

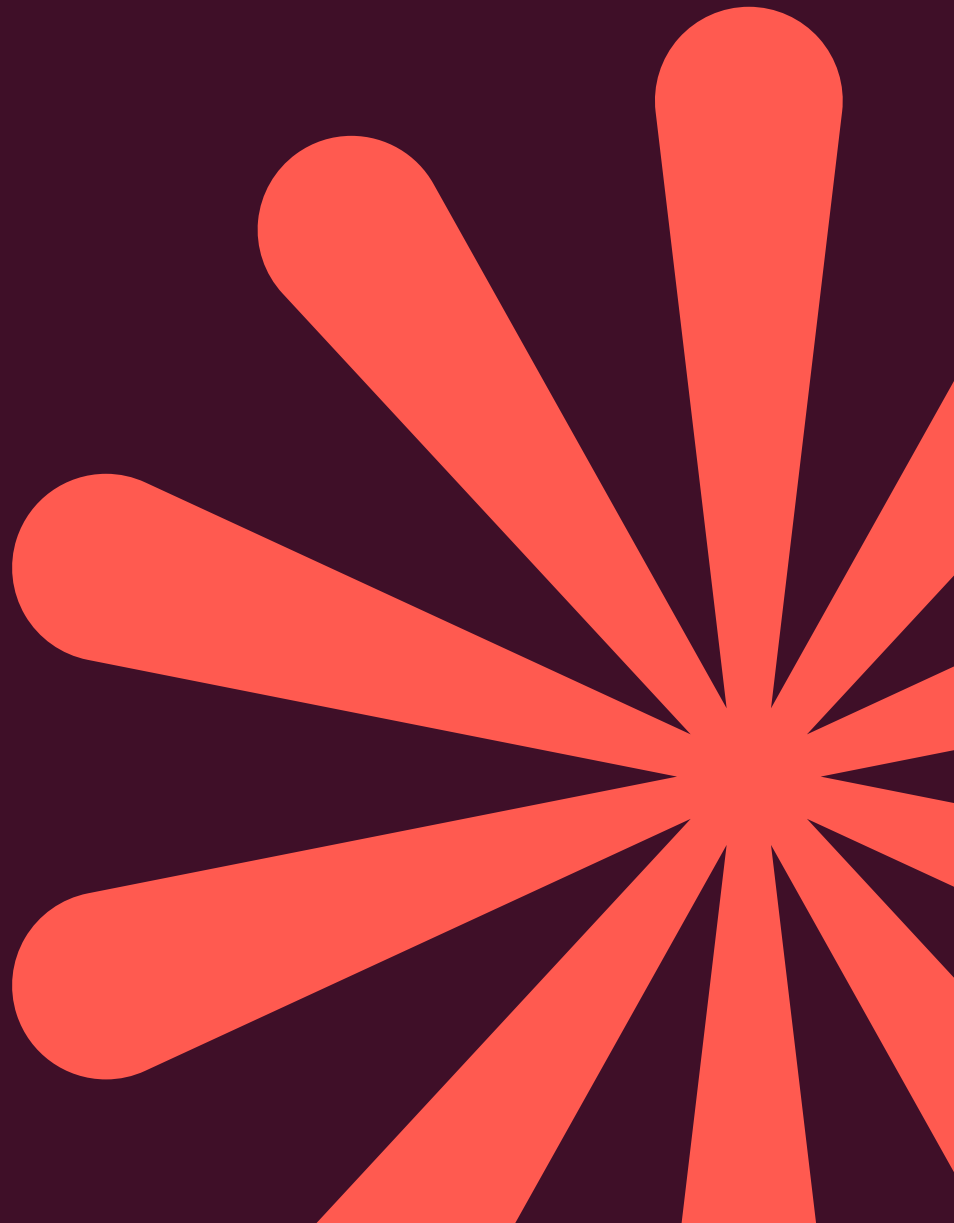
Children's Critical Illness Protection

POLICY TERMS
AND CONDITIONS

JUNE 2026



Children's Critical Illness Protection is an optional extra. It can only be taken out alongside one of our core adult covers. It's important you read these policy terms and conditions alongside the specific policy terms and conditions for your core cover.



YOUR POLICY TERMS AND CONDITIONS

About this document and your policy

We give these **policy terms and conditions** to everyone who buys Children's Critical Illness Protection with us. They explain how this specific **cover** works, how to make a claim, how to keep your premiums up to date, and how to make changes to your **cover**.

This document explains your Children's Critical Illness Protection **cover** only. It sets out what this **cover** includes and how it works.

Your wider protection policy

Children's Critical Illness Protection is an optional extra. It can only be taken out alongside one of our adult **core covers**:

- Life Essentials
- Life Protection
- Critical Illness Essentials
- Critical Illness Protection
- Combined Life and Critical Illness Essentials
- Combined Life and Critical Illness Protection
- Income Protection

Children's Critical Illness Protection can be applied for at the same time as your **core covers**. It can also be added to a **core cover** at any time thereafter.

Your **cover summary** shows all the **covers** you have and what each one protects you for. Each **cover** has its own **policy terms and conditions**.

It's important that you read these **policy terms and conditions** alongside the terms and conditions for your **core cover**. You can find all of them in your online MyGuardian account.


What we mean by Financial Adviser

Throughout these **policy terms and conditions**, when we say **Financial Adviser**, we mean the person who arranged your **policy** for you. This could be a **Financial Adviser**, financial planner, protection adviser, insurance agent, mortgage adviser or another professional.

If you can't remember who your **Financial Adviser** is, please give us a call or send us an email and we can share their details. Or, if you're no longer in contact with your **Financial Adviser**, you can visit www.unbiased.co.uk to find one in your local area.

If you need any help

Your **Financial Adviser** should be able to answer most of your questions, but you can also contact the Guardian Team:

 0808 123 1821

 heretohelp@guardian1821.co.uk

Extra support

If you ever need extra support, we're here to help. You can visit guardian1821.co.uk/extra-support, send us an email or give us a call to explore how we can support you in a way that works best for you. If you let us know what you need, we can make a note on your account, so our team understands how to support you better.

When you need extra support, we'll work with you to help you understand what information is needed and how to provide it.

If you'd like this document in a different format, such as Braille, large print or audio, please call or email us.



GLOSSARY OF TERMS

This is a legal document so we have to use terms throughout that you might not be familiar with. We recommend you refer to the glossary of terms in section 5 when reading this document to make sure you understand what you're covered for and how your **policy** works.

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1. YOUR PROTECTION POLICY

1.1 YOUR CONTRACT WITH US

Your Children's Critical Illness Protection forms part of your wider protection policy. Each **core cover** you hold is a separate contract, as shown on your **cover summary**.

