



®

**Cancer Care Plan
Policy Document**

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Cancer Care Plan

This policy, together with the **schedule** and the pre-contract application form, is evidence of the contract between the **policyholder** and **us**, AIG Europe S.A.

We agree to provide the insurance cover described in this policy to the **insured person** or **insured persons**, as long as the **policyholder** pays the premium when it is due and **we** agree to accept it.

This policy and **schedule** show details of the cover and the terms, conditions and exclusions applying to it. The **policyholder** must read this policy to make sure that they understand the cover provided.

Your completed Application Form is a precise record of the information **you** provided **us** when applying for this insurance cover. **Your** acceptance of this insurance policy confirms that **your** answers have been provided honestly and with reasonable care. Please note that failure to do so may result in **your** policy being cancelled or **we** may refuse to deal with any claims or reduce the amount of a claim payment, as detailed under the **Impact of Misrepresentation** section, which **you** should read carefully.

Scope of insurance

Purpose of the insurance

This policy will help meet the needs of someone who wants to be protected against many of the financial effects of being diagnosed with a **cancer** covered by this policy.

Premiums

Premiums are due every month and will increase as the **insured person** or **insured persons** get older. This is because the cost of providing this insurance increases as **you** get older.

Glossary

The policy contains technical medical terms which are necessary to describe precisely what is and is not covered. **We** have included a glossary which is designed to give **you** more information. The glossary does not form part of the policy.

What this insurance covers

We will pay the benefits to **you** if:

- cancer** is diagnosed before **your** 75th birthday;
- the diagnosis is for **cancer** at a new **primary site**;
- you** are alive when the diagnosis is made; and
- your** cover under this policy has been in force for 90 days or more.

Benefits

Diagnosis and day-case surgery benefits

We will pay:

- **your** diagnosis benefit shown on the **schedule** if **you** are diagnosed as having **cancers** 1, 2, 3, 4 or 5; or
- **your day-case surgery** benefit shown on the **schedule** if **you** are diagnosed as having **cancers** 6 or 7. The **day-case surgery** benefit is paid for each **hospital** visit, up to five visits.

Income benefit

If **you** qualify for the diagnosis benefit for **cancers** 1, 2, 3, 4 or 5, **we** will also pay **your** income benefit shown on the **schedule** for 12 months from the date of diagnosis, or until **you** die if this happens earlier. **We** can decide to pay 90% of the full 12 months income in one amount, if **you** ask **us** to do so, before **we** make the first monthly payment.

Hospitalisation benefit

If **you** qualify for the diagnosis benefit for **cancers** 1, 2, 3, 4 or 5, **we** will also pay **your** hospitalisation benefit shown on the **schedule** for every complete 24 hours **you** spend in **hospital** for treatment, or a **surgical procedure**, directly related to **your cancer**. **We** will do this during the five years after **your** first diagnosis.

We will pay this benefit for up to 100

days in total (these 100 days do not have to be one after the other).

Surgical procedure benefit

If **you** qualify for the diagnosis benefit for **cancers 1, 2, 3, 4 or 5**, **we** will pay the **surgical procedure** benefit shown on the **schedule** if **you** have a **surgical procedure** directly related to **your cancer** during the two years after diagnosis. **We** will only pay this benefit once.

Definitions

We use certain words in this policy which have a specific meaning, and sometimes those meanings are unique to this policy. These words are shown below, in bold print, and have this specific meaning wherever they appear in the policy and **schedule**.

AIDS

Acquired Immune Deficiency Syndrome, including Human Immunodeficiency Virus (HIV), HIV/Wasting Syndrome and AIDS-related conditions.

Cancer

- 1 Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue in a **primary site**
- 2 Leukaemia
- 3 Hodgkin's disease
- 4 Carcinoma in situ of the breast
- 5 Malignant melanoma
- 6 Carcinoma in situ of any part of

- 7 the body other than the breast
- 7 Skin cancer other than malignant melanoma

Consultant

A medical practitioner who has a current full registration with the Irish Medical Council and who:

- holds a public consultant post; or
- has held a public consultant post in the past and now practices within the same specialist field; or
- holds the necessary qualifications for a public consultant post together with evidence of appropriate general professional and higher specialist training to a standard required for such a post in the speciality in which he/she intends to work and has been appointed as a consultant to a hospital.

