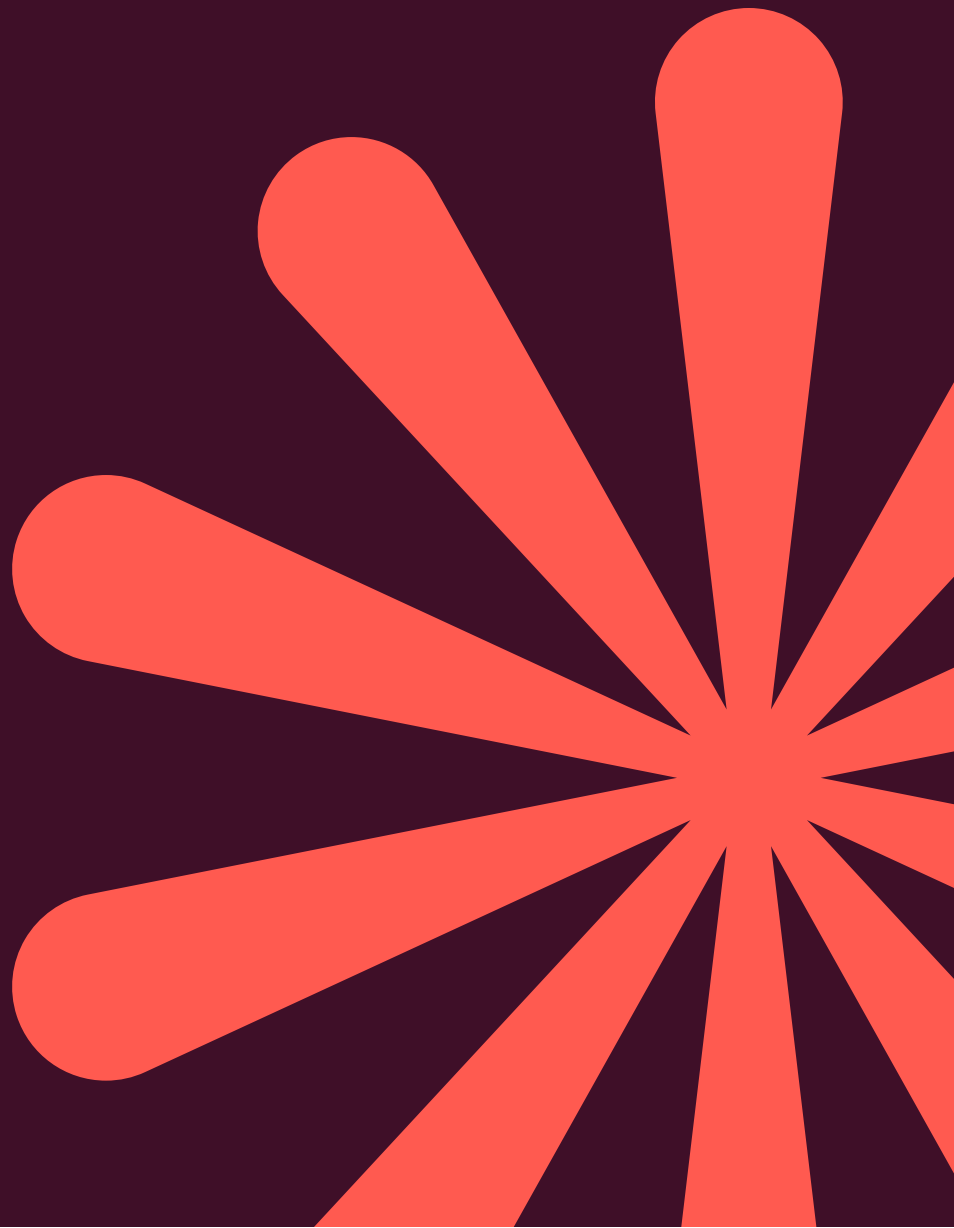




# Critical Illness Protection

POLICY TERMS  
AND CONDITIONS

JUNE 2026



## YOUR POLICY TERMS AND CONDITIONS

### About this document and your policy

We give these **policy terms and conditions** to everyone who buys 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 is about your Critical Illness Protection **cover** only. It explains everything you need to know about this specific **cover**.

### Your wider protection policy

Critical Illness Protection may be part of your wider protection **policy**. You may have one or more other **covers** as part of the same **policy**.

