Independent Research Report

An Independent Report into Serious Illness Policy Terms, Definitions and Claims Likelihood in the Irish Domestic Life Insurance Market

A comparative analysis of policy wordings from Aviva, Irish Life, New Ireland, Royal London Ireland and Zurich, set against independent international medical research, Irish epidemiology and independent actuarial literature.

Author: Donal Milmo-Penny QFA FLIA, Research Lead, Mylife.ie

Mylife.ie · April 2026

Important notice and scope

This document has been prepared as an independent comparative review of Specified / Serious Illness policy wordings sold in the Irish domestic life insurance market by Aviva Life & Pensions Ireland DAC, Irish Life Assurance plc, New Ireland Assurance Company plc, Royal London Insurance DAC and Zurich Life Assurance plc.

It is intended for use by financial advisers and informed consumers as background context only. It is **not** legal advice, medical advice, actuarial pricing advice, or claims advice. It does not constitute a personal recommendation. Where any conflict exists between the wording in this report and the binding policy conditions of the relevant insurer, the policy conditions prevail.[1]

Insurer wordings are quoted from the most recent versions reviewed at the time of writing. **Aviva** (Specified Illness Definitions Guide, ref 2.11.03.24, January 2024), **Royal London Ireland** (Specified Serious Illness Cover — Policy Conditions, ref 07/2025 373.20) and **Zurich Life** (Guaranteed Term Protection Policy Document and Customer Guide supplied by Mylife.ie, Customer Guide references current to March 2026) are reviewed in this report against current contractual or currently supplied wording. **Irish Life** and **New Ireland** verbatim definitions are taken from older distributor-hosted policy conditions (Irish Life TC 1000 REV 12-12, New Ireland 301671 V6.04.13) and have been supplemented by the current public product pages and illness-list disclosures, because the current verbatim retail booklets for these two insurers were not publicly downloadable from the respective insurer websites at the time of writing. Readers should obtain the contractual booklet directly from the insurer for any specific case.[2,3,4]

Insurer claims experience is confidential. This report deliberately does not rely on Irish life-office claims statistics as the basis for claim-likelihood ranking. Instead it triangulates independent international medical research, Irish epidemiology (NCRI, NOCA, IHF, MS Society of Ireland and similar), and published actuarial literature (IFoA, CMI, SAI, SOA, Hannover Re, Swiss Re) to produce qualitative likelihood bands. Disease incidence in the general population is not the same as the rate of admissible claims under a specific Specified Illness policy: that translation is the central question this report examines.

Source recency at a glance

Insurer	Document used for verbatim definitions	Latest public position
Aviva	Specified Illness Definitions Guide, ref 2.11.03.24 (January 2024)	Current — used directly
Irish Life	Policy Conditions TC 1000 REV 12-12 (2012, distributor-hosted)	Current public list of 48 + 41 illnesses (12 Sep 2024)
New Ireland	Life Choice Policy Conditions 301671 V6.04.13 (post-2013)	Current public count of 55 main + 36 partial illnesses
Royal London Ireland	Specified Serious Illness Cover — Policy Conditions, ref 07/2025 373.20	Current — also current brochure cites 59 + 53
Zurich Life	**Supplied:** Guaranteed Term Protection Policy Document and Customer Guide (Customer Guide references current to March 2026)	Current contractual wording reviewed; Customer Guide structures cover by Critical Events, Cancer Cover Events, Angioplasty Events, Booster Critical Events, Partial Payment Serious Illness and Partial Payment Cancer Cover

About Mylife.ie

Mylife.ie is an Irish protection and life insurance advisory platform holding appointments with all life offices active in the domestic Irish life insurance market: Aviva, New Ireland, Irish Life, Zurich and Royal London. Its role is to compare providers not only on price, but on policy fit, definitions, underwriting relevance, claims-admissibility features and the wider suitability of each contract for the client's needs.

Mylife.ie operates through a thoroughly modern platform supported by an AI customer interface, but its central differentiator is not technology alone. The business sees itself as research-led. This report reflects that operating philosophy: better customer outcomes are most likely when policy recommendations are grounded in evidence, careful reading of policy wording and transparent comparison of policy quality as well as price. That approach moves Mylife.ie away from the narrow price-comparison model on which much of the online protection market has traditionally operated.

MARKET COVERAGE	COMPARISON BASIS	OPERATING MODEL
5 of 5	**Quality**	**Research-led**
Every Irish life office	Fit, definitions, claims, price	AI interface, evidence-based

About the author

Donal Milmo-Penny QFA FLIA — Research Lead, Mylife.ie

Donal Milmo-Penny is a highly experienced Irish financial adviser with more than twenty years' experience in financial services, financial planning, pensions, mortgages, protection and client advisory work. He is a Qualified Financial Adviser and a Fellow of the Life Insurance Association, holding the QFA FLIA designation.

Donal was part of the first intake on the Graduate Diploma in Financial Planning in Ireland, the programme leading to the Certified Financial Planner (CFP) designation. He has taken leave from completing the programme to allow for his industry representative work. In addition to his QFA and FLIA qualifications, Donal has completed both the Life Insurance Association's Pensions Diploma and Mortgage Diploma courses, further strengthening his technical expertise across retirement planning, pension advice, mortgage advice and personal financial planning.

Alongside his advisory career, Donal has held senior representative roles within the Irish financial broker and adviser community. He has served as Chairman of PIBA, as a Director of Brokers Ireland, and as former Chairman of Brokers Ireland's Financial Services Committee. Through these roles he has contributed to industry representation, policy engagement, professional standards and the development of financial advice in Ireland.

Donal is Research Lead at Mylife.ie, where he applies his experience as a financial adviser, industry representative and technical pensions and mortgage specialist to research-led reports and financial insight. His work supports Mylife.ie's focus on clear, evidence-based analysis for consumers, advisers, policymakers and financial services stakeholders.

DESIGNATIONS	EXPERIENCE	INDUSTRY ROLES
QFA FLIA	**20+ yrs**	**Past Chair**
Qualified FA, Fellow LIA	Advice, pensions, mortgages	PIBA; Director, Brokers Ireland

Executive summary

Specified Illness Cover (also marketed as Serious Illness Cover or Specified Serious Illness Cover in Ireland) pays a lump sum on diagnosis of one of a defined set of conditions, subject to definitional severity thresholds and a short survival period. The five domestic providers differ less in the headline list of illnesses than in the precision and generosity of the contractual definitions and in a small number of structural features such as the survival period, the notification window and the territorial scope. These contractual differences are often more important to whether a claim is admissible than the marketed headline count of illnesses.

Triangulating independent Irish epidemiology with international actuarial population-incidence work consistently supports the following relative claim-likelihood ranking by illness heading, without reference to insurer-confidential claims experience:

CANCER (INVASIVE)	STROKE	HEART ATTACK	MS INCIDENCE
~24,200	**~6,461**	**~6,000**	**6.0/100k**
Irish cases / year	Admissions, 2023	AMI estimate per year	8.7 women, 3.3 men

Source headline counts: NCRI[5], NOCA INAS[6], IHF/IHAA 2024[7], Irish MS incidence study (2014–15 cohort)[8].

Headline findings

• **Cancer is the dominant cause of admissible claims by a wide margin.** Independent Irish epidemiology shows ~24,200 invasive non-NMSC cancers per year and lifetime risk to age 75 of approximately 1 in 3 men and 1 in 4 women. International actuarial sources consistently put cancer at 39–54% of all critical-illness claim counts, rising further for female-skewed portfolios.

• **The cardiovascular bundle (heart attack, CABG and stroke) ranks second.** Confirmed STEMIs alone ran to 1,615 in 2024, with the broader AMI estimate around 6,000 per year. Stroke admissions reached 6,461 in 2023 and have risen ~22% since 2013. PCI activity is rising while CABG is declining. The cardiovascular bundle is materially male-skewed.

• **Stroke claim-likelihood is sensitive to definition wording.** Royal London (24-hour deficit, or scan plus persisting deficit) and Zurich (24-hour deficit and scan) admit a wider range of strokes than Aviva, Irish Life and New Ireland which require permanent neurological deficit.

• **MS is a small absolute count but disproportionately important at working ages.** Incidence is ~6 per 100,000 overall, 8.7 per 100,000 women, 3.3 per 100,000 men, with diagnoses concentrated in ages 20–45 — exactly the ages where Specified Illness covers are most active.

• **Coronary artery bypass grafting is becoming a low-volume claim heading in absolute terms.** PCI is replacing CABG as the dominant revascularisation modality. All five Irish insurers exclude PCI from the full-payment definition and pay it under partial-payment cover. Aviva and New Ireland additionally restrict the full payment to CABG by median sternotomy.

• **Benign brain tumour is uncommon but materially affected by definition.** Imaging-detected, asymptomatic meningiomas — increasingly common as MRI access has grown — generally do not pay a full claim. Royal London is the only insurer of the five whose deficit waiver applies

exclusively to surgical removal, not to stereotactic radiosurgery.

Independent epidemiology therefore supports a working-age Irish Specified Illness claim profile dominated by cancer, with the cardiovascular bundle a clear second. Beyond that, the rank order — stroke, MS, CABG/cardiac procedures and benign brain tumour — depends materially on the age and sex profile of the insured population and on the precise contractual definition. This report sets out the evidence for that ranking and shows where individual insurer wordings widen or narrow it.