Day-case surgery

A **hospital** procedure performed under anaesthetic in an operating theatre, where the **insured person** does not have to stay overnight in the **hospital**.

Diagnostic surgery

Surgery involving:

- a biopsy (removing and examining living tissue from the body, or an organ of the body, for microscopic examination or diagnostic purposes); or
- an aspiration (removing, or trying to remove, fluid, gases or tissue from the body for microscopic examination or diagnostic purposes).

Effective date

The start date of the policy as shown on the **schedule** or the date an **insured person** is added, if later.

Hospital

An institution which has accommodation for inpatients and facilities for diagnosis, surgery and treatment. It does not include a long-term nursing home, a rehabilitation centre, an old people's or convalescence home or an extended-care facility.

Insured person or insured persons

The person or persons shown on the **schedule**.

Misrepresentation

Innocent, negligent or fraudulent answers provided by the **Policyholder** to the questions on the **Pre-Contract Application Form**.

Non-smoker/Non-vaper

An **insured person** who has not used any nicotine products at any time in the 24 months before their **effective date**.

Partner

A person aged 18 or over whose name and date of birth have been supplied to **us**, who is either an **insured person's** husband or wife, civil partner, fiancé or fiancée, boyfriend or girlfriend and who permanently lives at the same address.

Policyholder

The person who has paid for this policy and is shown on the **schedule**.

Pre-existing condition

Any medical condition (whether diag-

nosed or not) for which, before the **effective date**, you:

- received medication, advice or treatment;
- or experienced symptoms.

Any condition which **you** were aware of (whether diagnosed or not) at the **effective date** will be considered to be a pre-existing condition.

Pre-Contract Application Form

The application form provided by the Insurer to the **Policyholder** at pre-contractual stage of a contract of insurance. The **Policyholder** must answer the questions on the pre-contract application form honestly and with reasonable care, failure to do so may be regarded as a **Misrepresentation** (see Impact of Misrepresentations section).

Primary site

The site at which the first malignant change takes place as it relates to that particular **cancer**.

Schedule

The document showing details of the cover and which should be read with this policy.

Smoker/Vaper

An **insured person** who has used nicotine products in the 24 months before their **effective date**.

Surgical procedure

A surgical procedure which is recommended and performed by a **consultant** in relation to the **cancer** which has qualified **you** to receive the diagnosis benefit.

Territory

Republic of Ireland.

We, us or our

AIG Europe S.A.

You or your

An **insured person**.

Exclusions

We will not pay the benefit:

- a if **you** are diagnosed as having **cancer**, within the 90 days immediately following **your effective date**;
- b if **you** get medical advice, have symptoms or tests, or receive any medication or treatment, for **cancer** within 90 days of **your effective date**;
- c in relation to a **surgical procedure** for **diagnostic surgery**;
- d for the **cancer** for which **you** are claiming if **you** have been diagnosed with the same **cancer** before the **effective date**;
- e if, at the time you were diagnosed with **cancer**, **you** had **AIDS** or **you** are or have been tested 'sero-positive' to Human Immunodeficiency Virus (HIV);
- f for any **cancer** directly or indirectly caused by any **pre-existing condition**;
- g based on a diagnosis made by an **insured person** or a member of the **insured person's family**;
- h for any **cancer** directly or indirectly caused by **you** having taken alcohol or a drug or drugs, unless the drug or drugs were taken as prescribed by a registered medical practitioner or taken according to the manufacturer's instructions;
- i for any **cancer** directly or indirectly caused by **you** having taken a drug or drugs for treating drug addiction;
- j for any tumours which are histologically (the study of tissues and cells under a microscope) described as:
 - pre-malignant (cells that have not yet turned to **cancer**); or
 - in relation to **cancers 1, 2, 3, 5 and 7**, non-invasive (cells that remain in the original tissue where they were formed); or
- k if **you** live outside the **territory** for more than 180 days in a row.
- l The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