These **policy terms and conditions** apply only to your Children's Critical Illness Protection. The terms of your overall contract are explained in the **policy terms and conditions** for your **core cover**.

You should read this document alongside the **policy terms and conditions** for your **core cover**.

1.2 ABOUT YOUR POLICY

Your **policy** is arranged and administered by Guardian Financial Services Limited. Guardian Financial Services Limited is an appointed representative of Scottish Friendly Assurance Society Limited.

Guardian Financial Services Limited is entered on the Financial Services Register under reference number 798072. Guardian Financial Services Limited is registered in England and Wales under number 11115769. Registered office: 11 Strand, London WC2N 5HR.

Your **policy** is underwritten and issued by Scottish Friendly Assurance Society Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Scottish Friendly Assurance Society Limited is entered on the Financial Services Register under reference number 110002, with permission to effect and carry out contracts of insurance.

1.3 MAKING A CLAIM

If you need to claim under your **policy**, contact your **Financial Adviser** or call our Claims Team on **0808 173 1821** as soon as you can. They'll tell you all about how to claim and offer you as much help and guidance as they can at what can be a very difficult time.

- Phone our Claims Team on **0808 173 1821** or
- Email claims@guardian1821.co.uk or
- Write to **Guardian Financial Services, Forbury Works, 37–43 Blagrove Street, Reading RG1 1PZ**

Once we're told about a claim, we gather any evidence to assess your claim to enable us to pay out as quickly as possible. We may need to get some medical information, but there will be no cost to you or the person making the claim. If you're living abroad, we may need you to return to the UK to attend a medical examination so we can fully assess your claim. In this situation you'll need to cover your travel costs.

1.4 ADDITIONAL SUPPORT WHEN YOU CLAIM

If you need to claim, we understand the financial payout is important, but that's often not all you need at this difficult time. That's why we offer additional support through our HALO claims service.

When you make a claim, our Claims Specialists take time to understand your situation. They then draw on their experience and the expertise of our partners to recommend and put in place support that's relevant to you.

HALO supports you and your immediate family, and in most cases the entire cost of the help offered is covered by your **policy**.

To make sure HALO provides the best claims support, we regularly review the services we offer and the providers we work with. HALO doesn't form part of your contract with us. This gives us the flexibility to change current services and providers as well as add new services and providers at any time. We can also remove services that are no longer available or withdraw them completely.

1.5 PAYMENTS MADE UNDER YOUR POLICY

Unless we agree otherwise:

- All payments made to, and by, us under your **policy** must be in GBP (pounds sterling).
 - We'll only pay claims to UK, Channel Islands or Isle of Man bank accounts.
-

1.6 CHANGES WE'LL MAKE TO YOUR POLICY

If we have to make changes to your **policy**, we'll always let you know before we make them. Changes could be because we can offer you better **terms** or need to change your current **terms**, or because of changes in future legislation.

1.7 CANCELLING YOUR CHILDREN'S CRITICAL ILLNESS PROTECTION

You can cancel your Children's Critical Illness Protection at any time by letting us know at heretohelp@guardian1821.co.uk. If you tell us after 30 days, you won't get any money back, as the **policy** has no surrender value. The cancellation will take effect from the date of your next monthly policy anniversary.

If you cancel all the **core covers** on your **policy**, your Children's Critical Illness Protection will also be cancelled.

If you stop paying your monthly premiums on your **core cover**, your Children's Critical Illness Protection will lapse at the same time as your **core cover**.

For information about cancelling one or more of your **core covers** and withdrawing consent, please see the **policy terms and conditions** for your **core cover**. You can find them in your online MyGuardian account.

Reinstating your Children's Critical Illness Protection

You can apply to reinstate your **core cover** up to 2 months after it's cancelled, provided all your missed premiums are paid in full. See the **policy terms and conditions** for your **core cover** on what we'll ask for.

If you reinstate your **core cover**, you can reinstate your Children's Critical Illness Protection at the same time.

1.8 CASH-IN OR SURRENDER VALUE

Your **policy** has no cash-in value (there's no investment or savings element) and won't pay out if you reach the end of the **term** without a claim.

2. PAYING FOR YOUR POLICY

The amount you need to pay for your Children's Critical Illness Protection will be shown on your **cover summary**. Your premiums won't change unless:

- You chose Increasing Cover.
- A change is made to your **cover**.

2.1 PAYING PREMIUMS

You'll need to pay your premiums each month from a personal UK, Channel Islands or Isle of Man bank account that accepts direct debits. The account must be held in your name and you must be an authorised signatory. We'll collect your Children's Critical Illness Protection through the same direct debit as your **core cover**.

If your bank account details change, please let us know as soon as you can. Contact us directly or through your **Financial Adviser**.

2.2 MISSING PREMIUMS

A direct debit payment can fail for a variety of reasons. It's your responsibility to make sure there's enough money in your account to pay your premiums each month.

If we're unable to collect premiums, we'll email you immediately and let your **Financial Adviser** know too.

If you don't pay your premiums, your **policy** will lapse 30 days after the first missed premium.

As your Children's Critical Illness Protection is linked to your **core cover**, it will also lapse if your **core cover** lapses.

If you need to discuss any issues around the collection of your premiums, please call us or email us.

2.3 PREMIUM WAIVER

Premium Waiver is automatically included in your **core cover** and can't be removed. It means you may not have to pay your monthly premiums. The type of Premium Waiver you have varies depending on which **core cover** you have. Please see your **core cover policy terms and conditions** for full details.


If we waive the premiums on your **core cover**, we'll also waive the premiums on your Children's Critical Illness Protection for the same length of time.

3. GENERAL INFORMATION AND CONDITIONS

3.1 MAKING A COMPLAINT

We hope you'll never need to complain, but if you do, we'll do our best to resolve your complaint as quickly as possible. To find out how to make a complaint, please follow our step-by-step process at guardian1821.co.uk/complaints.

To contact us:

 0808 123 1821

 heretohelp@guardian1821.co.uk


 Guardian Financial Services, Forbury Works, 37–43 Blagrove Street, Reading RG1 1PZ


We always prefer to sort out any complaints ourselves, but you can ask for help from the Financial Ombudsman in certain circumstances:


- If we haven't been able to resolve your complaint.
- If we've not sent you a final response within 8 weeks.

The Financial Ombudsman is an independent service in the UK for settling disputes between consumers and businesses providing financial services. You can find more information on the Financial Ombudsman at www.financial-ombudsman.org.uk.

