

PENSIONS
INVESTMENTS
LIFE INSURANCE



Irish Life

INCOME PROTECTION

A GUIDE TO CLAIMS FOR MEMBERS



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)

WHAT IS INCOME PROTECTION?

Income Protection provides you with a regular monthly income, which is paid out if you cannot work due to an illness or injury. These income payments replace some of your earned income, they bridge the gap between social welfare entitlements and the income you require to maintain a reasonable standard of living when you are ill or injured. Income Protection is a valuable benefit provided by your employer.

It is important to note that the Income Protection scheme is a contract between your employer and Irish Life. Your employer has paid all premiums. It is therefore your employer's decision whether or not a claim is submitted in your respect. The conditions of the scheme, as outlined in this booklet, are subject in all respects to the provisions of the Master Policy which has been issued to your employer.

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 connection with a claim.



A copy of the Policy may be viewed by prior arrangement with your employer.

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.

OUR INCOME PROTECTION GOES A LOT FURTHER

After a serious illness or accident, many people are unable to adjust to their changed circumstances without the benefit of supportive advice and assistance. Because of this, Irish Life's Income Protection goes much further than simply paying benefits. Irish Life believe in the formation and maintenance of long term relationships with the income protection claimant - this relationship spans from managing genuine claims efficiently, to offering rehabilitation and retraining possibilities and also trained help and advice. All these services are offered to you with the objective of restoring physical, mental, social and occupational capability as quickly and as fully as possible.

THESE ARE THE TYPICAL STEPS OF A CLAIM:

Step 1

Submitting a Claim

Step 2

Medical Reports

Step 3

Benefit Payment

Step 4

Claim Review

Step 5

Health Claim Advisers and Home Visits

Step 6

Rehabilitation and Returning to Work Programmes

Income Protection payment begins once a predetermined period ("the deferred period") has passed after the start of your 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 the policy.

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 you take up an alternative occupation.

Benefits under the scheme may escalate in the course of payment on the anniversary date of when the payment started. Payments may increase then by an agreed percentage subject to a maximum of the Consumer Price Index (CPI) in the preceding 12 months. The scheme will also provide a proportionate benefit for you if you resume work on a part-time basis or undertake an alternative occupation at reduced earnings (see page 10 for details).

It is important that you are aware that although Income Protection is a valuable benefit, it is not a pension. The 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.

SUBMITTING A CLAIM

You and your employer need to complete a number of forms in order to submit a claim to Irish Life:

CLAIM NOTIFICATION FORM

You should complete the Claim Notification Form and return it to your employer.

This form provides consent for Irish Life to arrange for a specialist nurse from MorganAsh Ltd. to phone you and discuss your disability in order to complete the claim form. It also provides consent for Irish Life to write to your doctors for further information on your condition.

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



BIRTH CERTIFICATE

Your original or a certified copy of your Birth Certificate or an alternative proof of age (Driver's Licence/Passport) needs to be submitted. If you submit the original, a copy will be taken and we will return the original to you as soon as possible.

EMPLOYMENT INFORMATION FORM

Your employer needs to complete an Employment Information Form which provides information concerning your employment status, your salary, social welfare benefits together with information regarding any employer's liability or third party claims. Your employer also needs to submit a detailed job description in your respect.

Check that you have fully completed the Claim Notification Form and return this to your employer. Your employer will pass this document together with the other information on to Irish Life for assessment.

DO NOT SEND SHORT GP CERTIFICATES

Throughout the duration of your claim, please do not send routine medical certificates issued by your General Practitioner to Irish Life, as these are not used when assessing a claim. They should be sent to your employer in the normal way if required.

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

WHEN TO MAKE YOUR CLAIM

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.

Deferred Period	Submit your 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, there may be a delay in making a decision on your claim. Also, the later your 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

Don't miss out by delaying!
It is vitally important claim forms are submitted on time.



PROCESSING YOUR CLAIM ONCE FULL BENEFIT APPLICATION DOCUMENTATION IS RECEIVED

When we have received your benefit application documentation a Claims Assessor will then proceed to assess the information received and obtain any additional evidence we need to verify your claim.

HEALTH CLAIMS ADVISOR

The Claims Assessor may ask the Health Claims Advisor (Section 8) to visit you by appointment at this stage to gain a better understanding of your condition and circumstances. Any subsequent report will be treated as confidential and will be seen only by those who will be assessing your claim.

These home visits do not form part of the medical assessment of the claim and will not delay a decision if all the medical evidence has been received.



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. You will be contacted by a trained nurse to schedule a suitable time for the tele-interview. When you have completed the interview, MorganAsh will issue a paper copy of the interview to you for review.

The reviewed form, with any amendments or additions, should be returned with the declaration and consent signed by you to Income Protection Claims in the prepaid envelope provided. 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 you via your employer for completion.

OBTAINING MEDICAL EVIDENCE

In order to assess your claim we may need to request reports from your General Practitioner. If you are under the specialist care of a Consultant, a request may be made to the Consultant to provide us with full detailed information from your 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 you. 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 any 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 you live.
- Obtaining appointments - this can be difficult and may lead to an examination some distance from your 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 your 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 you also telephone your General Practitioner or Consultant.

This step is entirely optional and should only be done after you have checked with your employer as to the current status of your claim.



Any other queries regarding the progress of your claim should also be directed to your employer.

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 your claim.

However, this is not always the case - the information can be very brief and in such cases, further clarification may be requested from your General Practitioner or Consultant. In some cases, we may request a copy of your medical records if they are relevant to the application for benefit.