Changed status of smokers/vapers and non-smokers/non-vapers

If, at any time while this policy is in force, a **non-smoker/non-vaper** begins using any nicotine products, they must tell **us** immediately. **We** will adjust the premium to that appropriate to a **smoker/vaper** from the date **we** are told of the change. If **we** are not told, **we** will reduce any benefit based on the percentage of the total amount of premiums **you** have paid from **your effective date** compared with the

premium which would have been paid by a **smoker/vaper** for the same period.

If a **smoker/vaper** stops using nicotine products while this policy is in force, they must tell **us** immediately. **We** will adjust the premium to that appropriate to a **non-smoker/non-vaper** after a period of 24 months from the date **we** are told. The **insured person** will have to sign a declaration to confirm that they no longer use nicotine products. If the **smoker/vaper** does not tell **us** that they have stopped using nicotine products, **we** will only pay the benefit amounts shown on the **schedule**.

The Impact of any Misrepresentation by the Policyholder, is as follows:

(a) Innocent Misrepresentation:

Where the **Policyholder** have answered all questions in the **pre-contract application form** honestly and with reasonable care but where the **Policyholder** made an innocent misrepresentation (that is, one that is neither negligent nor fraudulent) the Insurer will pay any covered claim event subject to the terms and conditions of this policy.

(b) Negligent Misrepresentation:

If the **Policyholder** make a negligent misrepresentation or fail to take reasonable care in completing the **pre-contract application form** the cover under this policy may not fully operate and in the event of a claim the Insurer

will exercise one of the following remedies:

(a) If knowing the full details the Insurer would not have entered into the insurance contract, the Insurer may avoid the contract, refuse all claims and return any premiums paid by the **Policyholder**.

(b) If the Insurer would have entered into the insurance contract, but on different terms (excluding terms relating to the premium), the contract of insurance may be treated as if it had been entered into on those terms.

(c) If the Insurer would have entered into the contract of insurance but have charged a higher premium, the Insurer may reduce proportionately the amount to be paid on the claim.

(d) Where there is no outstanding claim under the contract of insurance, the Insurer may either:

(i) give notice to the **Policyholder** that in the event of a claim the Insurer will exercise the remedies in paragraphs (a) to (c), or

(ii) terminate the contract by giving reasonable notice to the **Policyholder**.

(c) Fraudulent Misrepresentation:

If the **Policyholder** makes a fraudulent misrepresentation or where any conduct by the **Policyholder** or Insured involves fraud of any kind the Insurer shall be entitled to avoid the contract of insurance and refuse any claims.

Pre-Contract Application Form

The **policyholder** must answer all the questions on the **pre-contract application form** honestly and with reasonable care. Failure to do so may result in **your** policy being cancelled or **we** may refuse to deal with any claims or reduce the amount of a claim payment, as detailed under the Impact of Misrepresentation section, which **you** should read carefully.

The **policyholder** shall, as soon as reasonably possible, inform the Insurer if any of the answers or information given in the **pre-contract application form** is inaccurate or has changed before completion of the contract of insurance.

Changing the premium and conditions

We can change the premiums and conditions of this policy by giving the **policyholder** at least 30 days notice in writing sent to their last known address.

Claim procedure

You, or someone else on **your** behalf, must contact AIG Europe S.A. as soon as reasonably practical after any event happens which is likely to lead to a claim. **You** can do this by phoning (01) 208 1400 or by writing to AIG Europe

S.A., 30 North Wall Quay, International Financial Services Centre, Dublin 1.

You must fill in a claim form and provide a histopathological report (on **your** cells and tissues) that supports the diagnosis of **cancer**. **You** must supply all certificates, evidence and information **we** ask for at **your** own expense.

We have the right to ask for a post-mortem examination.

We may ask **you** to have a medical examination. **We** will pay the cost of any examination plus the reasonable costs of travel, if **you** agree this with **us** before **you** travel.

