medical appointments, or a phased return to work which may have already started.



Completion of the programme offers assistance in returning to work, and getting closer to the life participants had before their diagnosis. The programme is directed by an Occupational Health Physician and delivered by an experienced multidisciplinary team. The aim is that this programme will be the final milestone for people in their recovery from cancer.

THE SPRINGBACK PROGRAMME

The Springback Programme was developed in association with the Blackrock Clinic. It is designed to help people suffering from back pain to return to work at the earliest possible opportunity. The programme is available countrywide.

The aim of the programme is to:

- Enable people to become more active and to encourage them to self-manage their current symptoms and any potential relapses.
- Provide participants with an independent exercise programme that can be pursued indefinitely.

Essentially, the focus of the entire programme is to achieve pre-set goals including improved functional capacity and the ability to return to work.

ELEMENTS OF THE PROGRAMME

1 Initial Assessment

Following an assessment by Irish Life, participants are referred to the Blackrock Clinic Physiotherapy Department where objective measures are taken. These provide the baseline.

2 Rehabilitation

Participants are either treated at the Blackrock Clinic or referred to a local chartered physiotherapist for rehabilitation. The Springback Programme generally consists of 10 one-hour rehabilitation sessions followed by a reassessment at the Blackrock Clinic.

2 Final Assessment

Following completion of rehabilitation, a final assessment at the Blackrock Clinic is organised. The assessment involves repeating all physical measures and all self-assessment questionnaires. At this time, the participant's personal goals and return to work status are reviewed.

Since its development, the Springback Programme has been very successful. Significantly, it has achieved its primary objective of assisting many people to return to work.

OTHER SPECIALIST MEDICAL REHABILITATION PROGRAMMES ARE AVAILABLE AND THESE INCLUDE:

- neck injuries
- chronic fatigue/chronic pain

CAREER CHANGE PROGRAMMES

Some employees who have suffered serious illness will not have the ability to return to their normal occupation. However, they may be capable of taking up alternative employment or careers. We therefore fund and provide access to a Career Change Consultant. This involves individually tailored assessments and follow-on sessions with the Consultant.

The main items covered by the programme are

- Assessing personal strengths, abilities and experience
- Examining career options
- Retraining options
- CV and personal profile preparation
- Researching and targeting companies
- Job searching
- Interview preparation
- Job placement
- Starting a new business or being self-employed

Irish Life has been very successful in assisting employees in finding new jobs, changing careers or starting new businesses.

All of these approved programmes are fully funded by Irish Life and have been hugely successful in helping claimants to return to work.



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Irish Life

CONTACT US

PHONE: 01 704 18 02
FAX: 01 704 19 06
EMAIL: incomeprotection@irishlife.ie
WEBSITE: www.irishlifecorporatebusiness.ie
WRITE TO: Irish Life Corporate Business, Irish Life Centre, Lower Abbey Street, Dublin 1.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

In the interest of customer service we will monitor calls.

Irish Life Assurance plc, Registered in Ireland number 152576, VAT number 9F55923G.