To contact the Financial Ombudsman:

 0800 0234 567 (free from UK landlines and mobiles) or
0300 123 9123 (calls cost no more than 01 and 02 calls)

 complaint.info@financial-ombudsman.org.uk

 Financial Ombudsman Service, Exchange Tower, London E14 9SR

3.2 THE FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)


The FSCS is designed to pay compensation if a firm is unable to pay claims because it's stopped trading or been declared in default. So, if Scottish Friendly Assurance Society Limited runs into financial difficulties, you may be able to claim through the FSCS for any money you've lost.

The FSCS will pay 100% of the value of your claim and there's no limit to the amount of the payment. You can find out more about the FSCS, including eligibility to claim, by visiting its website.

The rules of the FSCS might change in the future and the FSCS may take a different approach depending on what led to the failure.

To find out more about the FSCS:

 [fscs.org.uk](https://www.fscs.org.uk)

 0800 678 1100

 Financial Services Compensation Scheme, PO Box 300, Mitcheldean GL17 1DY

3.3 THE LAW THAT APPLIES

Our **policies** are governed by the laws of England and Wales and are based on current law and precedent, which may change in the future.

3.4 SOLVENCY II DIRECTIVE INFORMATION

Scottish Friendly Assurance Society Limited's solvency and financial condition report can be accessed at <https://www.scottishfriendly.co.uk/financial-results-and-tax-strategy>.

3.5 OUR UNDERSTANDING OF TAX RULES

Under current tax rules, any payments we make on your **policy** will be free from income tax and capital gains tax in the UK. This is based on our understanding of current tax law and practice which may change in the future. We recommend you speak to your **Financial Adviser** or a solicitor if you'd like to know more.

4. YOUR CHILDREN'S CRITICAL ILLNESS PROTECTION

4.1 WHAT CHILDREN'S CRITICAL ILLNESS PROTECTION DOES

Children's Critical Illness Protection will pay out the **amount covered** if any of the following events happen while the **cover** is **in force**:

- An **eligible child** is diagnosed with one of our **full payout** children's critical illness conditions and survives 10 days from diagnosis.
- An **eligible child** aged 12 months or older is diagnosed with a terminal illness which, in the opinion of their **UK Consultant**, is expected to lead to their death within 12 months and they survive 10 days from diagnosis.

It'll also pay an additional amount of 25% of the **amount covered**, up to a maximum of £25,000. The exception being for low-risk non-melanoma skin cancer which pays 10% of the **amount covered**, up to a maximum of £10,000. The additional amount is paid if an **eligible child** is diagnosed with an **additional payout** condition. The **amount covered** is unaffected.

Please see section 6 for **full payout** and **additional payout** Children's Critical Illness Protection definitions. See section 4.9 for full details of our terminal illness definition.

Children's Critical Illness Protection also pays out if an **eligible child** is stillborn at any stage after a 24-week gestation period, or dies before they reach their 23rd birthday. If this happens, we'll pay out £10,000 as a contribution towards funeral costs in addition to any other payout.

When we make a **full payout** for an **eligible child**, the **cover** for that **eligible child** will then end, with the exception of funeral cover which will remain in place while premiums continue to be paid. An **eligible child** can't have further **cover** under another Guardian policy that takes them above the £100,000 limit for this **cover**.

There's no limit to the number of **eligible children** that can be covered, and if you go on to have further **eligible children**, they will automatically be covered.

4.2 WHO CAN TAKE OUT COVER

You can only take out Children's Critical Illness Protection alongside any **core cover**, either when you buy a **core cover**, or later as you can add it to a **core cover** at any time by contacting your **Financial Adviser** or us.

4.3 HOW LONG YOU CAN GET COVER FOR

The minimum **term** for Children's Critical Illness Protection depends on the **core cover** it's taken out alongside.

Each **eligible child** is covered from birth until their 23rd birthday.

Children's Critical Illness Protection ends when:

- It's cancelled.
- The **core cover** lapses or is cancelled.
- When the **core cover** ends.
- When your youngest **eligible child** reaches their 23rd birthday.

Children's Critical Illness Protection can be cancelled at any time if you ask us, and we'll reduce your total premium. This wouldn't affect your **core cover**.

4.4 HOW MUCH YOU'RE COVERED FOR

The amount you're covered for is shown on your **cover summary**.

Your type of Children's Critical Illness Protection is linked to the type of adult **core cover**. If the type of adult **core cover** is:

- **Level:** The children's **cover amount** is fixed for the **cover term**.
 - **Increasing:** The children's **cover amount** will go up in line with inflation every year on each cover anniversary. See section 4.6 for details.
 - **Decreasing:** The children's **cover amount** will remain level and is fixed for the **cover term**.
 - **Family Income Benefit:** The children's **cover** will remain level and is fixed for the **cover term**. Family Income Benefit is only available with some **core covers**. Your **cover summary** will show if you have Family Income Benefit on your **core cover**.
-

4.5 WHO WE'LL PAY OUT TO

We'll pay any valid children's critical illness claim to the **person covered** under the **core cover**.

4.6 INCREASING COVER

If you select this option, the **amount covered** will go up in line with inflation on each **cover** anniversary. Your **cover summary** will state whether or not you've chosen this option.

If you have selected this option, your premium will also increase each year to reflect the increased **cover amount**. The increase is calculated as the inflation increase multiplied by 1.5.

We track inflation using the retail price index (RPI) over a 12-month period. We may use another equivalent index in the future. If inflation is 0% or less, no change in premium or **cover** will be applied.

The maximum Children's Critical Illness Protection you can have with us is £100,000. If you select Increasing Cover on your **core cover**, then the **amount covered** will continue to increase above this level.

Adding Increasing Cover

If you change your **core cover** to Increasing Cover, it'll also apply to your Children's Critical Illness Protection.

If Life Essentials, Critical Illness Essentials, Combined Life and Critical Illness Essentials or Income Protection is your only **core cover**, you won't be able to change Children's Critical Illness Protection from Level Cover to Increasing Cover.

Removing Increasing Cover

Removing Increasing Cover from your **core cover** means it'll also be removed from your Children's Critical Illness Protection if you have this **cover**.

Once Increasing Cover has been removed, it can't be added again.

4.7 COVER UPGRADE PROMISE

Your Children's Critical Illness Protection includes our cover upgrade promise. This is our promise to you that if we improve our Children's Critical Illness Protection definitions for new policyholders after your **cover** has started, we'll give those improved definitions to you as an existing policyholder. Usually, we'll give you these improvements for free. If we can't give you them for free, we'll give you the opportunity to pay to add these definition improvements to your **cover**.

This means your **eligible children** can claim on any of the definitions listed in these **policy terms and conditions**, or any improved definitions we subsequently add.

Our cover upgrade promise applies to both new and existing definitions for **full payout** and **additional payout** conditions. It doesn't apply to the amount we pay, for example if we increase the amount we pay our new customers for **additional payouts**.