If the **schedule** shows that **you** are a **non-smoker/non vaper**, **we** will ask for a nicotine test to be carried out. This is a simple, non-invasive test to find out whether **you** have been using nicotine products.

Cooling-off period and cancelling the policy

If the **policyholder** cancels this policy within 14 days of the date the first premium is due (shown on the **schedule**), **we** will give the **policyholder** a full refund of any premiums paid, within 30 calendar days from the date **we** receive notice of cancellation. If the **policyholder** cancels the policy after 14 days, **we** will not refund any premiums.

The **policyholder** may cancel this policy at any time by writing to AIG Europe

S.A., 30 North Wall Quay, International Financial Services Centre, Dublin 1 or by e-mailing postmaster.ie@aig.com, giving 30 days notice in writing. **We** may cancel this policy by giving the **policyholder** at least 30 days notice in writing sent to the **policyholder's** last known address.

Other Information

False information about your age

If **we** have been told that **you** are younger than **you** are in the **policyholder's** application for this insurance, **we** will only pay part of the benefits based on the percentage of the premium paid compared with the premium that should have been paid for **your** age at **your effective date**.

If **we** have been told that **you** are older than **you** are in the **policyholder's** application for this insurance, **we** will only pay the benefit shown on the **schedule**. **We** will refund to the **policyholder** the extra premium that has been paid without adding interest.

Fraud or false information

Any fraud, deliberate dishonesty or hiding information connected with the **policyholder's** application for this policy, or in connection with a claim, will make this policy invalid. If this happens, **you** will lose any benefit due to **you** and **you** must pay back any benefit that **we** have already paid. If this happens, **we** will not refund any premiums.

Law and jurisdiction

This policy is evidence of the contract of insurance between the **policyholder** and **us**. It will be governed by the law of the Republic of Ireland as long as **we** have not agreed otherwise at the start date of this policy. If the **policyholder** lives outside the **territory**, only the courts of the Republic of Ireland will have authority.

Paying benefit

Any benefit will be paid to **you** unless **you** have died, in which case it will be paid to **your** legal representative.

Paying premiums

The premium is due every month as shown on the **schedule**.

Monthly premiums are due on the first premium due date shown on the **schedule**, and then on that date each month. Each premium paid buys cover for the month in which it is due.

If the premium is not paid on the date it is due, the **policyholder** has 30 days in which to pay it. If it is not paid during that period, **we** will cancel the policy from the date on which the unpaid premium was due.

If the premium is paid during the 30 day period, the cover will continue as if it had been paid on the due date.

Residency requirement

Your cover under this policy cannot continue if **you** or the **policyholder** live outside the **territory** for more than 180 days in a row. Please tell **us** as soon as this happens so **we** can stop collecting

premiums. The policy will be amended (or cancelled if there is only one insured person) from the 181st day of you living outside the territory.

Returning the premium

If, within 90 days of **your effective date you** are diagnosed with **cancer** or **you** get medical advice, have symptoms or tests, or receive any medication or treatment in relation to **cancer**, should **you** not wish to continue cover for any other new **cancer** to a **primary site**, **you** can request a refund of all premiums paid. That **insured person's** cover will be cancelled from their **effective date**.

Stopping the cover

Insurance cover will stop for the **cancer** for which **you** are claiming from the date the **cancer** is first diagnosed. Insurance cover will continue for other **cancers**.

Upper age limit

Your cover under this policy will stop on the premium due date following **your** 75th birthday.

If something goes wrong with our service

Complaints procedure

AIG Europe S.A. wants to give **you** the best possible service. If **you** feel **you** have cause for complaint **you** should contact: The Customer Complaints Officer, AIG Europe S.A., 30 North Wall Quay, IFSC, Dublin 1, D01 R8H7.

Phone: +353 1 208 1400

E-mail:

customercomplaints.ie@aig.com

Website: www.aig.ie/complaints

We will acknowledge the complaint within 5 business days of receiving it, keep the complainant informed of progress and provide an answer within one month (unless specific circumstances prevents **us** from doing so, in which case the complainant will be informed).