Methodology

Claims-likelihood is reported here as a qualitative band, not a point estimate. Three lines of independent evidence were used:

Evidence layer	What it tells us	Limitations
Irish epidemiology NCRI, NOCA INAS, IHAA, IHF, MS Ireland, Irish Kidney Association	Total annual cases of the underlying disease in the resident Irish population, by site/heading where available.	Whole-population, not insured-life. Coverage of benign brain tumour and non-malignant CNS conditions is incomplete in NCRI.
International independent epidemiology IARC GLOBOCAN, OECD/EU Cancer Profile, Sweden Riks-HIA, Western European stroke trends, Dutch Brain Tumour Registry, ERA Registry, GBD 2021	Calibration of Ireland against comparable Western European populations and supply of incidence rates where Irish ascertainment is sparse (benign meningioma, KRT).	Population denominators differ from underwritten insured-life denominators. Diagnostic thresholds may differ from CI policy thresholds.
Independent actuarial population-incidence work IFoA Critical Illness Population Incidence Rates Working Party (CIBT02 / CIBT08 / CIBT24), CMI Working Paper 167 attribution, CMI Working Paper 199 / SAI Demography summary, SOA, Hannover Re, Swiss Re	Maps ABI-style CI definitions onto population disease incidence and calibrates the wedge between disease and admissible claim. Provides directional cause-mix benchmarks.	Cause-specific Irish life-office claim data is confidential; SAI/CMI Ireland WP 199 publishes only A/E summaries vs AC16, not cause-mix. Used here as actuarial context only, not as a probability basis.

Why disease incidence is not the same as admissible claims

Several wedges separate population incidence from admissible Specified Illness claims. ABI-style cancer definitions exclude carcinoma in situ and impose stage/Gleason carve-outs; ABI-style stroke requires either permanent neurological deficit or specific scan-plus-duration evidence; ABI-style heart attack requires troponin or imaging evidence of myocardial necrosis (and, for the more conservative wordings, typical clinical symptoms); CABG full-payment normally requires open-heart surgery; benign brain tumour requires either persisting neurological symptoms or surgical/radiosurgical treatment. Each definitional constraint narrows the share of disease cases that produce a paid full claim. Where definitions vary between Irish insurers (Section 7), the wedge varies too.

The IFoA Critical Illness Population Incidence Rates Working Party models this explicitly: the standalone CI rate is the population disease rate less the share of cases who die before satisfying the survival period, and the accelerated CI additional rate is the population disease

rate less the product of a survival-period adjustment factor and the all-cause mortality rate at that age[9]. This is the framework adopted in the qualitative bands used in this report.

Caveats

• Numbers reported are ranges and bands rather than point probabilities. No insurer-specific claim probability is asserted.

• Population incidence figures are indexed in the comparative chart and labelled with their underlying source; like-for-like comparison across headings is approximate because the underlying registries collect different units (admissions vs persons vs incident diagnoses).

• The SAI/CMI Ireland investigation (Working Paper 199) is referenced for actuarial context only. Its summary published by the Society of Actuaries in Ireland in July 2025 reports A/E ratios versus AC16 broadly heavier than expected for accelerated CI in 2015–2019 and 2021 and lighter in 2020, but does not break down the experience by cause of claim.

• The 2020 pandemic dip in cancer diagnoses (~4% in 2021, ~9% provisional for 2022) and the parallel ~6% lighter CI experience in 2020 reported by SAI/CMI distort short-run trend extrapolation; medium-run averages are preferred in this report.

Market and product overview

All five providers underwrite Specified / Serious Illness Cover for Irish residents, sold either accelerated within Term Assurance and Mortgage Protection or as a stand-alone benefit. The headline list of illnesses covered by each provider is similar in shape but different in count, and the policy conditions diverge in places that matter for claims admissibility. The table below summarises the current configuration; Section 7 of this report compares the contractual wording in detail.

Insurer	Product	Full-pay illnesses	Partial-pay illnesses	Survival period
Aviva	Specified Illness Cover (Flexible Protection / Mortgage Protection)	52[1]	45 (partial €20,000 or 50%, lower)	14 days
Irish Life	Term Life Insurance — Specified Illness Cover	48[13]	41 (partial €15,000 or 50%, lower)	14 days (stand-alone)
New Ireland	Life Choice You & Family — Specified Illness Benefit	55[14,15]	36 (partial)	14 days
Royal London Ireland	Specified Serious Illness Cover (with mortgage protection / term assurance / stand-alone)	52 (Policy Conditions, 07/2025) / 59 (current brochure)[16,17]	33 (Policy Conditions) / 53 (brochure)	**10 days**
Zurich Life	Guaranteed Term Protection / Guaranteed Mortgage Protection — Serious Illness, Angioplasty, Partial Payment Serious Illness, Partial Payment Cancer Cover, Booster Serious Illness	47 Critical Events (Customer Guide); plus Cancer Cover and Booster categories[4]	28 Partial Payment Serious Illness; 7 Partial Payment Cancer Cover[4]	14 days

Two structural points are worth highlighting at this point.

Headline counts are not directly comparable. The five providers do not all use the same illness taxonomy. New Ireland's 55 main illnesses include an enhanced post-2019 list; Royal London's policy-conditions booklet (52 + 33) is the binding document for in-force policies, while its current customer brochure quotes the wider 59 + 53 list. Zurich's current supplied Customer Guide and Policy Document distinguish Critical Events, Cancer Cover Events, Angioplasty Events, Booster Critical Events, Partial Payment Serious Illness Events and Partial Payment Cancer Cover Events; illness-count marketing should therefore be read by category rather than as a single headline number. Two policies with the same illness count can pay or decline materially different sub-populations of claimants because of definitional thresholds.

Royal London is alone with a 10-day survival period. The other four insurers all require survival of 14 days from diagnosis or the qualifying event. The 10-day period reduces the (small) probability that the claimant dies within the survival period and the policy pays as a death claim instead of as a Specified Illness claim — relevant almost exclusively to high-mortality conditions such as

severe stroke and large MI.

Zurich's Customer Guide and Policy Document set out additional benefit categories that are characteristic of its product. The **Booster Serious Illness Benefit** pays the lesser of 200% of the Serious Illness Sum Insured or €50,000 on the occurrence of a defined Booster Critical Event — Alzheimer's disease, motor neurone disease, Parkinson's disease, Parkinson Plus syndrome, blindness, coma, paralysis, third-degree burns or traumatic head injury. The **Angioplasty Benefit** pays up to 50% of the Serious Illness Sum Insured (subject to a €100,000 cap), with single- and double-event definitions in Appendix C of the Policy Document. **Partial Payment Serious Illness** pays the lesser of 50% of the Serious Illness Sum Insured or €15,000, and **Partial Payment Cancer Cover** pays the lesser of 50% of the Cancer Cover Sum Insured or €15,000. The **Waiting List Benefit** permits pre-payment for major organ transplant and pays 50% (up to €30,000) on confirmation of a waiting list for aorta-graft surgery, CABG, heart-structural surgery or heart valve replacement/repair.[4]

At-a-glance definition comparison

The following matrix summarises the definition-level differences for the six headings that drive the great majority of Specified Illness claims in Ireland. Detailed wording extracts and citations follow in the dedicated section for each heading.

Topic	Aviva	Irish Life	New Ireland	Royal London	Zurich
Cancer — Gleason threshold	>6 (Gleason 7+)	>6	>6	**7+ or pT2N0M0 post-prostatectomy**	7+ or T2bN0M0
Cancer — Merkel cell / pseudomyxoma / MPNs explicitly included	No	No	No	**Yes**	No
Heart attack — typical clinical symptoms required	**Yes**	No	**Yes**	No	No
Heart attack — numeric troponin threshold	Yes (T>1.0; AccuTnI>0.5)	Yes	Yes	**No** (just "characteristic rise")	No
Stroke — minimum symptom duration	Permanent	Permanent	Permanent	**24 hrs OR scan + persisting**	24 hrs + scan
MS — minimum persistence	6 months	3 months	6 months	**None** ("there must have been")	**None** ("there must have been")
CABG — sternotomy required	**Yes**	No (thoracotomy / mini-thoracotomy)	**Yes**	No (silent)	No (thoracotomy / mini-thoracotomy)
Benign brain tumour — radiosurgery waives deficit	Yes	Yes	Yes	**No (only surgical removal)**	Yes
Survival period	14 days	14 days	14 days	**10 days**	14 days
Notification window	Reasonable / no fixed window	6 months	90 days	3 months	6 months (Serious Illness / Cancer); 3 months (PTD / Hospital)

Bold text highlights the insurer with the most claimant-friendly wording in each row. No single provider is the most generous on every line; advisers should map the policy choice to the client's personal medical risk profile rather than to the headline count of illnesses.

Likelihood matrix and the wedge from disease to claim

The chart below ranks the six top headings by independent annual Irish event count. The unit differs across rows (registry counts, hospital admissions, incident diagnoses), reflecting the available data for each heading. The chart is logarithmic to allow simultaneous viewing of headings with very different absolute volumes; readers should not infer claim probability from raw event counts without the wedge narrative that follows.