How it works

We regularly review and update our critical illness definitions. With our cover upgrade promise, when we improve a definition for new customers, we'll email you details of that improvement so that if you need to claim, your **eligible children** can benefit from either definition. We'll let you know if we've added this improvement to your **cover** for free or give you the opportunity to increase your monthly premium to include it.

When you make a claim, we'll check it against the original definitions you bought, and any improvements we've made since. And we'll pay out if your **eligible child's** claim is valid under any of those definitions.

Exclusions

We won't pay a claim under the cover upgrade promise for a condition your **eligible child** was diagnosed with or had a surgical procedure for before we improved the definition, unless your **eligible child** still has the condition when the cover upgrade is made, and the condition meets the improved definition at that time. If you make a claim for a condition diagnosed before we updated our definition, we'll pay your claim from the date you contact us, not from the date your **eligible child** was diagnosed.

4.8 CHANGING YOUR COVER

Your **cover** gives you several options that allow it to reflect your changing needs throughout your **cover term**. If you take advantage of any of these and changes are made to your **cover**, we'll issue you with a new **cover summary**.

Changing the amount

- **Reducing your cover**

You can reduce the **cover amount** at any time by contacting us. We'll adjust the premium and issue an updated **cover summary**.

The minimum cover for Children's Critical Illness Protection is £10,000.

- **Adding to your cover**

The only change allowed to your Children's Critical Illness Protection Cover, once it's **in force**, is changing the **cover** to Increasing, along with the **core cover** if your **core cover** allows it.

The maximum **cover** for Children's Critical Illness Protection is £100,000 across all **covers**, limited to the adults' **core cover** amount.

If the only **core cover** on your **policy** is Income Protection or your cover type is Family Income Benefit, the maximum **cover amount** you can have is limited to the annual adult **cover amount**, multiplied by the **cover term**, up to a maximum of £100,000.

4.9 TERMINAL ILLNESS

We'll pay the full amount of Children's Critical Illness Protection if, after their first birthday, an **eligible child** is diagnosed as being terminally ill and:

- The illness or condition leading to the terminal prognosis is diagnosed after this date.
 - In the opinion of their attending **UK Consultant**, the illness is expected to lead to their death within 12 months.
-

4.10 ASSESSING A CLAIM

We make sure the condition meets one of our Children's Critical Illness Protection definitions in section 6 and that the **eligible child** who's covered has survived for 10 days from diagnosis. Once we receive confirmation of the diagnosis from the relevant specialist, we'll assess the claim and pay the appropriate amount as soon as possible.

We'll pay the **additional payout** amount once for each **eligible child**. If we've paid an **additional payout** amount for an **eligible child**, the child remains covered for a **full payout**.

Cover will end for an **eligible child** once we make a **full payout** with the exception of funeral cover which will remain in place while the premiums continue to be paid.

If the **eligible child** meets the definition for a **full payout** at the same time as an **additional payout**, we'll only pay the **full payout**.

Terminal illness claim

We make sure the condition meets our definition shown in section 4.9. Once we receive confirmation that the **eligible child** has met our terminal illness definition, we'll assess your claim and pay the full **cover amount**. Once we've paid a terminal illness claim the **cover** will end for the **eligible child** with the exception of funeral cover which will remain in place while the premiums continue to be paid.

Premium Waiver claims

If we waive the premiums on your **core cover**, we'll also waive the premiums on your Children's Critical Illness Protection for the same length of time. See section 2.3 for full details.

4.11 WHEN WE WOULDN'T PAY A CLAIM

We wouldn't pay your claim:

- If the **eligible child** doesn't meet one of our Children's Critical Illness Protection definitions.
- If the **eligible child** after their 23rd birthday meets one of our Children's Critical Illness Protection definitions, is diagnosed with a terminal illness or dies.
- For a condition or related condition, including one that caused death, if, before you took out, reinstated, or added the children's **cover**, or before the child became an **eligible child** (for example, if you adopted them after your children's **cover** started):
 - The **eligible child** was already having symptoms relating to, was awaiting investigations or being investigated for, or had been diagnosed with, a condition resulting in your claim.
 - Either parent had sought or received counselling or medical advice in relation to the **eligible child** being affected by a condition resulting in your claim.
 - Either parent was aware of an increased risk, including as a result of a screening or test during or after pregnancy, that the **eligible child** could have a condition resulting in a claim.

See the **policy terms and conditions** for your **core cover** for other reasons we may not pay a claim.

4.12 THE AMOUNT WE PAY OUT

The amount we pay out depends on the type of **core cover** you have, details of which are shown on your **cover summary**.

- **Level:** The **cover amount** is fixed throughout the **cover term**. It's this amount that we'll pay out on a claim.
- **Increasing:** If you choose Increasing Cover on your **core cover**, the **cover amount** and the premium you pay increase in line with inflation on each cover anniversary. We pay the amount that applies at the date the **eligible child** is diagnosed with one of our Children's Critical Illness Protection definitions, or terminal illness definition. See section 4.6 for more information.

If you have Level Cover, Decreasing Cover or Family Income Benefit on your **core cover**, your Children's Critical Illness Protection will default to Level Cover.

4.13 CONTINUING COVER AFTER A CLAIM

Additional payout

After we've paid an **additional payout** claim, the cover will continue to provide the full amount of cover while your premiums are paid (or being waived). The **additional payout** won't reduce the **amount of cover**.

We'll only pay the **additional payout** amount once for each **eligible child**. If you have other **eligible children**, the cover will remain **in force**.

Full payout

If you need to make a critical illness claim on your Children's Critical Illness Protection for a **full payout** condition, we'll pay the **amount covered** to you and **cover** for that child will end, with the exception of funeral cover which will remain in place for that child provided the premiums continue to be paid. The claim won't affect any other **cover**. If you have other **eligible children**, the **cover** will remain **in force**.

4.14 MOVING ABROAD

Eligible children will still be covered by Children's Critical Illness Protection if you move abroad after it's started, but you'll need to keep your personal UK, Channel Islands or Isle of Man bank account that accepts direct debits to pay the premium.

5. GLOSSARY OF TERMS

This is a legal document so we have to use terms throughout that you might not be familiar with. We recommend you refer to this glossary when reading your **policy terms and conditions** to make sure you understand what you're covered for and how your **policy** works.