At any stage **you** may contact any of the following:

Insurance Ireland, Insurance Centre, 5 Harbourmaster Place, IFSC, Dublin 1, D01 E7E8 Phone: +353 1 676 1820

Fax: +353 1 676 1943

E-mail: feedback@insuranceireland.eu

Website:

<http://www.insuranceireland.eu>

Financial Services and Pensions

Ombudsman, 3rd Floor, Lincoln

House, Lincoln Place,

Dublin 2, D02 VH29.

Phone: +353 1 567 7000

E-mail: info@fspoi.ie Website:

www.fspoi.ie

As AIG Europe S.A. is a Luxembourg based insurance company, complainants who are natural persons acting outside of their professional activity may also, in addition to the complaints procedure set out above, if they are not satisfied with AIG's Irish Branch response or in the absence of response after 90 days:

- raise the complaint with our head office by writing to AIG Europe SA

“Service Reclamations Niveau Direction” 35D Avenue JF Kennedy L- 1855 Luxembourg - Grand Duché de Luxembourg or by email at

aigeurope.luxcomplaints@aig.com ;

- access one of the Luxembourg mediator bodies the contact details of which are available on AIG Europe S.A.'s website: <http://www.aig.lu/>: or
- lodge a request for an “out of court resolution” process with the Luxembourg Commissariat Aux Assurances (CAA) by writing to CAA, 7 boulevard Joseph II, L-1840 Luxembourg - Grand Duché de Luxembourg or by fax at +352 22 69 10, or by email at reclamation@caa.lu or online through the CAA website: <http://www.caa.lu>.

All requests to the CAA or to one of the Luxembourg mediator bodies must be filed in Luxembourgish, German, French or English.

If the insurance contract has been concluded online, the complainant may also use the European Commission's platform for Online Dispute Resolution (ODR) using the following link: <http://ec.europa.eu/consumers/odr/>

Following this complaint procedure or making use of the one of the above

options does not affect the complainant's right to take legal action.

Insurance providers

This insurance is underwritten by AIG Europe S.A., an insurance undertaking with R.C.S. Luxembourg number B 218806. AIG Europe S.A. has its head office at 35 D Avenue J.F. Kennedy, L-1855, Luxembourg, <http://www.aig.lu/>. AIG Europe S.A. is authorised by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances 7, boulevard Joseph II, L-1840 Luxembourg, GD de Luxembourg, Tel.: (+352) 22 69 11 - 1, caa@caa.lu, <http://www.caa.lu/>.

AIG Europe S.A. Ireland branch has its registered branch office at 30 North Wall Quay, International Financial Services Centre, Dublin 1, D01 R8H7 and branch registration number 908876 and is regulated for conduct of business in Ireland by the Central Bank of Ireland. Contact details of the Central Bank of Ireland are P.O. Box 559, North Wall Quay, Dublin 1, D01 F7X3. Telephone: 1890 77 77 77. Fax: 01 6716561. E-mail: enquiries@centralbank.ie. Web: <http://www.centralbank.ie>

If a solvency and financial condition report of AIG Europe S.A. is available, it can be found at <http://www.aig.lu/>.

Insurance Compensation Fund
You may be entitled to compensation from the scheme in the unlikely event that AIG Europe S.A. cannot meet its obligations. The maximum amount that could be available in respect of any sum due to a policyholder is 65% of the sum due or EUR 825,000, whichever is the lesser. Further information on the Insurance Compensation Fund is available on the Central Bank of Ireland's website through the following link:

<https://www.centralbank.ie/regulation/industry-market-sectors/insurance-reinsurance/solvency-ii/insurance-compensation-fund>.

AIG Europe S.A. does not provide advice or any personal recommendation about this product.

This policy reflects the demands and needs of a person who wishes to purchase cancer cover insurance benefits.

Commission & Fees

Members of **our** sales team are paid a salary; **we** do not pay them bonuses or commissions directly linked to sales.