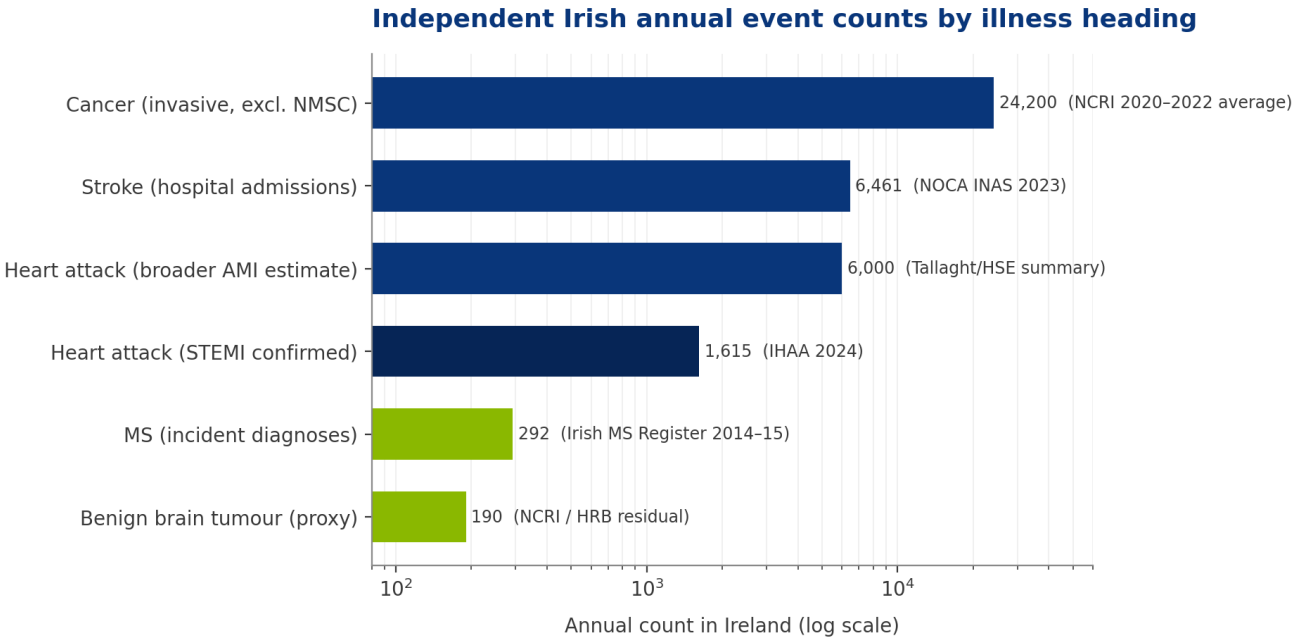

Figure 1. Independent Irish annual event counts by illness heading. Sources: NCRI 2020–2022[5]; NOCA INAS 2023[6]; IHAA 2024[7] and Tallaght Medical Centre summary[18]; Irish MS register prospective study[8]; NCRI Cancer Trends 28[19].

Population disease counts are not the same as admissible Specified Illness claims. Each heading has its own wedge — the gap between the raw underlying disease and the contractual definition required to pay. The chart below indexes population disease incidence to 100 and shows an indicative share retained as CI-admissible after the dominant definitional carve-outs are applied. The bands are illustrative, not life-office statistics.

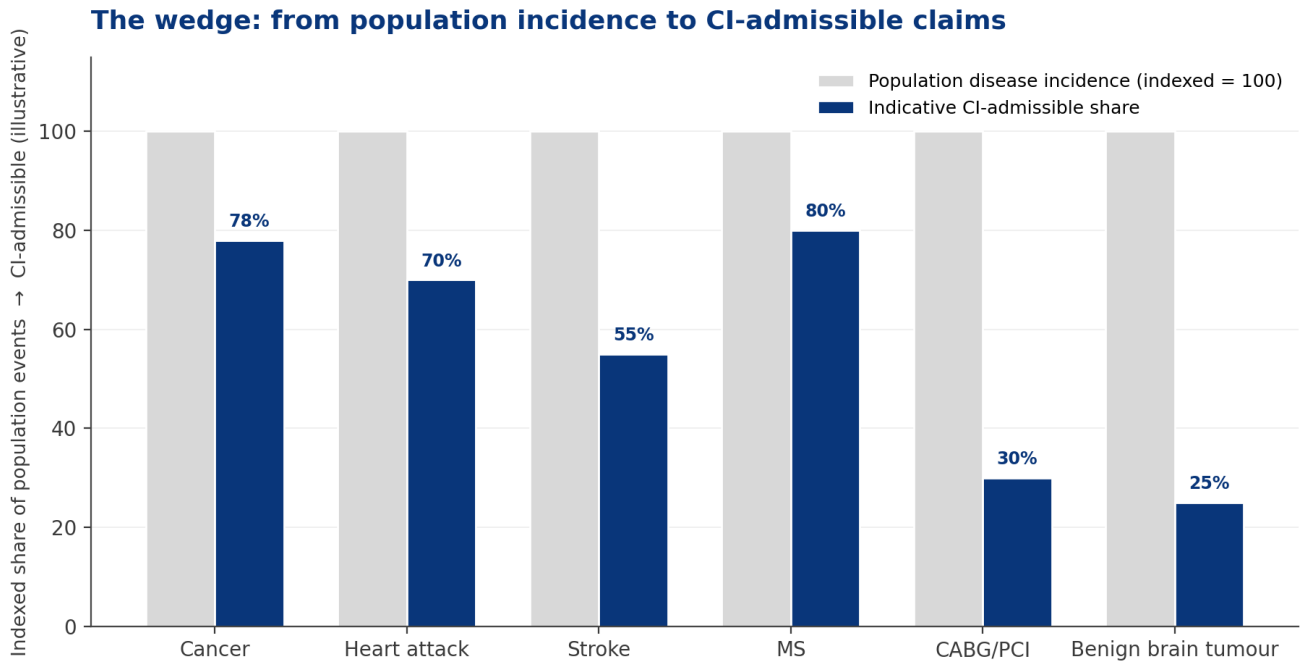

Figure 2. Indicative wedge from population disease incidence to CI-admissible share. Bands are qualitative and apply across the five Irish providers; insurer-specific shifts are described in Section 7.

Consolidated illness likelihood matrix (qualitative bands)

Combining Irish epidemiology, international comparators, and the actuarial population-incidence framework, the table below assigns qualitative claim-likelihood bands by heading. These bands are **not** probabilities and they are **not** Irish life-office claim rates. They reflect the relative likelihood that a working-age Specified Illness policy will produce an admissible full-payment claim under the dominant Irish definitions.

Heading	Likelihood band	Driver	Sensitivity
Cancer (invasive, excl. NMSC)	**Very High**	Lifetime cumulative risk ~36% (men) / 28.5% (women) before age 75; ASR (W) 386.3 / 307.5 per 100,000	Increases sharply with age; female-skewed at younger ages (breast)
Heart attack — STEMI/NSTEMI of specified severity	High (working-age) / Very High (age 60+ male)	~6,000 AMI per year in Ireland; 1,615 STEMI confirmed (75% male)	Definition (clinical-symptoms requirement, troponin threshold) matters more for borderline NSTEMI cases
Stroke — admissible	Moderate	~6,461 stroke admissions in 2023; ~1,423 stroke deaths in 2021	Definitional wedge is large: TIA and reversible deficit excluded; RL/Zurich more inclusive than Aviva/Irish Life/New Ireland
Multiple Sclerosis	Low overall, **Low but material** for working-age females	Incidence 6/100,000 (8.7 women, 3.3 men); ages 20–45	RL and Zurich (current supplied) have no minimum persistence; Aviva/NI 6 months; Irish Life (older) 3 months
CABG / open-heart surgery (full payment)	Low	CABG declining as PCI rises (~+34.5% PCI 2006–2020 in Ireland)	Aviva/NI restrict full payment to median sternotomy; PCI is partial payment in all five products
Benign brain tumour	Low	~480 primary brain tumours per year in Ireland (~190 benign / uncertain); meningioma 5–10/100,000 ESR (Dutch proxy)	Asymptomatic incidental MRI findings excluded; RL deficit-waiver is for surgery only, not radiosurgery

Bands are calibrated against the IFoA CMI Working Paper 167 attribution for UK insured lives — All Cancer ~64% of CI claim count and amount; Heart Attack ~10%; Stroke ~6%; the residual ~20% spread across MS, Parkinson's, kidney failure, dementia, benign brain tumour and other further conditions — reported via the IFoA G5 update, and the Hannover Re benchmark that cancer plus cardiovascular plus nervous system is approximately 76% of all CI claims paid[20,21,22].

Population incidence vs admissible claim — main wedges

Heading	Population disease (Ireland)	Main wedge to admissible claim
Cancer	~24,200 invasive non-NMSC per year (2020–2022 average); ~41,654 all-tumour total includes in-situ and NMSC[5]	Carcinoma in situ excluded; NMSC excluded except invasive melanoma; Gleason ≤ 6 prostate excluded; Binet 0 CLL excluded; borderline / low-malignant-potential excluded; thyroid < T2N0M0 excluded (Aviva, RL); bladder < T2N0M0 excluded (IL, NI). RL extends inclusion to Merkel cell, pseudomyxoma peritonei, polycythaemia rubra vera and primary myelofibrosis.
Heart attack	~6,000 AMI / year (broad estimate); 1,615 STEMI confirmed in 2024[7]	Angina and other acute coronary syndromes excluded; troponin rise alone insufficient where the policy still requires typical clinical symptoms (Aviva, NI). Modern wordings (RL 2025) accept diagnostic imaging changes in lieu of ECG and do not specify a numeric troponin threshold.
Stroke	~6,461 stroke admissions in 2023; ~5,810 the previous year[6]	Transient ischaemic attack excluded; eye stroke/retinal artery occlusion excluded by RL and Zurich; reversible deficits excluded. Aviva, IL and NI require **permanent** deficit; RL admits 24-hour deficit with scan, Zurich admits 24-hour deficit plus scan.
Multiple sclerosis	~292 incident MS diagnoses / year (Irish MS register); >10,000 prevalent[8]	Persistence of motor or sensory impairment required: 6 months (Aviva, NI), 3 months (Irish Life older wording), none (RL and Zurich current supplied). Earliest McDonald-criteria diagnoses without persisting impairment may not pay under stricter wordings.
CABG / cardiac procedures	~8,373 PCI procedures (2011, since grown by ~34.5%); CABG falling[23,24]	PCI / angioplasty / stent insertion / atherectomy / rotablation / laser therapy excluded from full payment (partial only). Aviva and NI require median sternotomy for full payment.
Benign brain tumour	~480 primary brain tumours per year, ~190 benign / uncertain; meningioma 5–10/100,000 ESR proxy[19,25]	Pituitary tumours and angiomas excluded by all five; asymptomatic incidental imaging findings excluded. Deficit waiver applies for surgical removal in all five and for radiosurgery in four (RL is the exception).