All the **covers** you have are listed on your **cover summary**, which shows exactly what you're protected for. Each **cover** has its own set of **policy terms and conditions**. You can find these for all your **covers** in your online **MyGuardian** account.

### The core covers you can choose from

Within your protection **policy**, you can mix and match up to 10 different **covers** from our Protection Menu. These **core covers** are:

- 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 is an optional extra. It can only be taken out alongside one of the **core covers**.

All the covers you have chosen are shown on your **cover summary**.


### 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](http://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](https://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

A protection policy is an insurance contract or group of contracts between you and us. There is a separate contract for each **core cover**, as set out in your **cover summary**. This means each **core cover** can be dealt with separately for entitlement to its benefits. Each of those contracts will be governed by specific **policy terms and conditions** for each **cover**. These **policy terms and conditions** are for your Critical Illness Protection only.

The **policy** is made up of the following parts:

- **Statement of facts**
- **Policy terms and conditions** for each **cover**
- **Cover summary**

Please read this document carefully. It's important that you read all the **policy** documentation before the end of the 30-day cooling-off period. **If you become aware that information you've given us is inaccurate or incomplete, you must let us know as soon as you can.**

We'll store your policy documents, including your **cover summary**, securely in your **MyGuardian** account. See your welcome email for more information.

Once your **policy** has started, you have 30 days to change your mind and cancel it. If you tell us within that time that you want to cancel, we'll refund any money you've paid and cancel your **cover**. To cancel your **policy** during the cooling-off period, email us at [heretohelp@guardian1821.co.uk](mailto:heretohelp@guardian1821.co.uk).

#### Your consent

We may need to ask your doctor for information to support or check the answers you gave us in your **application**. When you applied online, we asked for your consent to contact your doctor under the Access to Medical Reports Act (AMRA 1988) or The Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, whichever is appropriate. If we need to contact your doctor, we'll do that within the first 6 months of your **policy** starting and we'll email you to let you know. If you withdraw your consent, we will cancel your **cover**.

It's important you review your **policy** regularly with your **Financial Adviser** to make sure it still meets your needs if your circumstances change.

## 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.

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## 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](mailto: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 we need 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.

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## 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.
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## 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.

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## 1.7 CANCELLING YOUR POLICY

You can cancel your **policy** at any time by letting us know at [heretohelp@guardian1821.co.uk](mailto:heretohelp@guardian1821.co.uk) and cancelling your direct debit mandate. 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.

You can cancel one type of **core cover** within your **policy** without having to cancel other cover types you hold.

If you withdraw your consent under the Access to Medical Reports Act (AMRA) 1988 or The Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, whichever is appropriate, which you gave during your online **application**, we'll cancel your **cover**.

If you stop paying your monthly premiums, your **policy** will lapse as described in section 2.2.

### Reinstating a cancelled policy

You can apply to reinstate your **policy** up to 2 months after it's cancelled, provided all your missed premiums are paid in full.

We'll ask you to complete a declaration of health, which will be subject to underwriting. If your health has deteriorated or your lifestyle has changed since your original **application**, we may be unable to reinstate your **policy** or may need to change the original **terms** and monthly premium.

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## 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 and for how long will be shown on your **cover summary**. Your premiums won't change unless:

- You chose Increasing Cover.
- You were paying an increased premium due to your health or lifestyle and the increase expires or is removed.
- A change is made to your **policy**.

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### 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 accept direct debits. The account must be held in your name and you must be an authorised signatory. If your bank account details change, please let us know as soon as you can. Contact us directly or through your **Financial Adviser**.

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### 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.

If the **policy** lapses, you can apply to reinstate it up to 2 months afterwards, provided all your missed premiums are paid in full. We'll ask you to complete a declaration of health, which will be subject to underwriting. If your health has deteriorated or your lifestyle has changed since your original **application**, we may be unable to reinstate your **policy** or may need to change the original **terms** and premium.

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 **policy** and can't be removed. It means you may not have to pay your premiums if you're unable to work.