How we use personal information

AIG Europe S.A. is committed to protecting the privacy of customers, claimants and other business contacts.

“Personal Information” identifies and relates to **you** or other individuals (e.g. **your** partner or other members of **your** family). If **you** provide Personal Information about another individual, you must (unless **we** agree otherwise) inform the individual about the content of this notice and **our** Privacy Policy and obtain their permission (where possible) for sharing of their Personal Information with **us**.

The types of Personal Information **we** may collect and why – depending on **our** relationship with **you**, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with **your** consent where required by applicable law) as well as other Personal Information provided by **you** or that **we** obtain in connection with **our** relationship with **you**. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment

- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of **our** business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside **your** country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Market research and analysis

To opt-out of any marketing communications that **we** may send **you**, contact **us** by e-mail at: postmaster.ie@aig.com or by writing to: Data Protection Officer, AIG Europe S.A., 30 North Wall Quay, International Financial Service Centre, Dublin 1. If **you** opt-out **we** may still send **you** other important service and administration communications relating to the services.

Sharing of Personal Information - For the above purposes Personal Information may be shared with **our** group companies and third parties

(such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. **We** are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. **We** may search these registers to prevent, detect and investigate fraud or to validate **your** claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of **our** company or transfer of business assets.

International transfer - Due to the global nature of **our** business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in **your** country of residence). When making these transfers, we will take steps to ensure that **your**

Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

Security of Personal Information – Appropriate technical and physical security measures are used to keep **your** Personal Information safe and secure. When **we** provide Personal Information to a third party (including **our** service providers) or engage a third party to collect Personal Information on **our** behalf, the third party will be selected carefully and required to use appropriate security measures.

Your rights – **You** have a number of rights under data protection law in connection with **our** use of Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to correct inaccurate data, a right to erase data or suspend **our** use of data. These rights may also include a right to transfer **your** data to another organisation, a right to object to **our** use of **your** Personal Information, a right to request that certain automated decisions **we** make have human involvement, a right to withdraw consent and a right

to complain to the data protection regulator. Further information about **your** rights and how **you** may exercise them is set out in full in **our** Privacy Policy (see below).

Privacy Policy - More details about **your** rights and how **we** collect, use and disclose **your** Personal Information can be found in **our** full Privacy Policy at:

<https://www.aig.ie/privacy-policy> or

you may request a copy by writing to: Data Protection Officer, AIG Europe S.A., 30 North Wall Quay, International Financial Service Centre, Dublin 1 or by email at: dataprotectionofficer.ie@aig.com.

Glossary of terms

(does not form part of the policy)
We hope you find this section helpful. It explains some of the medical terms used in the policy.

Carcinoma in situ:

Early-stage cancer in which the disease is confined to the cells where it first appeared.

Histological:

Studying tissues and cells under a microscope.

Histopathological report:

Reports which accurately diagnose cancer and other diseases.

Hodgkin's disease:

A malignant disease of the lymphatic system that is characterised by swollen but painless lymph nodes, spleen or other lymphatic tissue. Also called Hodgkin lymphoma.

Leukaemia:

Cancer of the blood.

Lymphoma:

Lymphomas are cancers that develop in the lymph system, part of the body's immune system.

Malignant melanoma:

A malignant tumour which arises from the pigment-producing cells (melanosomes) of the deeper layers of the skin.

Metastasis:

The spread of cancer from its primary site to other places in the body.

Radiological:

X-rays, computed axial tomography (CAT scans), magnetic resonance imaging (MRI scans) or positron emission tomography (PET scans).

AIG Europe S.A. is an insurance company

We don't provide advice or any personal recommendation
about this product

Employees are paid a salary. We do not pay them bonuses or
commissions directly linked to sales



AIG Europe S.A.
30 North Wall Quay, International Financial Services Centre, Dublin 1.

AIG Europe S.A. is authorised by the Luxembourg Ministère des Finances
and supervised by the Commissariat aux Assurances, and is regulated by
the Central Bank of Ireland for conduct of business rules