Indicative claim-admissibility heatmap

The heatmap below records the relative generosity of each insurer's wording on each heading. It is a comparative judgment of definition claimant-friendliness, not an estimate of claim probability. The heatmap supports the verbatim wording comparison set out for each heading in Section 7.

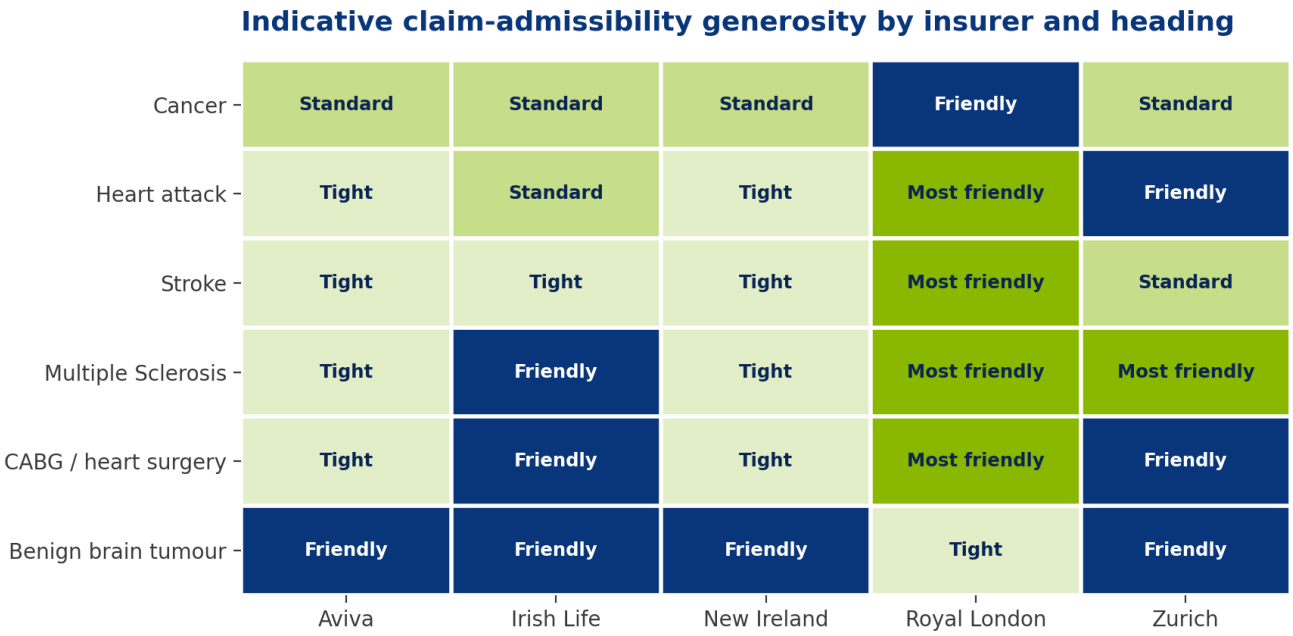

Figure 3. Qualitative claim-admissibility generosity by insurer and heading. Bands are stricter–tight–standard–friendly–most-friendly and reflect the verbatim definition text quoted in Section 7.

PART 2 — PER-HEADING DEEP DIVE

Definitions, evidence and adviser implications

Cancer — excluding less advanced cases

Independent incidence evidence

Cancer is the dominant cause of admissible Specified Illness claims in the Irish market by a wide margin. The National Cancer Registry Ireland's most recent annual statistical report records an average of approximately 41,654 tumours diagnosed each year over 2020–2022, of which approximately 24,200 were invasive non-NMSC cancers — the figure used for international comparison[5]. For 2019–2021, NCRI records 24,424 invasive non-NMSC cases per year (13,075 male, 11,349 female), giving European-standard age-standardised incidence of 697 per 100,000 men and 534 per 100,000 women[26].

GLOBOCAN/IARC's 2022 Ireland fact sheet records 31,242 new cancer cases in 2022 with an age-standardised rate (World) of 386.3 per 100,000 in men and 307.5 per 100,000 in women, and a cumulative risk of any cancer before age 75 of 36.0% in men and 28.5% in women[27]. The OECD/EU Country Cancer Profile 2025 places Ireland's cancer incidence above the EU average for both sexes — an estimated 561 per 100,000 in women and 733 per 100,000 in men (EU averages 488 and 684 respectively); lung cancer incidence in Irish women is 63% above the EU average[28].

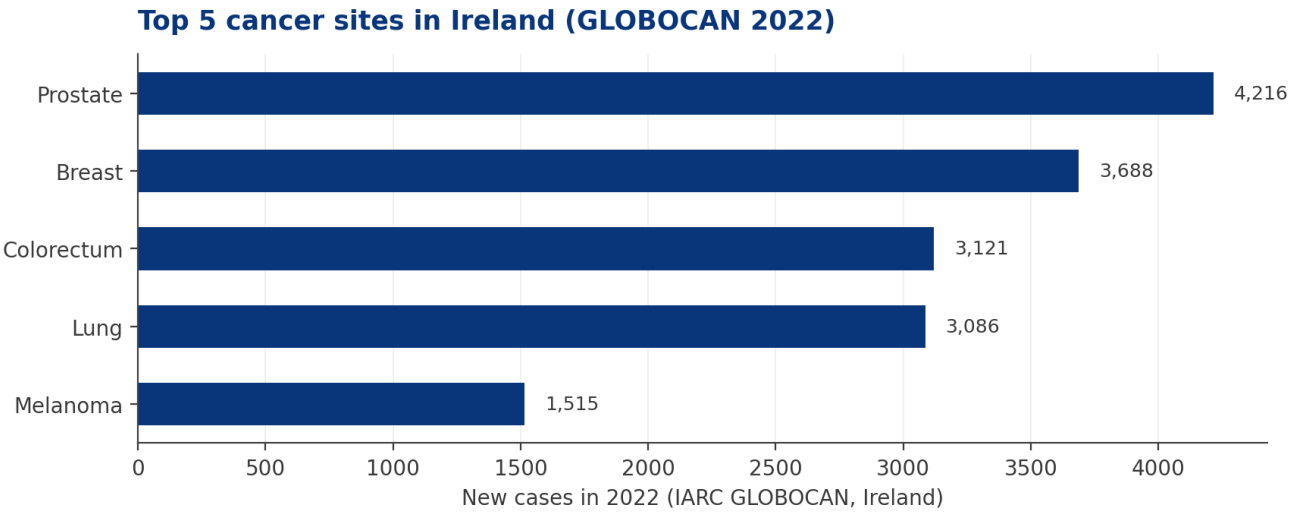

Figure 4. Top five cancer sites in Ireland (GLOBOCAN 2022).

Cancer incidence rises sharply with age. The IFoA Critical Illness Population Incidence Rates Working Party records, for the CIBT08 male cohort, smoothed crude cancer rates of 5.92 per 10,000 at ages 20–39, 31.25 at ages 40–59 and 166.96 at ages 60–79 — a roughly 30-fold rise across the working-age cancer curve[9]. For accelerated CI policies, mortality competing risk is non-trivial at older ages and reduces the additional accelerated rate relative to the standalone rate.

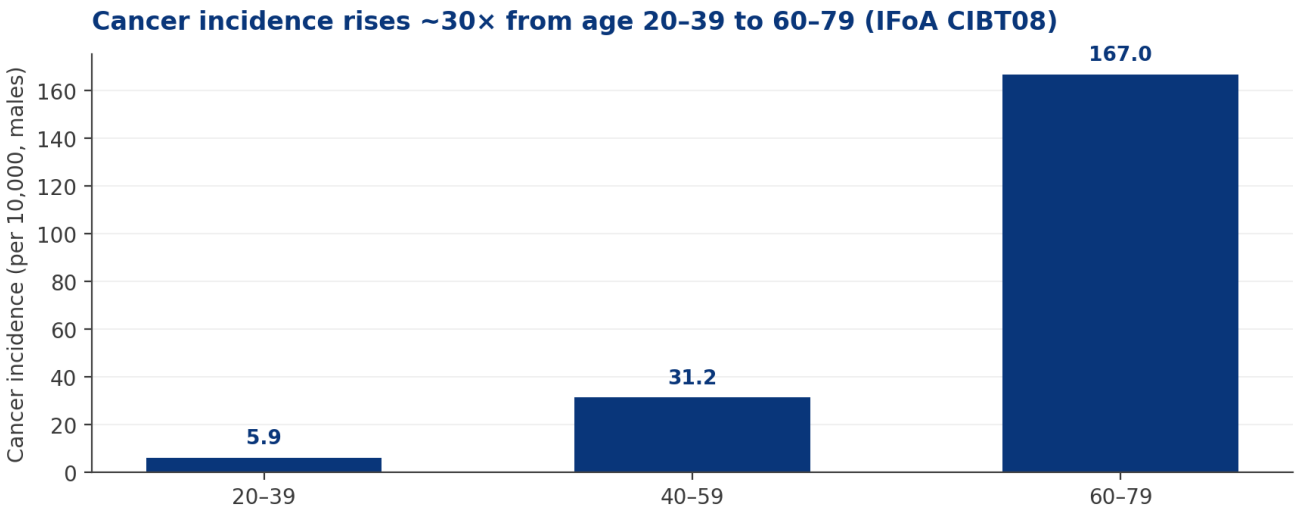

Figure 5. Cancer incidence by age band, IFoA CIBT08 male cohort.