A a

Activities of daily living:

- **Bending:** The ability to bend or kneel to touch the floor and straighten up again.
- **Climbing:** The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
- **Communicating:** The ability to:
 - Clearly hear (with a hearing aid or other aid if normally used) conversational speech in a quiet room.
 - Understand simple messages.
 - Speak with sufficient clarity to be clearly understood.
- **Dexterity:** The physical ability to write legibly using a pen or pencil, or type using a computer keyboard.
- **Financial competence:** The ability to recognise the transactional value of money and the handling of routine financial transactions such as paying bills or checking change when shopping.
- **Reading:** Having eyesight, even after correction by spectacles or contact lenses, sufficient to read a standard daily newspaper or to pass the standard eyesight test for driving. Failure for this activity would include being certified blind or partially sighted by a registered Ophthalmologist.
- **Responsibility and independence:** The ability to independently make arrangements to see a doctor and take regular medication as prescribed by a medical practitioner, or similarly qualified medical doctor.
- **Walking:** The ability to walk a distance of 200 metres on a level surface without stopping due to breathlessness, angina or severe discomfort, and without the assistance of another person but including the use of appropriate aids. For example, a walking stick.

Additional payout: A payout of 25% of the **cover amount** up to a maximum of £25,000. The exception being for low-risk non-melanoma skin cancer which pays 10% of the **cover amount** up to a maximum of £10,000. The **additional payout** conditions are listed in section 6 after the **full payout** conditions.

Amount covered/cover amount: The amount of **cover** provided under the **cover**. This is shown on your **cover summary**.

Application: A request for **cover** or relevant information given to us during the underwriting process. The **application** is completed online by your **Financial Adviser** on your behalf. We use this information to set up your **policy**.

C c

Core cover: Life Essentials, Life Protection, Critical Illness Essentials, Critical Illness Protection, Combined Life and Critical Illness Essentials, Combined Life and Critical Illness Protection or Income Protection.

Cover: There are 8 covers in our Protection Menu: Life Essentials, Life Protection, Critical Illness Essentials, Critical Illness Protection, Combined Life and Critical Essentials, Combined Life and Critical Illness Protection and Income Protection are **core covers**, and Children's Critical Illness Protection is an optional extra **cover**.

Cover summary: The document that explains your **cover** and premiums.

Cover term: The time between the cover **start date** and the cover **end date**. This is shown on your **cover summary**.

E e

Eligible child/children: You or your partner's natural, step or adopted children and those for whom you're the legal guardian or have been granted parental responsibility.

End date: The last day of **cover** – which is shown on your **cover summary** – or the date of a terminal illness or **full payout** claim paid, whichever is earlier.

F f

Financial Adviser: This is the person who arranged your **policy** on your behalf. This could be a **Financial Adviser**, financial planner, protection adviser, insurance agent, mortgage adviser or another professional.

Full payout: A payout of 100% of the **cover amount**. **Full payout** refers to critical illness payouts only. The **full payout** conditions are listed in section 6.

I i

In force: A **policy** that's active with premiums being paid.

Irreversible: Can't be reasonably improved on by medical treatment and/or surgical procedures used by the National Health Service (NHS) in the UK at the time of a claim.

N n

New myocardial infarction: A myocardial infarction that occurs and is diagnosed after the **start date** of the **policy**.

New York Heart Association (NYHA) functional classification system – Class III: Heart disease resulting in a marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

P p

Partner: Someone you're married to, in a civil partnership with or have been living with as if married or in a civil partnership for more than 2 years at the date the claim is made.

Permanent: Expected to last throughout life with no prospect of improvement, irrespective of when the cover ends.

Permanent neurological deficit with persisting clinical symptoms: Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the life of the **eligible child**.

Person covered: The named person who is covered under the **core cover**.

Policy: Your protection **policy** with us, which may include more than one **core cover**.

Policy term: The time between the **policy start date** and the **policy end date**. This is shown on your **cover summary**.

Policy terms and conditions: These are the terms and conditions that are detailed in this document.

S s

Site: A place, area or location in or on an organ. An organ is a group of tissues or cells adapted to perform a specific function.

Start date: The first day of **cover** as shown on your **cover summary**.

Surgery/surgical removal: The cutting or opening of a patient's tissues or body, in a controlled, sterile and antiseptic environment while under anaesthesia, using typical surgical instruments and suturing or stapling. **Surgery** doesn't include biopsies or non-invasive therapies, procedures or investigations (for example, endoscopies) or any radio-surgical procedures or therapies.

T t

Terms: These **policy terms and conditions** and any additional conditions included in your **cover summary**.

U u

UK Consultant: Someone who:

- Holds an appointment as a Consultant or equivalent at a hospital in the UK and is registered to practice in the UK; and
- Is a specialist appropriate to the cause of a claim.

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Y y

You/your: The **person covered** under the **core cover**.

6. CHILDREN'S CRITICAL ILLNESS PROTECTION DEFINITIONS

Full payout conditions

If you're diagnosed with one of the following illnesses or conditions, we'll pay 100% of the amount of **cover** specified on your **cover summary**.

A a

Aorta graft surgery: Placement on the NHS waiting list for, or the undergoing of, **surgery** for disease or trauma of the aorta requiring surgical replacement with a graft on the advice of a **UK Consultant**.

Aplastic anaemia: A definite diagnosis by a **UK Consultant** Haematologist of aplastic anaemia. There must be **permanent** bone marrow failure with anaemia, neutropenia and thrombocytopenia.

B b

Bacterial meningitis: A definite diagnosis of bacterial meningitis by a **UK Consultant** Physician supported by cerebrospinal fluid changes consistent with bacterial meningitis.

Benign brain tumour: A definite diagnosis by a **UK Consultant** Neurologist of a non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull resulting in either:

- Placement on the NHS waiting list for, or the undergoing of, **surgery** to treat the tumour, radiotherapy, chemotherapy.

OR

- **Permanent neurological deficit with persisting clinical symptoms.**

The following are not covered under this definition but are covered as an **additional payout**:

- Pituitary tumours.

Benign spinal cord tumour: A definite diagnosis by a **UK Consultant** of a non-malignant tumour or cyst originating from the spinal cord, spinal nerves or meninges.

Blindness: **Permanent** and **irreversible** loss of sight to the extent that, even when tested with the use of visual aids, it's measured by a certified UK Ophthalmologist as having a best corrected (with glasses or lenses) visual acuity in the better eye of:

- 6/60 or worse using a Snellen eye chart, or equivalent.
- A loss of peripheral visual field and a central visual field of no more than 20 degrees in total.

C c

Cancer: A definite diagnosis by a UK Oncologist of a malignant cancer with histological confirmation.

The following are not covered under this definition but are covered as **additional payouts**:

- Malignant tumour of the prostate histologically classified as having a Gleason score between 2 and 6 inclusive and having progressed to clinical TNM classification T1N0M0-T2aN0M0 inclusive. (If the prostate cancer is classified as having progressed to a Gleason score of 7 or above or clinical TNM classification T2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate), we'll pay out the full **cover amount**).