PAYMENT FOR SPECIALIST REPORTS

Irish Life will pay for any GP or Specialist Reports and the Independent Medical Examination or Functional Capacity Report. We will also pay reasonable travel expenses on production of the appropriate receipts 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 and functional assessments 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 your claim, the Assessor will look at all the medical evidence received and any Health Claims Advisor report, as well as considering your occupation (the occupation you were performing immediately prior to disability) and the policy terms and conditions. Our Chief Medical Officer will also often be consulted.

FUNCTIONAL DISABILITY

The Assessor will use the information gathered to determine the extent to which you are unable to perform the material and substantive duties of your 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 your claim. If your claim is admitted, we have accepted liability and will pay your claim.

Your employer will inform you of this decision and will make the necessary arrangements to pass on the benefit to you through their normal payroll system.



PAYMENT FOR A STATED PERIOD

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

Should you return to work earlier than this we will agree the necessary adjustment with your employer. If you do not return to work within this period, we would require notification to enable us to make further enquiries.

DECLINED CLAIMS

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

APPEALS PROCESS

There is an appeals process (see page 13) and any appeal must be submitted with supporting evidence, within 3 months of the decision.

PAYING BENEFIT

THE FIRST BENEFIT PAYMENT

The benefit is always paid to the employer monthly in arrears. Sometimes, due to various factors (such as delays in receiving medical evidence) the decision to admit your claim may not be made until after the payment was due to commence.

SUBSEQUENT PAYMENTS

Subsequently, payments will be made to your employer 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 your claim.

It is important to note that your claim will only continue to be paid for as long as the employer/employee relationship exists.



ACCEPTED RESIDENCES

We are generally unable to assess claims or offer claims management services outside of Ireland or the UK. You will therefore only be entitled to benefit if you are ordinarily resident within Ireland or the United Kingdom. The benefit will not be payable for more than 6 calendar months in total while you are outside these countries.

TAX/PRSI/UNIVERSAL SOCIAL CHARGE

The benefit may consist of two parts, the Member's Benefit and the Premium Protection. Your employer will retain the Premium Protection element to use it to contribute to the continuing cost of any pension and life assurance benefits. The Member's Benefit will be paid to you through your employer's normal payroll system. It is treated as salary for income tax purposes and therefore, comes under the PAYE system.

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

The Universal Social Charge will also be deducted from your benefit, subject to the individual threshold and exemptions that apply in your case. The Revenue will advise your employer of the appropriate thresholds and exemptions at the same time as they advise your employer of the tax credits and cut-off point to apply to your benefit. You should contact the Revenue Commissioners if you have any queries regarding the operation of PAYE or the Universal Social Charge.

MAXIMUM BENEFIT

The benefit payable, including amounts from other sources, cannot exceed a proportion of your salary, typically 2/3rds 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 your disablement. However, lump sum payments made under Critical Illness or Specified Illness policies will be ignored.

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 you return to work for less than six months before this happens we will consider 'linking' your 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 your 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 you were receiving full benefit, you are unable to carry out your normal occupation but, with our approval, you return on a full time basis to your 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 you are 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 your claim as warranted by the medical information.

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

- One part for completion by you
- and the second part to be completed by your GP/Specialist.

The completed form should then be returned to your employer. Please note that Irish Life does not cover the doctor's fee for this Certificate of Continued Disablement.

We may also obtain up-to-date information from your Specialist on the current extent of your functional disability. Like the General Practitioner's report, this will normally be provided based on your case notes.

Occasionally however, your Specialist may wish to carry out an examination 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 you to discuss the various aspects of your claim.

While the vast majority of claims are valid, some are not. We have a duty to ensure that we only pay valid claims that satisfy the policy terms and conditions. For these reasons, we occasionally have to use the services of Private Investigators as one of the 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 together with the fees of any independent examiner or

functional capacity evaluator. However, we do not pay for any incidental expenses you may incur in connection with the claim review apart from reasonable travel expenses in respect of any examination arranged by Irish Life 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 the benefit will continue to be paid.

However, if the evidence does not confirm you are functionally disabled under the terms of the policy, then Irish Life will be obliged to cease payment and both you and your employer will be advised accordingly.

CEASED CLAIMS

If the decision to cease the benefit is made, both you and your employer will be notified in writing in advance. As with the initial claim assessment, the letter to your employer will indicate the reasons behind our decision to cease benefit and our letter to you directly will explain 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 your claim, you have 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 your claim. As the policy is between Irish Life and your employer, it will be the responsibility of your employer to process an appeal on your behalf. Further up-to-date specialist medical evidence would be required in order to support an appeal. It would be up to you to provide this information. 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 your appeal is successful, benefits will be reinstated from the month they were ceased, providing that medical evidence supports this.

In the event of an unsuccessful appeal, we would write to you at that stage setting out the reasons in detail for the rejection of your appeal. We will also notify your employer of our decision.

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, you can check the current position with your employer.



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 clients as an individual and to tailor our services to your requirements and circumstances, where appropriate.

In our experience, if you have suffered a serious illness or accident that prevents you from working, there are questions which you 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 to your specific circumstances.

Visits to clients whose claims have not yet been admitted will be arranged by appointment. Subsequent visits, in respect of claims which are in payment, are also arranged by appointment.

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.

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 you might not be able to resume your original occupation on a full-time basis, you 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 that you do not suffer financially as you 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 you consider the meaning of the terms mental health and mental ill health and the impact that your own difficulties have had on your 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 your health and assess your suitability to participate in the programme. This phase also includes the gathering of information from your medical doctors in order to build up a full medical history.

2 Rehabilitation Treatments

During this intensive 6 week programme, you will have regular meetings with your Case Manager who will consult with all the parties providing rehabilitation on the programme. During the programme, you 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 you assistance in returning to work, and getting closer to the life you had before your 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 you to become more active and to encourage you to self-manage your current symptoms and any potential relapses.
- Provide you with an independent exercise programme you can pursue 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, your 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

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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.