Why cancer claims are common — and where the wedge sits

Approximately 18% of registered Irish tumours are non-invasive, and another approximately 24% are non-melanoma skin cancers (NMSC) — together more than 40% of the headline registry count is excluded from typical full-payment cancer cover under ABI-style Irish definitions[26]. Even within invasive cancers, several site-specific carve-outs apply: low-grade prostate cancer (Gleason ≤ 6), early CLL (Binet 0), non-melanoma skin cancer confined to the epidermis, low-stage thyroid and bladder tumours, and tumours of borderline malignant potential are all excluded by some or all of the five providers.

Stage-shift — earlier diagnosis through screening (BowelScreen, BreastCheck), opportunistic PSA testing and improved imaging — has raised cancer counts and 5-year survival but pushed a non-trivial share of incident cancers into stages and Gleason scores that some policies do not pay at full benefit. NCRI's 2024 stage-at-diagnosis report records that emergency presentation (a proxy for late-stage) fell from 20% in 2002 to 14% in 2016–2019 with no further reduction since 2009[29].

Definition comparison and differentiators

Insurer	Verbatim heading	Notable inclusions / exclusions
Aviva	Cancer — excluding less advanced cases	Excludes pre-malignant, non-invasive, in situ, borderline and low-malignant-potential tumours; prostate < Gleason 7 / T2N0M0; thyroid < T2N0M0; CLL Binet 0; non-melanoma skin confined to epidermis (incl. cutaneous lymphoma).
Irish Life	Cancer — excluding less advanced cases (older policy conditions); current public list as 'Cancer (life-threatening)'	Adds explicit bladder < T2N0M0 carve-out; Basal Cell and Squamous Cell carcinomas of the skin are 'non-malignant' and excluded.
New Ireland	Cancer — excluding less advanced cases	Adds explicit bladder < T2N0M0 carve-out; otherwise broadly in line with the older Aviva/Irish Life pattern.

Insurer	Verbatim heading	Notable inclusions / exclusions
Royal London Ireland	Cancer — excluding less advanced cases (07/2025 wording)	**Most modern wording.** Expressly extends 'malignant tumour' to include leukaemia plus essential thrombocythaemia, polycythaemia rubra vera and primary myelofibrosis; pseudomyxoma peritonei; Merkel cell cancer. Tightens carve-outs for urothelial, GIST, NET, thyroid < T2N0M0, prostate < Gleason 7 or pT2N0M0, and cutaneous melanoma confined to the epidermis.
Zurich Life	Cancer — Excluding Less Advanced Cases (current supplied wording)	Includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma. Standard exclusions of pre-malignant, non-invasive, cancer in situ, borderline and low-malignant-potential tumours. **Prostate threshold is Gleason 7+ or T2bN0M0** (slightly stricter than the >6 / T2N0M0 formulation in some peer wordings); CLL excluded unless at least Binet Stage A; non-melanoma skin cancer excluded except invasive melanoma; thyroid excluded unless at least T2N0M0. Some early cancers may be relevant under the separate Partial Payment Cancer Cover benefit.

Adviser implications

For most clients the defining question is not whether cancer is covered but where the carve-outs sit. Royal London's 2025 wording is materially more inclusive of myeloproliferative neoplasms and Merkel cell cancer, but materially stricter on urothelial, GIST and NET. The most common practical issues are early-stage prostate (Gleason 6 vs 7), in-situ breast cancer (DCIS, paid as partial under all five), low-stage bladder, low-stage thyroid, and CLL diagnosed at Binet 0 on a routine blood test. Advisers should also note that all five providers exclude non-melanoma skin cancer from full-payment cover except for invasive melanoma.

Heart attack — myocardial infarction of specified severity

Independent incidence evidence

The 2024 Irish Heart Attack Audit (IHAA), produced jointly by the National Office of Clinical Audit and the Irish Heart Foundation, records 1,615 confirmed STEMIs in 2024 — 75% in men, 25% in women — and notes that 36% of STEMI patients were active smokers (versus approximately 17% nationally), 53% had hypertension, 27% had diabetes and 44% had hypercholesterolaemia[7]. The IHAA captures only patients reaching primary-PCI centres; total acute myocardial infarction (STEMI plus NSTEMI) is materially larger. Older estimates and clinical summaries point to approximately 6,000 heart attacks per year in Ireland[18], with NSTEMI now exceeding STEMI in incidence in line with the Swedish trend (NSTEMI 64% vs STEMI 36% of AMI presentations)[30].

Cardiovascular disease accounted for 8,753 deaths in Ireland in 2021 (26.5% of all deaths), of which 4,121 were due to coronary heart disease and 1,423 to stroke[31]. In international comparators, the Sweden Riks-HIA registry recorded a decline in age-standardised AMI incidence per 100,000 from 243 to 174 in men and 143 to 80 in women between 2005 and 2021[32], with the steepest fall in those over 70.

Why heart-attack claims are common — and the wedge

ABI-style heart-attack definitions require evidence of myocardial necrosis: typical clinical symptoms, characteristic electrocardiographic or imaging changes, and a characteristic rise of cardiac biomarkers. The widespread adoption of high-sensitivity troponin assays creates a diagnostic-drift wedge: cases that are clinically called 'myocardial injury' but not 'definite acute myocardial infarction' may not satisfy the policy definition, even if they are clinically meaningful events. The IFoA Critical Illness Working Party characterises the change between ABI 2011 and ABI 2023 wording as 'non-material' overall, but notes explicitly that troponin-assay sensitivity creates upward drift in diagnosed MI counts that does not all meet the CI definition[20].

Definition comparison and differentiators

Insurer	Verbatim heading	Key features
Aviva	Heart Attack — of specified severity	Requires **all of** typical clinical symptoms, new ECG changes, and troponin rise (T > 1.0 ng/ml; AccuTnl > 0.5 ng/ml).
Irish Life	Heart attack — of specified severity (older); current list 'Heart attack — definite diagnosis'	2012 wording omits typical clinical symptoms; numeric troponin threshold (T > 1.0; I ≥ 0.5).
New Ireland	Heart Attack — of specified severity (current list: 'Heart Attack — definite diagnosis')	Requires **all of** typical clinical symptoms, ECG and numeric troponin rise.

Insurer	Verbatim heading	Key features
Royal London Ireland	Heart Attack — of specified severity (07/2025)	**Most modern.** No typical-clinical-symptoms requirement; accepts new ECG changes **or** new diagnostic imaging changes; **no numeric troponin threshold** ('characteristic rise' only). Excludes myocardial injury without infarction and angina without infarction.
Zurich Life	Heart Attack — With Clinical Proof (current supplied wording)	Requires death of heart muscle due to inadequate blood supply with **all of**: new characteristic ECG changes **or** other positive changes on diagnostic imaging tests; **and** the characteristic rise of cardiac enzymes or Troponins. Evidence must show a definite acute myocardial infarction. **No typical-clinical-symptoms requirement; no numeric troponin threshold.** Other acute coronary syndromes and angina without infarction are excluded.

Adviser implications

Aviva and New Ireland have the more conservative wording — both require typical clinical symptoms *and* ECG changes *and* a numeric troponin rise. Royal London's 2025 wording and Zurich's current supplied wording both accept new diagnostic imaging changes (cardiac MRI, echocardiogram with regional wall-motion abnormality) as an alternative to ECG, and neither specifies a numeric troponin threshold; both still require characteristic biomarker rise plus objective ECG or imaging evidence of definite acute myocardial infarction. For NSTEMI cases that present without classical chest pain — common in older women and in people with diabetes — the more inclusive wordings are materially more likely to admit a claim. This is one of the most consequential definitional differences across the five providers.

Stroke — resulting in specified or permanent symptoms

Independent incidence evidence

The Irish National Audit of Stroke (INAS) at the National Office of Clinical Audit recorded 4,999 stroke patients in 21 hospitals in 2022; 5,810 cases across 23 hospitals in 2023; and an 8% increase between 2022 and 2023 to 6,461 patients admitted with a stroke diagnosis[6,33]. Hospital-coded stroke admissions in Ireland rose from 4,727 in 2013 to 5,789 in 2021 (+22.5%), with average inpatient mortality of 11.7% over 2013–2021[34]. Stroke caused 1,423 deaths in Ireland in 2021 and is the second leading cause of acquired adult neurological disability[31].

In Western European meta-analytical comparators, age-standardised ischaemic-stroke incidence in 2021 was 62.3 per 100,000 in men and 47.2 per 100,000 in women, having fallen approximately 47–48% since 1991[35]. Young-adult ischaemic stroke (15–49 years) incidence is approximately 25–35 per 100,000[36], with a male:female ratio of approximately 1.6:1 at ages 18–54[37].