- Carcinoma in situ with surgery to remove the tumour.
- Ovarian tumour of borderline malignancy/low malignant potential that has resulted in the **surgical removal** of the ovary.
- Non-melanoma skin cancer (including cutaneous lymphoma and cutaneous sarcoma) with histological confirmation of spread beyond the epidermal layer that has not caused invasion to the lymph glands or bones or spread to distant organs.
- Tumours in the pituitary gland that have not invaded the lymph nodes or bones or spread to distant organs but have resulted in surgical removal of the tumour or use of radiotherapy to destroy tumour cells.
- Benign testicular tumour or intra-tubular germ cell neoplasia unclassified, that has resulted in an orchidectomy (removal of a testicle).

The following are not covered:

- Any other cancer in situ. This includes melanoma in situ.
- Tumours in the pituitary gland that have not resulted in either **surgical removal** of the tumour or use of radiotherapy to destroy tumour cells.

Cardiac arrest: A sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and the placement on the NHS waiting list for, or implantation of, either of the following devices on the advice of a **UK Consultant**:

- Implantable cardioverter defibrillator, or
- Cardiac resynchronisation therapy with defibrillator (CRT-D).

Cardiomyopathy: A definite diagnosis of cardiomyopathy by a **UK Consultant** Cardiologist resulting in at least one of the following:

- Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
- Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain equivalent to at least Class III of the **New York Heart Association (NYHA) functional classification system** over a period of at least 6 months.
- Placement on the NHS waiting list for, or the undergoing of, implantation of a cardioverter defibrillator (ICD) on the advice of a **UK Consultant** Cardiologist for the prevention of sudden cardiac death.

The following are not covered:

- All other forms of heart disease, heart enlargement and myocarditis.
- Cardiomyopathy secondary to alcohol or drug abuse.

Cauda equina syndrome: A definite diagnosis by a **UK Consultant** of cauda equina syndrome evidenced by compression of the lumbosacral nerve roots (cauda equina) resulting in all of the following:

- **Permanent** bladder dysfunction.
- **Permanent** weakness and loss of sensation of the legs.

The diagnosis must be supported by appropriate evidence.

Cerebral palsy: A definite diagnosis of cerebral palsy made by an attending UK Specialist Consultant.

Chronic severe rheumatoid arthritis: A definite diagnosis by a **UK Consultant** Rheumatologist of chronic rheumatoid arthritis as evidenced by widespread joint destruction with major clinical deformity that results in the **permanent** inability to perform at least 3 out of 8 of our **activities of daily living**.

Coma: A state of unconsciousness with no reaction to external stimuli or internal needs which requires the use of life support systems.

The following is not covered:

- Coma secondary to alcohol or drug abuse.

Coronary artery bypass grafts: Placement on the NHS waiting list for, or the undergoing of, **surgery** to correct a narrowing or blockage of one or more coronary arteries with a bypass graft on the advice of a **UK Consultant**.

Creutzfeldt-Jakob disease: A definite diagnosis by a **UK Consultant** Neurologist of Creutzfeldt-Jakob disease.

Crohn's disease: A definite diagnosis by a **UK Consultant** Gastroenterologist of Crohn's disease. There must have been at least one surgical intestinal resection.

Cystic fibrosis: A definite diagnosis of cystic fibrosis made by an attending UK Specialist Consultant.

D d

Deafness: Permanent and irreversible loss of hearing to the extent that the quietest sound that can be heard in the better ear is 70 decibels across all frequencies using a pure tone audiogram.

Dementia including Alzheimer's: A definite diagnosis of Alzheimer's disease or dementia by a **UK Consultant** Neurologist, Geriatrician, Neuropsychologist or Psychiatrist, supported by evidence such as neuropsychometric testing.

There must be **permanent** cognitive dysfunction with progressive deterioration in the ability to do all of the following:

- Remember.
- Reason.
- Perceive, understand, express and give effect to ideas.

The following is not covered:

- Mild cognitive impairment.

Down's syndrome: A definite diagnosis of Down's syndrome by a **UK Consultant** Paediatrician.

Drug resistant epilepsy: Epilepsy that can't be controlled by oral medication resulting in either of the following:

- Invasive **surgery** to brain tissue, including the insertion of electrodes for deep brain stimulation,
OR
- The implantation of a vagus nerve stimulator.

E e

Encephalitis: A definite diagnosis by a **UK Consultant** Neurologist of encephalitis resulting in **permanent neurological deficit with persisting clinical symptoms**.

G g

Gastro-intestinal stromal tumour (GIST): A definite diagnosis by a UK Oncologist of a gastro-intestinal stromal tumour with histological confirmation.

H h

Heart attack: Death of heart muscle, due to inadequate blood supply, that has resulted in a definite diagnosis of a **new myocardial infarction** by a UK Cardiologist.

Heart failure: A definite diagnosis by a **UK Consultant** Cardiologist of the failure of the heart to function as a pump which is evidenced by all of the following:

- **Permanent** and **irreversible** limitation to function to at least Class III of the **New York Heart Association (NYHA) functional classification system**.
- **Permanent** and **irreversible** ejection fraction of 39% or less.

Heart valve replacement or repair: Placement on the NHS waiting list for, or the undergoing of, **surgery** to replace or repair one or more heart valves on the advice of a **UK Consultant** Cardiologist.

Human immunodeficiency virus (HIV): Infection by HIV resulting from:

- A blood transfusion given as part of medical treatment
- A physical assault, or
- An accident occurring during the course of performing normal duties of employment after the start of the **policy** and satisfying all of the following:
 - The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.
 - Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident.
 - There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.

The following is not covered:

- HIV infection resulting from any other means, including sexual activity or drug abuse.

Hydrocephalus: A definite diagnosis of hydrocephalus made by an attending **UK Consultant**

Neurologist.

I i

Intensive care benefit: Any sickness or injury resulting in the **eligible child** requiring continuous mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours a day) or more in an intensive care unit in a UK hospital.

The following are not covered:

- Sickness or injury as a result of drug or alcohol misuse.
- Sickness or injury as a result of the child being born prematurely (before 37 weeks).

Interstitial lung disease: A definite diagnosis of interstitial lung disease by a **UK Consultant Respiratory Physician** resulting in all of the following:

- Radiological evidence of pulmonary fibrosis.
- **Permanent** and **irreversible** DLCO (diffusing capacity of the lung for carbon monoxide) below 40% of predicted.

K k

Kidney failure: Chronic and end-stage failure of both kidneys to function, as a result of which regular dialysis is **permanently** required.

L l

Liver failure: End-stage liver failure resulting in all of the following:

- **Permanent** jaundice.
- Ascites.
- Encephalopathy.

The following is not covered:

- Liver disease secondary to alcohol or drug abuse.