You won't have to pay your Critical Illness Protection premiums if, after your **policy** has started:

- You become unable to do the material and substantial duties of your **own job** (the actual job you're doing at the time you claim) and your regular net income reduces by 25% or more as a result. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of your **own job** that can't reasonably be omitted or modified.
- You're in employment on or after the first anniversary of your **policy**, and then as a result of involuntarily losing your job or being made redundant, you're no longer working. In this case, we'll waive your premiums for up to 6 months. Premium Waiver claims may not be backdated.
- After the first anniversary of your **policy**, you take maternity or paternity leave. In this case, we'll waive them for 6 months. Please let us know as soon as possible if you need to claim as we may not be able to backdate Premium Waiver claims.

### When we start waiving your premiums

We'll start waiving your premiums from the date you tell us you're unable to do your **own job** due to illness or injury, or 4 weeks after your net income reduces by 25% or more, whichever is later.

It's important to let us know as soon as you think you may need to claim, as we may not be able to backdate Premium Waiver or refund premiums already paid.

### How long Premium Waiver continues

We'll continue to waive your premiums if you're unable to carry out your **own job** due to illness or injury until the earliest of the following happens:

- You're no longer losing 25% or more of your net income.
- We establish that you're able to return to work.
- You retire.
- Your **policy** expires.
- You make a **full payout** claim and your **policy** ends.

You can claim Premium Waiver as many times as you need, as long as your **cover** is **in force**.

### What happens during a Premium Waiver claim

- We won't collect your normal premiums by direct debit while your claim is active.
- Your **cover** will continue as normal during and after the claim.
- If you have Increasing Cover, it'll continue to increase during the claim.

A Premium Waiver claim has no impact on any other claim you may make on your **policy**.

We may ask for information or evidence to assess your claim. This will depend on the reason for your claim, and we'll tell you what we need when you contact us.


Once your premiums are being waived, we'll stay in touch and may ask for updates or further medical information so we can reassess your claim when needed.

## 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](https://guardian1821.co.uk/complaints).

To contact us:

 0808 123 1821

 [heretohelp@guardian1821.co.uk](mailto: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](http://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](mailto: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://fscs.org.uk)

 0800 678 1100

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

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### 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.

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### 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>.

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### 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 CRITICAL ILLNESS PROTECTION

### 4.1 WHAT CRITICAL ILLNESS PROTECTION DOES

Critical Illness Protection is a fixed-term insurance cover that will pay out if any of the following events happen while the **cover** is **in force**:

- You meet one of our **full payout** Critical Illness Protection definitions.
- You meet an **additional payout** Critical Illness Protection definition.
- You meet our terminal illness definition.

If you die within 10 days of any of these events, the **cover** won't pay out and will end.

Please see section 6 for **full payout** and **additional payout** Critical Illness Protection definitions.

See section 4.9 for full details of our terminal illness definition.

Once we've made a **full payout** critical illness or terminal illness claim, the **cover** will end.

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### 4.2 WHO CAN TAKE OUT COVER

You can take out **cover** if you meet all of the following:

- You're aged between 18 and 64.
- You have a personal UK, Channel Islands or Isle of Man bank account.
- You've lived in the UK for the last 6 months, with the right to remain in the UK.
- You're a **UK resident**.
- You're currently registered with a UK doctor.

### 4.3 HOW LONG YOU CAN GET COVER FOR

The length of time your protection will last for will be specified on your **cover summary**. Critical Illness Protection can't extend beyond the day immediately before your 71st birthday.

Critical Illness Protection has a minimum term of 5 years.

Critical Illness Protection ends on the earliest of:

- When you die.
  - When you stop paying the premiums after you've asked to cancel your **cover**.
  - When the **cover** has lapsed as a result of missed premiums.
  - When we've paid a terminal illness claim.
  - When we've made a **full payout** claim.
  - When the **cover term** ends.
- 

### 4.4 HOW MUCH YOU'RE COVERED FOR

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

You can choose from the following types of **cover**:

- **Level**: Where the **cover amount** is fixed until the end of the **cover term**.
- **Decreasing**: Where the **cover amount** reduces each month in line with the capital amount outstanding on a repayment mortgage paying interest at 8% a year. See section 4.12 for more details on this.
- **Family Income Benefit**: Where the **cover amount** is paid as a regular tax-free income until the end of the **cover term**.
- **Increasing**: Where the **cover amount** goes up in line with inflation every year on each **cover** anniversary. See section 4.6 for details.

## 4.5 WHO WE'LL PAY OUT TO

We'll pay any valid critical illness claim to you, the **person covered**.

A terminal illness claim will always be paid directly to you unless the **cover** has been put in trust, in which case we'll pay you or the trustees or beneficiaries as set out in the trust.