Why stroke claim-likelihood is sensitive to wording

The wedge between population stroke incidence and admissible CI claims is large. Transient ischaemic attacks, reversible neurological deficits and 'silent' strokes detected only on imaging do not pay a full CI claim under any of the five wordings. Beyond that, the minimum symptom-duration threshold differs materially between providers. The Aviva, Irish Life and New Ireland wordings require **permanent** neurological deficit with persisting clinical symptoms. Royal London (07/2025) is the most claimant-friendly: a deficit lasting 24 hours with brain-scan evidence is sufficient, even without permanence. Zurich requires both 24-hour deficit and scan evidence, confirmed by a consultant neurologist or neurosurgeon. Irish Life's earlier wording explicitly extends to subarachnoid haemorrhage with persisting deficit supported by CT/MRI. Stroke is approximately 6% of UK CI claim counts and amounts in CMI Working Paper 167 attribution[20], and stroke is the heading where the choice of insurer wording most obviously moves the share of admissible claims.

Definition comparison and differentiators

Insurer	Verbatim heading	Key features
Aviva	Stroke — resulting in permanent symptoms	Requires **permanent neurological deficit** with persisting clinical symptoms; excludes TIA and traumatic injury.
Irish Life	Stroke — resulting in permanent symptoms (older); current list 'Stroke — of specified severity'	Permanent deficit; explicitly extends to subarachnoid haemorrhage with deficit, supported by CT or MRI.
New Ireland	Stroke — resulting in permanent symptoms (current list: 'Stroke — resulting in specified symptoms')	Permanent neurological deficit; excludes TIA and traumatic injury.

Insurer	Verbatim heading	Key features
Royal London Ireland	Stroke — resulting in specified symptoms (07/2025)	**Most claimant-friendly.** Pays on permanent deficit **or** definite scan evidence with neurological deficit and persisting symptoms lasting at least 24 hours. Excludes TIA and central retinal artery/vein occlusion.
Zurich Life	Stroke — Resulting in Specified Symptoms (current supplied wording)	Pays on death of brain tissue due to inadequate blood supply or haemorrhage with **both** neurological deficit with persisting clinical symptoms lasting at least 24 hours and definite scan evidence; both must be confirmed by a consultant neurologist or neurosurgeon. Permanence is **not** required. Excludes TIA, traumatic injury and eye stroke.

Adviser implications

Stroke is the heading where the contractual definition has the largest potential effect on whether a clinically diagnosed stroke pays a full claim. Royal London admits the broadest range of strokes; Zurich's scan-and-24-hour formulation is similar but adds the consultant confirmation requirement; Aviva, Irish Life and New Ireland all require permanent deficit. Aviva's marketing claim that its cancer, heart attack and stroke definitions 'won't be beaten in Ireland' should be read alongside the verbatim wording: on stroke specifically, Royal London and Zurich offer broader admissibility on paper[38].

Multiple sclerosis — with persisting symptoms

Independent incidence evidence

The first prospective Irish MS incidence study (Irish MS register, 2014–15 cohort) recorded 292 patients meeting inclusion criteria, giving an age-standardised incidence of 6.0 per 100,000 (95% CI 5.3–6.6); 8.7 per 100,000 in women and 3.3 per 100,000 in men — placing Ireland in the 'high incidence' northern-European cluster[8]. More than 10,000 people are living with MS in Ireland, typically diagnosed at ages 20–40[39]. The Scottish Highlands comparator records incidence of 11.6 per 100,000 and prevalence of 300 per 100,000[40].

Why MS matters at working ages

MS is a low-volume heading in absolute terms. The roughly 292 incident diagnoses each year in Ireland are dwarfed by cancer and the cardiovascular bundle. But MS is concentrated in working-age females — precisely the demographic where Specified Illness cover is most active and where the lifetime financial impact of an early-career diagnosis is severe. The female:male incidence ratio of approximately 2.6:1 means that working-age women account for the majority of MS cases. The IFoA Working Party explicitly notes that MS appears high in younger ages in HES-derived rates because outpatient diagnoses are imperfectly captured in inpatient datasets[9], but the absolute numbers in Ireland are well documented through the Irish MS register prospective study.

Definition comparison and differentiators

Insurer	Verbatim heading	Persistence requirement
Aviva	Multiple Sclerosis — with persisting symptoms	Definite consultant-neurologist diagnosis; clinical impairment of motor or sensory function persisting at least **6 months**.
Irish Life	Multiple sclerosis or Neuromyelitis optica (Devic's Disease) — with persisting symptoms	Definite consultant-neurologist diagnosis; impairment persisting at least **3 months**; explicitly extends to Devic's Disease.
New Ireland	Multiple Sclerosis — with persisting symptoms	Definite consultant-neurologist diagnosis; impairment persisting at least **6 months**.
Royal London Ireland	Multiple Sclerosis — where there have been symptoms (07/2025)	**No minimum persistence period.** 'There must have been clinical impairment of motor or sensory function caused by Multiple Sclerosis.' Most claimant-friendly of the five.
Zurich Life	Multiple Sclerosis (current supplied wording)	Definite consultant-neurologist diagnosis of **Multiple Sclerosis or Neuromyelitis Optica (Devic's Disease)**. **'There must have been clinical impairment of motor or sensory function'** caused by MS or NMO — **no minimum persistence period**. Among the most claimant-friendly of the five wordings, alongside Royal London.

Adviser implications

MS diagnostic criteria are liberalising. The McDonald 2017 and 2024 criteria allow earlier diagnosis with less symptom evidence, which tends to bring forward both diagnosis and CI claim under the more claimant-friendly wordings. **Royal London and Zurich (current supplied wording, no minimum persistence)** are the most generous; **Aviva and New Ireland (six months)** are the tightest. Irish Life's older wording (three months) is mid-range. For a working-age female client, the persistence requirement is the single most consequential MS-specific contractual difference between the five Irish products.

Coronary artery bypass grafts and cardiac procedures

Independent incidence evidence

Irish PCI activity in 2011 ran at 1,825 procedures per million population (pmp), with 8,373 PCI procedures and 30,690 angiograms performed across the public and private systems. The PCI rate was similar to the OECD average (1,910 pmp) and Northern Ireland (1,751 pmp), and higher than the UK (1,405 pmp). 54% of Irish PCIs in 2011 were for stable coronary disease (i.e. elective)[23]. A 2025 multi-country trend study reports that Irish PCI rates increased by approximately 34.5% between 2006 and 2020 — one of the largest increases observed across 16 countries — while CABG declined[24].

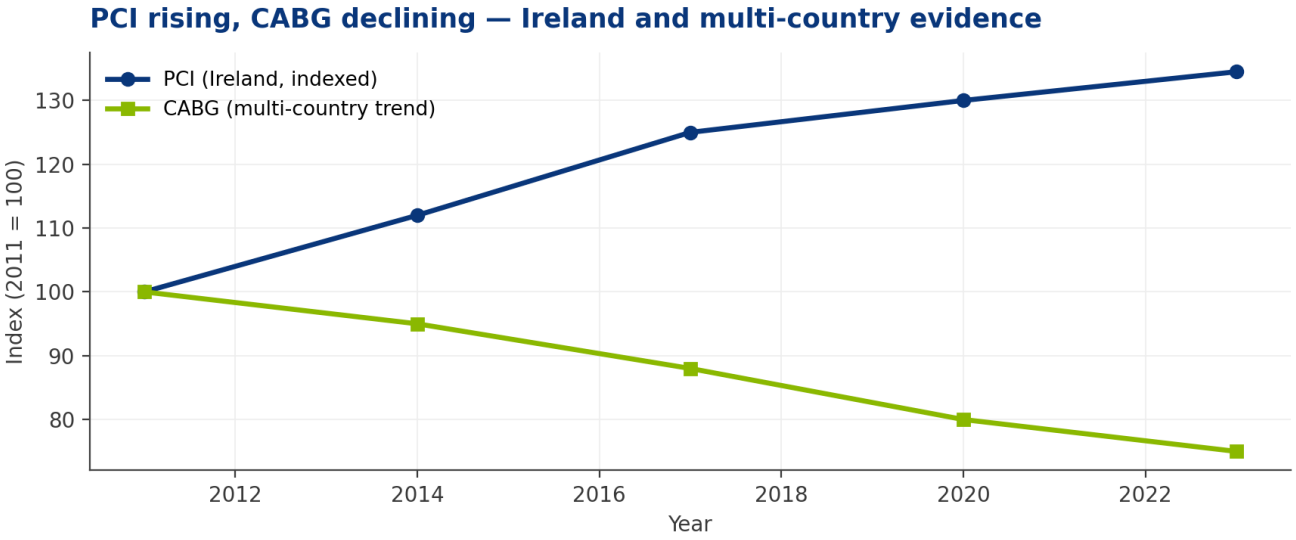

Figure 6. Indicative PCI vs CABG trend, indexed to 2011 = 100. PCI activity in Ireland has risen markedly while CABG has declined across multiple Western European countries.

ECDC surgical-site-infection surveillance shows that CABG is performed predominantly in older men (median age 69; M:F ratio approximately 4:1)[41] — concentrated at the ages where competing mortality risks rise. The net effect on CI claim mix is that CABG is becoming a low-volume full-payment claim heading and PCI a more common partial-payment claim heading, even where the ABI definition technically pays on the performance of CABG surgery.

Definition comparison and differentiators

Insurer	Heading	Surgical route requirement
Aviva	Coronary Artery By-Pass Grafts — with surgery to divide the breastbone	**Median sternotomy required.**
Irish Life	Coronary artery by-pass grafts	Allows thoracotomy, thoracoscope or mini-thoracotomy.

Insurer	Heading	Surgical route requirement
New Ireland	Coronary Artery By-pass Grafts — with surgery to divide the breastbone	**Median sternotomy required.**
Royal London Ireland	Coronary Artery Bypass Graft Surgery — with surgery to divide the breastbone	**Wording silent on surgical route in extracted text** — any open by-pass graft on consultant cardiologist advice qualifies subject to the standard exclusions of PCI/atherectomy/laser etc.
Zurich Life	Coronary Artery Bypass Graft (current supplied wording)	Surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts **via a thoracotomy or mini-thoracotomy**. Balloon angioplasty, atherectomy, stent insertion, laser treatment and other procedures excluded from full payment; angioplasty paid under a separate Angioplasty Benefit.