Loss of hand or foot: **Permanent** physical severance of a hand or foot at or above the wrist or ankle joint.

Loss of speech: Total **permanent** and **irreversible** loss of the ability to speak as a result of physical injury or disease.

M m

Major organ transplant: Placement on the NHS waiting list for, or the undergoing as a recipient from another person or animal of, any of the following on the advice of a **UK Consultant**:

- Bone marrow.
- Haematopoietic stem cell preceded by total bone marrow ablation.
- A complete heart, kidney, liver, lung or pancreas.
- A lobe of liver.
- A lobe of lung.

Or replacement of any of organs listed above with an artificial device.

Motor neurone disease (and specified diseases): A definite diagnosis by a **UK Consultant** Neurologist of one of the following motor neurone diseases:

- Amyotrophic lateral sclerosis.
- Kennedy's disease.
- Primary lateral sclerosis.
- Progressive bulbar palsy.
- Progressive muscular atrophy.
- Spinal muscular atrophy.

There must also be **permanent** clinical impairment of motor function.

Multiple sclerosis: A definite diagnosis by a **UK Consultant** Neurologist of multiple sclerosis.

There must have been clinical impairment of motor or sensory function caused by multiple sclerosis.

Muscular dystrophy: A definite diagnosis of muscular dystrophy made by an attending **UK Consultant** Neurologist.

N n

Neuroendocrine tumours: A definite diagnosis by a UK Oncologist of a neuroendocrine tumour with histological confirmation.

The following is not covered:

- Pituitary neuroendocrine tumours.

Neuromyelitis optica (Devic's disease): A definite diagnosis by a **UK Consultant** Neurologist of neuromyelitis optica.

There must have been clinical impairment of motor or sensory function.

O o

Open-heart or structural heart surgery: Placement on the NHS waiting list for, or the undergoing of, heart **surgery** requiring median sternotomy or thoracotomy on the advice of a **UK Consultant** Cardiologist.

The following is not covered:

- Any percutaneous, transluminal or investigative procedure.

P p

Paralysis of limb: Total **permanent** and **irreversible** loss of muscle function to the whole of any one limb.

Parkinson's disease: A definite diagnosis by a **UK Consultant** Neurologist of Parkinson's disease. There must be **permanent** clinical impairment of motor function. This impairment should include either an associated tremor or muscle rigidity.

Parkinson-plus syndromes: A definite diagnosis by a **UK Consultant** Neurologist or Geriatrician of one of the following Parkinson-plus syndromes:

- Multiple system atrophy.
- Progressive supranuclear palsy.
- Parkinsonism-dementia-amyotrophic lateral sclerosis complex.
- Corticobasal ganglionic degeneration.
- Diffuse Lewy body disease.

There must also be **permanent** clinical impairment of at least one of the following:

- Motor function.
- Eye movement disorder.
- Dementia.

Peripheral vascular disease: A definite diagnosis by a **UK Consultant** Cardiologist or Vascular Surgeon of peripheral vascular disease with objective imaging evidence of obstruction in the arteries which results in placement on the NHS waiting list for, or the undergoing of, bypass graft surgery to the arteries of the legs.

The following is not covered:

- Angioplasty.

Pneumonectomy: Placement on the NHS waiting list for, or the undergoing of, **surgery** to remove a complete lung due to disease or injury on the advice of a **UK Consultant**.

The following is not covered under this definition but is covered as an **additional payout** condition:

- Removal of a lobe of the lungs (lobectomy).

The following is not covered:

- Lung resection or incision.

Pulmonary artery surgery: Placement on the NHS waiting list for, or the undergoing of, **surgery** for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft on the advice of a **UK Consultant** Cardiologist.

Pulmonary hypertension: A definite diagnosis of pulmonary hypertension that has caused **permanent** and **irreversible** impairment of heart function which is classified by a **UK Consultant** Cardiologist as at least Class III of the **New York Heart Association (NYHA) functional classification system**.

R r

Removal of urinary bladder: The undergoing of surgery to remove the urinary bladder due to injury

or disease (total cystectomy).

Respiratory failure: Confirmation by a **UK Consultant** Physician of severe lung disease which is evidenced by the need for continuous daily oxygen therapy on a **permanent** basis.

S s

Spina bifida: A definite diagnosis of spina bifida myelomeningocele or rachischisis made by an attending **UK Consultant** Paediatrician.

Spinal stroke: Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in **permanent neurological deficit with persisting clinical symptoms**.

Stroke: A definite diagnosis by a UK Neurologist of a stroke with clinical symptoms that have lasted at least 24 hours.

The following is not covered:

- Transient ischaemic attack (TIA).
- Death of tissue of the optic nerve or retina/eye stroke.

Surgical removal of an eye ball – Surgical removal of a complete eyeball as a result of injury or disease.

The following are not covered:

- Self-inflicted injuries.

Systemic lupus erythematosus: A definite diagnosis by a **UK Consultant** Rheumatologist of systemic lupus erythematosus resulting in either of the following:

- **Permanent neurological deficit with persisting clinical symptoms**.
- **Permanent** impairment of kidney function with glomerular filtration rate below 30ml/min.

T t

Third degree burns: Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 10% of the body's surface area or 20% loss of surface area of the face which, for the purposes of this definition, includes the forehead and ears.

Total colectomy: Placement on the NHS waiting list for, or the undergoing of, **surgery** to remove the whole of the colon creating an opening on the abdomen joining the small intestine to the abdomen wall called an ileostomy on the advice of a **UK Consultant** Gastroenterologist.

This procedure is covered if, in the opinion of a **UK Consultant** Gastroenterologist, it's established that the ileostomy is permanent.

Traumatic brain injury: Death of brain tissue due to traumatic injury with subsequent neurological symptoms with corresponding neuroimaging abnormality.

U u

Ulcerative colitis: A definite diagnosis by a **UK Consultant** Gastroenterologist of ulcerative colitis. There must have been at least one surgical intestinal resection.

Additional payout conditions

If your **eligible child** is diagnosed with one of the following illnesses or conditions, we'll pay an additional amount. We'll pay an **additional payout** amount of 25% of the **cover amount**, up to a maximum of £25,000, once for each **eligible child**. The exception being for low-risk non-melanoma skin cancer which pays 10% of the **cover amount**, up to a maximum of £10,000. The **amount covered** (on your **cover summary**) would remain intact should you need it in the future for a further claim.

A a

Angioplasty: Placement on the NHS waiting list for, or the undergoing of, balloon angioplasty or stent insertion to correct a lesion that has been shown to produce ischaemia, on the advice of a **UK Consultant** Cardiologist.

The following are not covered:

- Atherectomy.
- Rotablation.
- Laser treatment.