Adviser implications

All five providers exclude PCI, angioplasty, atherectomy, rotablation, stent insertion and laser treatment from full payment for the CABG heading. Each insurer's product instead pays a partial benefit for PCI. The two practical differentiators are (i) whether the policy requires median sternotomy specifically (Aviva and New Ireland) or accepts thoracotomy / mini-thoracotomy or any open by-pass route (Irish Life, Royal London, Zurich), and (ii) the partial-payment amount and any inner cap on angioplasty (Aviva applies an inner cap of €5,000 or 50% of cover, whichever is lower, on single-vessel angioplasty). For most clients the practical question is the partial cover, since CABG is becoming relatively rarer than PCI as a revascularisation choice.

Benign brain tumour — resulting in symptoms or surgery

Independent incidence evidence

Irish ascertainment of benign and uncertain-behaviour CNS tumours is incomplete. NCRI Cancer Trends 28 reports approximately 480 primary brain tumours per year in Ireland, of which approximately 289 are malignant, leaving approximately 190 per year covering benign and uncertain-behaviour CNS tumours[42,19]. As an independent comparator, the Dutch Brain Tumour Registry records meningioma age-standardised incidence rising from 4.7 to 10.7 per 100,000 (ESR) between 2000 and 2019, with prevalence of approximately 105 per 100,000 in 2020[25]. Most of the apparent rise is driven by improved MRI access and detection of smaller tumours; the radiological-incidence increase alone runs from 1.4 to 7.0 per 100,000.

Why CI admissibility is materially narrower than radiological incidence

Imaging-detected, asymptomatic meningiomas — increasingly common as MRI access has grown — generally do not pay a full CI claim. The ABI 2023 definition for benign brain tumour was tightened to 'better match intention' according to the IFoA Critical Illness Working Party, which narrows ascertainment[20]. All five Irish wordings exclude tumours of the pituitary gland (these are typically picked up under partial-payment Pituitary Tumour cover) and angiomas. Zurich additionally excludes tumours originating from bone tissue and cholesteatoma. The deficit-waiver pathway — paying on treatment by stereotactic radiosurgery or surgical removal even without persisting deficit — is therefore central to the practical claim profile.

Definition comparison and differentiators

Insurer	Heading	Deficit-waiver and exclusions
Aviva	Benign Brain Tumour — of specified severity	Permanent deficit **or** removal by craniotomy **or** treatment by stereotactic radiosurgery. Excludes pituitary tumours and angiomas.
Irish Life	Benign brain tumour or cyst — resulting in permanent symptoms, surgery or radiosurgery	Permanent deficit; deficit waived if treated by stereotactic radiosurgery **or** by surgical removal (full or partial). Excludes pituitary tumours and angiomas.
New Ireland	Benign Brain Tumour — resulting in permanent symptoms or requiring surgery	Permanent deficit; deficit waived if removed by invasive surgery **or** treated by stereotactic radiosurgery. Excludes pituitary tumours and angiomas.
Royal London Ireland	Benign Brain Tumour — resulting in permanent symptoms (07/2025)	**Stricter waiver.** Permanent deficit; deficit waived if the tumour **is surgically removed**. **Stereotactic radiosurgery alone does not waive the deficit requirement.** Excludes pituitary tumours/lesions and angiomas.

Insurer	Heading	Deficit-waiver and exclusions
Zurich Life	Benign Brain Tumour — Resulting in Permanent Symptoms (current supplied wording)	Non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms; diagnosis by Consultant Neurologist or Neurosurgeon supported by CT, MRI or histopathology. **Permanent deficit waived if treated by stereotactic radiosurgery or by surgical removal (full or partial)**. Excludes pituitary tumours, angiomas, tumours originating from bone tissue and cholesteatoma.

Adviser implications

Royal London (07/2025) is the only one of the five whose deficit waiver applies *only* to surgical removal — not to stereotactic radiosurgery (Gamma Knife, CyberKnife, etc.). For meningiomas in locations where radiosurgery is the preferred treatment (skull base, petroclival), the four other providers' wordings will pay on the performance of radiosurgery alone, while Royal London will require either persisting deficit or surgical removal. This is one of the least-discussed but most material differentiators across the five products.

PART 3 — OPERATIONAL WORDING DIFFERENTIATORS

Survival, notification, residency and exclusions

Operational wording differentiators

Survival period

The survival period is the time the life assured must survive after diagnosis or the qualifying event for the Specified Illness benefit to be payable. Royal London Ireland uses a 10-day survival period for both full and partial Specified Serious Illness Cover, and for children's cover[16]. The other four insurers use 14 days. For high-mortality conditions such as severe stroke or large MI, a shorter survival period reduces the (small) probability that the claim is paid as a death claim under an accelerated policy rather than as a Specified Illness claim. In absolute terms the difference is small, but it is real.

Notification window

Notification windows differ materially: Aviva expects written notice with no fixed deadline (the insurer reserves rights for material non-disclosure); Irish Life requires written notice within 6 months of surgery, diagnosis or hospital admission; New Ireland requires written notice within 90 days of diagnosis or surgery (30 days for Accident Payment); Royal London requires the claim to be received within 3 months of the event or diagnosis; Zurich requires Serious Illness / Cancer notification within 6 months and PTD / Hospital Cash within 3 months[16,2,3,1,4].

Residency / approved territories

All five providers restrict the territories in which the life assured may reside without prejudice to a Specified Illness claim. Aviva and New Ireland exclude claims if the life is resident outside listed territories for more than 13 weeks in the 12 months preceding the claim. Irish Life pays only if the life lives in accepted countries (EU, Australia, Canada, NZ, Norway, South Africa, Switzerland, USA). Royal London requires the diagnosis to be obtained in an accepted country and applies pre-existing condition review through its Chief Medical Officer. Zurich limits the Serious Illness, Angioplasty, Partial Payment Serious Illness, Partial Payment Cancer Cover and PTD (Own Occupation) benefits to specific accepted countries (EU as at March 2026, United Kingdom, USA, Canada, Australia, New Zealand, Norway, Switzerland and others as set out in the supplied Customer Guide and Policy Document)[1,2,3,16,4].

Pre-existing conditions and 'related illness' lock-outs

Irish Life is the most explicit on related-illness lock-outs. For a client who has previously suffered a heart attack, stroke, coronary artery surgery, angioplasty or heart transplant before the policy starts, the Irish Life CWU group booklet states that the life can never claim under any of those five illness headings[43]. Royal London and Aviva manage pre-existing conditions through underwriting and Chief Medical Officer review at claim. The contractual position should always be cross-checked against the current policy conditions for the specific product variant.

General exclusions (common to all five)

All five insurers exclude claims arising directly or indirectly from intentional self-inflicted injury, improper use of drugs or alcohol, failure to follow medical advice, hazardous pursuits (including but not limited to scuba diving, mountaineering, motor sports and parachuting), war, civil war, riot, civil commotion or similar events, taking part in a criminal act, and HIV/AIDS outside the

specific transfusion/assault/occupational route allowed by each policy. This common framework is illustrated by Royal London Section 12.2 and Aviva's exclusions section[16,1].

Suicide and first-year exclusion

All five providers exclude life-cover claims if death is by suicide or the deliberate act of the life assured within 12 months of policy start (or reinstatement / increase)[16,2,3,4]. This is a life-cover provision rather than a Specified Illness provision in itself, but it is consistent across the market.

Conclusions

Specified / Serious Illness Cover in Ireland is a homogeneous product in headline terms — all five providers cover most of the same major conditions, all require a survival period of 10 to 14 days, all operate within similar exclusion frameworks, and all draw on a common ABI-style definitional inheritance. Where the five providers differ — and where adviser attention should be concentrated — is in the precise contractual definitions of the headings that drive the great majority of admissible claims.

On independent epidemiology and actuarial population-incidence work, cancer is the dominant heading by a wide margin, the cardiovascular bundle is a clear second, and stroke / MS / CABG / benign brain tumour rank lower with ranks that depend on the age and sex profile of the insured population. No single provider has the most claimant-friendly wording on every heading. Royal London's 2025 wording is the most modern and the most generous on heart attack (no clinical-symptoms requirement, no numeric troponin threshold), stroke (24 hours plus scan), MS (no minimum persistence) and cancer (myeloproliferative neoplasms, Merkel cell, pseudomyxoma peritonei explicitly included). It is also stricter than its competitors on benign brain tumour (no radiosurgery deficit waiver). Aviva and New Ireland are tighter on heart attack and CABG (clinical-symptoms and median-sternotomy requirements) but standard on cancer, stroke, MS and benign brain tumour. Zurich's current supplied wording reviewed in this report is modern and broadly claimant-friendly: Heart Attack ‘With Clinical Proof’ has no clinical-symptoms requirement and no numeric troponin threshold, Multiple Sclerosis (extending to Devic's Disease) has no minimum persistence period, CABG admits thoracotomy or mini-thoracotomy, and the benign brain tumour deficit-waiver covers stereotactic radiosurgery as well as surgical removal. Zurich is somewhat narrower than Royal London on stroke (it requires both 24-hour deficit and scan, with consultant confirmation), and slightly stricter on early prostate cancer (Gleason 7+ or T2bN0M0). Irish Life sits between Aviva/New Ireland and Royal London/ Zurich, but its current verbatim retail booklet was not publicly available at the time of writing and is the heading where contractual residual uncertainty is highest.

Adviser checklist

Use the following checklist when matching a Specified Illness product to an individual client.

Client profile. Age, sex, family history of major cancers, cardiovascular disease, MS, and CNS tumours; current health status; smoking history; occupation; residence and travel pattern.

Heading-by-heading risk weighting. Where the client's medical history concentrates risk (e.g. familial BRCA1/2, ischaemic heart disease, MS), weight the policy choice to the wording that is most claimant-friendly on that heading.

Cancer carve-outs. Confirm the prostate Gleason threshold, the bladder/thyroid/CLL stage carve-outs, NMSC treatment, and whether myeloproliferative neoplasms or rarer cancers (Merkel cell, pseudomyxoma) are explicitly included.

Heart attack. Check whether typical clinical symptoms are required, whether ECG alone is acceptable, whether new diagnostic imaging changes are accepted in lieu of ECG, and the

numeric troponin threshold (or absence).

Stroke. Confirm whether the wording requires permanent deficit or accepts 24-hour deficit plus scan; check the consultant-confirmation requirement and any eye-stroke exclusion.

Multiple sclerosis. Confirm the persistence period (none, 3 months, 6 months) and whether Devic's Disease (NMO) is included.

CABG. Confirm whether full payment requires median sternotomy or accepts thoracotomy / mini-thoracotomy / any open by-pass route; confirm the partial-payment amount for PCI / angioplasty.

Benign brain tumour. Confirm whether stereotactic radiosurgery waives the deficit requirement (Royal London uniquely does not); check pituitary, angioma, bone-origin and cholesteatoma exclusions.

Operational features. Check survival period (10 vs 14 days), notification window (90 days to 6 months), territorial scope, pre-existing condition treatment, and any product-specific Booster benefit.

Source documents. Always obtain the current verbatim policy conditions from the insurer for the specific product variant, especially for Irish Life, New Ireland and Zurich whose latest verbatim definitions are not publicly downloadable.

Closing remark

The most consequential service an adviser can perform in this market is to read the verbatim definition for the heading that matters most to the individual client. Headline counts of '52' or '70' illnesses say very little about whether a future event will pay a full claim; the wording quoted in this report does. The independent epidemiology is clear that cancer and the cardiovascular bundle dominate expected claims; the contractual wording determines what share of those events actually pays under each policy.

PART 4 — SOURCES

Numbered citation list with URLs

Numbered citation list

Every superscript number in this report refers to the corresponding entry below. URLs are clickable in this PDF. Insurer documents are labelled with their reference and date where available; epidemiology and actuarial sources are labelled with the publishing organisation and document.

1. Aviva Specified Illness Definitions Guide (Jan 2024). https://static.aviva.io/content/dam/aviva-public/ie/pdfs/specified-illness-definitions-guide.pdf

2. Irish Life Term Life Insurance Policy Conditions (TC 1000 REV 12-12). https://lion.ie/wp-content/uploads/2015/05/LifeInsuranceTCs1.pdf

3. New Ireland Life Choice Policy Conditions (301671 V6.04.13). https://lion.ie/wp-content/uploads/2015/05/LifeInsuranceTCs2.pdf

4. Zurich Life Guaranteed Term Protection Policy Document and Customer Guide (supplied by Mylife.ie; Customer Guide references current to March 2026). *Supplied document — no public URL.*

5. NCRI Cancer in Ireland 1994–2022 Annual Statistical Report (2024). https://www.ncri.ie/en/reports-publications/reports/cancer-in-ireland-1994-2022-annual-statistical-report-of-the-national

6. NOCA Irish National Audit of Stroke (INAS). https://www.noca.ie/audits/irish-national-audit-of-stroke/

7. Irish Heart Attack Audit 2024 (NOCA / IHF). https://irishheart.ie/news/irish-heart-attack-audit-national-report-2024/

8. Irish prospective MS incidence study (PubMed 2017). https://pubmed.ncbi.nlm.nih.gov/28427707/

9. IFoA Extending the Critical Path 2014. https://www.actuaries.org.uk/system/files/documents/pdf/20140217-ifoa-meeting-extending-critical-path-v4.pdf

10. CMI Working Paper 199 / SAI–CMI Ireland CI experience 2015-2021. https://www.actuaries.org.uk/learn-and-develop/continuous-mortality-investigation/cmi-working-papers/assurances/cmi-working-paper-199

11. SAI summary of WP 199 (July 2025). https://web.actuaries.ie/sites/default/files/story/2025/07/TA_Paper_SAI_Summary%20-%20240725.pdf

12. IFoA Critical Illness Working Party Terms of Reference 2024-25. https://actuaries.org.uk/media/aemlsfqz/critical-illness-incidence-rates-working-party-terms-of-reference.pdf

13. Irish Life specified illness cover — full-payment list (Sep 2024). https://www.irishlife.ie/life-insurance/specified-illness-cover/illnesses-covered-for-full-payment/

14. New Ireland 2019 enhancement announcement. https://www.newireland.ie/news/market-leading-specified-illness-enhancements-launched/

15. An Post Insurance / New Ireland Life Choice disclosure. https://www.anpostinsurance.ie/Webdocs/Documents/Live/ImportantSupplierInformation-AnPostInsurance-LifeChoice.pdf

16. Royal London Ireland Specified Serious Illness Policy Conditions (07/2025). https://www.royallondon.ie/siteassets/site-docs/broker-centre/policy-conditions/rl-ssi-policy-conditions.pdf

17. Royal London Ireland customer brochure. https://www.royallondon.ie/siteassets/site-docs/product-brochures/rl-ssi-brochure.pdf

18. Tallaght / HSE summary. https://www.tallaghtmedicalcentre.com/coronary-heart-disease

19. NCRI Cancer Trends 28. https://www.ncri.ie/en/reports-publications/reports/cancer-trends-28-primary-brain-cancer

20. IFoA G5 update. https://vle.actuaries.org.uk/pluginfile.php/170614/mod_resource/content/1/G5_An%20Update%20from%20the%20Critical%20Illness.pdf

21. Hannover Re 2022 critical illness paper. https://assets.hannover-re.com/asset/533267266226/document_iuqlm92ji90hf7flu2ubfl7v3h/2022_12_LH_ReCent_Actuarial-Critical%20Illness_en.pdf?content-disposition=inline

22. Webersinke / Swiss Re — Pricing the Critical Illness Risk. https://actuariesindia.org/sites/default/files/2022-05/Critical_Illness_Pricing_Andres_Webersinke.pdf

23. Irish PCI/angio trends. https://pmc.ncbi.nlm.nih.gov/articles/PMC5802397/

24. BMJ Open 2025 PCI/CABG trends. https://pmc.ncbi.nlm.nih.gov/articles/PMC12682169/

25. Dutch Brain Tumour Registry. https://pmc.ncbi.nlm.nih.gov/articles/PMC9443372/

26. NCRI 2023 PDF. https://www.drugsandalcohol.ie/40094/1/NCRI_Cancer_Ireland_AnnualStatisticalReport_2023.pdf

27. IARC GLOBOCAN Ireland 2022. https://gco.iarc.who.int/media/globocan/factsheets/populations/372-ireland-fact-sheet.pdf

28. OECD EU Cancer Profile Ireland 2025. https://www.oecd.org/content/dam/oecd/en/publications/reports/2025/02/eu-country-cancer-profile-ireland-2025_3f102684/7d8d0798-en.pdf

29. NCRI age and stage at diagnosis 2024. https://www.ncri.ie/en/news/news-from-ncri/new-annual-report-reveals-the-impact-of-age-and-stage-at-diagnosis-on-cancer

30. Lancet Healthy Longevity Sweden registry. https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(21)00085-4/fulltext

31. IHF CVD primary prevention 2023. https://irishheart.ie/wp-content/uploads/2023/11/IHF_CVD_PP_Summary_SCREEN.pdf

32. Sweden MI registry 2005-2021. https://pubmed.ncbi.nlm.nih.gov/35279468/

33. Medical Independent on NOCA report. https://www.medicalindependent.ie/in-the-news/breaking-news/there-was-an-8-per-cent-increase-in-stroke-admissions-between-2022-and-2023-to-irish-hospitals-with-6461-patients-admitted-with-a-stroke-diagnosis/
34. BMC HSR Irish stroke care 2024. https://pmc.ncbi.nlm.nih.gov/articles/PMC11403833/
35. European ischaemic stroke 1991-2021 trends. https://pubmed.ncbi.nlm.nih.gov/41110104/
36. ESO young ischaemic stroke incidence. https://eso-stroke.org/esj-comment-young-ischaemic-stroke-incidence-and-demographic-characteristics/
37. Frontiers Neurology 2022. https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2022.793181/full
38. Aviva Specified Illness page. https://www.aviva.ie/protection/specified-illness-cover/
39. MS Society of Ireland. https://www.ms-society.ie/news/multiple-sclerosis-facts
40. Neurology Academy MS audit. https://neurologyacademy.org/ms-academy/projects/epidemiology-of-ms-prevalence-incidence-and-time-to-get-proper-diagnosis-and-disease-modifying-therapy
41. ECDC SSI Annual Epi Report 2016. https://www.ecdc.europa.eu/en/publications-data/surgical-site-infections-annual-epidemiological-report-2016-2014-data
42. HRB Open Research 2023. https://pmc.ncbi.nlm.nih.gov/articles/PMC11255547/
43. Irish Life CWU SIC booklet. https://halligan.ie/docs/CWULifeSIC/Irish_Life_CWU_SIC_Booklet_v4.pdf