B b

Brain abscess: The surgical drainage of an intracerebral abscess within the brain tissue by a **UK Consultant** Neurosurgeon.

C c

Carcinoma in situ: A positive diagnosis by a **UK Consultant** Oncologist of any carcinoma in situ with histological confirmation and **surgery** to remove the tumour. We'll pay more than once if the carcinoma in situ is found at a different organ. We won't pay a second or further claim if the carcinoma in situ occurs or reoccurs at the same site or location.

The following are not covered:

- Any carcinoma in situ of the skin or any other cancer or tumour covered elsewhere.
- Tumours treated with radiotherapy, laser therapy, cryotherapy, loop excision, conisation or diathermy.

Surgery doesn't include biopsies or non-invasive therapies, procedures or investigations (for example, endoscopies) or any radio-surgical procedures or therapies.

Carcinoma in situ of the breast: A positive diagnosis by a **UK Consultant** Oncologist of carcinoma in situ of the breast with histological confirmation and **surgery** to remove the tumour.

Carotid artery stenosis: Undergoing endarterectomy or angioplasty with or without stent on the advice of a **UK Consultant** Physician to treat symptomatic stenosis of at least a 50% diameter narrowing of the carotid artery. Supported by corresponding angiographic evidence.

Central retinal artery or vein occlusion: Death of optic nerve or retinal tissue due to inadequate blood supply or haemorrhage within the central retinal artery or vein, resulting in **permanent** visual

impairment of the affected eye.

The following is not covered:

- Branch retinal artery or vein occlusion or haemorrhage.

Cerebral aneurysm: The undergoing of treatment on the advice of a UK Neurosurgeon for a cerebral aneurysm using any one of the following:

- Craniotomy.
- Stereotactic radiotherapy.
- Endovascular treatment by using coils to cause thrombosis (embolisation).

The following is not covered:

- Cerebral arteriovenous malformation.

Cerebral arteriovenous malformation: The undergoing of **surgery**, embolisation or radiosurgery to treat an arteriovenous malformation of the brain.

The following is not covered:

- Cerebral aneurysm or any other malformations in the brain.

Connective tissue disorder: A definite diagnosis by a **UK Consultant** of one of the following conditions that results in the permanent inability to perform at least 1 of 8 **activities of daily living**:

- Giant cell arteritis.
- Polyarteritis nodosa.
- Polymyositis.
- Rheumatoid arthritis.
- Systemic lupus erythematosus.
- Systemic sclerosis.
- Wegener's granulomatosis.
- Pemphigus vulgaris.

E e

Endovascular procedure: Any endovascular procedure to widen one or more narrowed or obstructed artery with 50% or more stenosis, including any angioplasty procedures.

The above procedure must have been carried out on the advice of a **UK Consultant** Cardiologist.

L l

Lobectomy: Placement on the NHS waiting list for, or the undergoing of, **surgery** to remove one or more lobe(s) of the lung due to underlying disease or trauma, on the advice of a **UK Consultant**.

Low-grade prostate cancer: A definite diagnosis by a **UK Consultant** of a malignant tumour of the prostate positively diagnosed and histologically classified as having a Gleason score between 2 and 6 inclusive and having progressed to clinical TNM classification T1N0M0 – T2aN0M0 inclusive. (If

the prostate cancer is classified as having progressed to a Gleason score of 7 and above or clinical classification T2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate), we'll pay out the full **amount covered**.)

N n

Non-melanoma skin cancer: A definite diagnosis by a **UK Consultant** of a high-risk non-melanoma skin cancer (including cutaneous lymphoma and cutaneous sarcoma) diagnosed with histological confirmation that the tumour is either larger than 20 millimetres (mm) across OR has at least one of the following features:

- Tumour thickness of at least 6 millimetres (mm).
- Invasion into subcutaneous tissue.
- Invasion into nerves in the skin (perineural invasion).

We'll pay 10% of the amount covered up to a maximum of £10,000 for:

A definite diagnosis by a **UK Consultant** of a low-risk non-melanoma skin cancer (including cutaneous lymphoma and cutaneous sarcoma) diagnosed with histological confirmation that the tumour has spread beyond the epidermal layer, and is less than or equal to 20mm across but has none of the other features listed above.

The following is not covered.

- Any carcinoma in situ of the skin (including Bowen's disease) or any other cancer or tumour covered elsewhere.

O o

Ovarian tumour of borderline malignancy/ low malignant potential: Diagnosis by a **UK Consultant** of an ovarian tumour of borderline malignancy/low malignant potential that has resulted in **surgical removal** of an ovary.

The following is not covered:

- Removal of an ovary due to a cyst.

P p

Pituitary tumour: Diagnosis by a **UK Consultant** of a tumour in the pituitary gland resulting in either of the following:

- **Surgical removal** of the tumour.
- Use of radiotherapy to destroy tumour cells.

The following are not covered:

- Tumours treated with any other form of treatment other than those stated.

S s

Serious Accident Cover: Any accident resulting in the **eligible child** requiring continuous hospitalisation for more than 28 consecutive days (24 hours a day).

Significant visual impairment: Permanent and irreversible loss of sight in the better eye to the extent that even when tested with the use of visual aids is measured by a certified Ophthalmologist as follows:

- Acuity of up to 6/24 (Snellen) with moderate contraction of the field, or aphakia (lens removal) or opacities blocking vision in the eye itself.
- Acuity of 6/18 or better, if in addition suffering from a gross defect of visual fields (of both eyes, such as hemianopia) or marked contraction of the visual field due to retinitis pigmentosa, or glaucoma.

Spinal aneurysm: The undergoing of treatment on the advice of a UK Neurosurgeon for a spinal aneurysm using any one of the following:

- Surgical resection.
- Wrapping.
- Clipping or embolisation.

Spinal arteriovenous malformation: The undergoing of treatment on the advice of a UK Neurosurgeon for a spinal arteriovenous malformation using any one of the following:

- Surgical resection or removal.
- Endovascular embolisation.
- Stereotactic radiosurgery.
- Radiation therapy.

Syringomyelia or syringobulbia: The undergoing of **surgery** to treat a syrinx in the spinal cord or brain stem.

T t

Testicular cancer of low grade: The undergoing of an orchidectomy (removal of a testicle) following diagnosis of intra-tubular germ cell neoplasia unclassified or benign testicular tumour.

Third degree burns (5%): Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 5% of the body's surface area.

Type 1 insulin-dependent diabetes mellitus: A definite diagnosis of type 1 diabetes mellitus made by a **UK Consultant**, requiring the **permanent** use of insulin injections.

The following are not covered:

- Gestational diabetes.
- Type 2 diabetes (including type 2 diabetes treated with insulin).



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