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## 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 show whether or not you've chosen this option.

If you've 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 amount of **critical illness cover** you can have with us is £3 million across all **covers**. If the total **critical illness cover** and combined life and **critical illness cover** you have in place under your protection **policy** reaches £3 million, inflation increases will stop and the premium and level of **cover** won't increase any further.

During periods of high inflation (10% or more) your increased **cover amount** may be subject to underwriting.

### Adding Increasing Cover

You can change your Level Cover to Increasing Cover after your **cover** has started. It'll take effect at the next **cover** anniversary.

You can't have Increasing Cover with Family Income Benefit.

### Removing Increasing Cover

You can change your Increasing Cover to Level Cover at any time. It will take effect at the next cover anniversary for the remainder of the **cover term**.

You can skip an increase. If you skip 3 consecutive increases, we'll remove the Increasing Cover option and change your **cover** to Level Cover for the remainder of the **cover term**.

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

## 4.7 COVER UPGRADE PROMISE

Your Critical Illness Protection includes our cover upgrade promise. This is our promise to you that if we improve our 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 you 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, you 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 claim is valid under any of those definitions.

### Exclusions

If we've told you on your **cover summary** that you're not covered for a specific condition, that exclusion will also apply to any improvements under the cover upgrade promise. For example, if we've told you that you can't claim for cancer, and we make improvements to our cancer definition, that improvement won't apply to you.

We won't pay a claim under the cover upgrade promise for a condition you were diagnosed with or had a surgical procedure for before we improved the definition, unless you still have 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 you were diagnosed.

## 4.8 CHANGING YOUR COVER

Your **cover** gives you several options that allow it to reflect your changing needs throughout the **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 or term

- **Reducing your cover**

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

The minimum amount of **cover** for Critical Illness Protection is £10,000 or, for Family Income Benefit, an annual amount of £1,000.

The minimum **cover term** you can reduce your Critical Illness Protection to is 5 years.

- **Adding to your cover**

You can apply for more **cover** at any time by contacting your **Financial Adviser**. Any new **cover** will be subject to underwriting.

The maximum amount of **critical illness cover** you can have with us is £3 million across all **covers**.

### Adding cover using a Guaranteed Increase Option

There are often key events in people's lives that mean they need to increase their **cover amount**. So, in certain circumstances, you can add to the **cover amount** you have without being subject to any underwriting assessment or medical evidence. These events are shown below. If you have this option on your **cover** it will be shown on your **cover summary**.

Event	Maximum increase allowable for each event
<b>Birth or legal adoption of a child:</b> If you have a new child, legally adopt a child, become a step parent, become the legal guardian or have been granted parental responsibility for a child.	25% of the original <b>cover amount</b> or £50,000, whichever is lower.
<b>Marriage or civil partnership:</b> If you enter into a civil partnership or get married.	25% of the original <b>cover amount</b> or £50,000, whichever is lower.
<b>Taking out a new mortgage or increasing a current mortgage:</b> If you buy a new house or make alterations to your main residence and increase your mortgage. We'll need to see confirmation of the change from your lender.	25% of the original <b>cover amount</b> or £50,000, whichever is lower, subject to a maximum of the increase in the size of your mortgage amount.
<b>Increasing the mortgage term:</b> If you need to increase the term of your mortgage and extend the <b>cover term</b> . We'll need to see confirmation of the change from your lender.	Subject to a maximum of the increase in the length of your mortgage term and the maximum term and expiry age for the <b>cover</b> allowed.
<b>Significant salary increase:</b> If you change your job or get promoted and your salary is increased by 20% or more.	25% of the original <b>cover amount</b> or £50,000, whichever is lower.

You can use the option more than once during your **cover term** as long as the total cover added isn't more than 50% of the original amount covered or £100,000, whichever is lower. £100,000 is the maximum **critical illness cover** you can add using a Guaranteed Increase Option across all **critical illness covers** you have with us.

You can exercise this option if any of these events happen to you and you meet the conditions. We can then increase your **cover** without any medical evidence. If the amount of **cover** increases, your premiums will increase too.

There are limits on the amount you can increase your **cover** by at each event, and as a total throughout the **cover term**. All percentage increases will be based on the original amount of **cover** you take out. These limits are not suggested increases – your **Financial Adviser** will advise you on the amount suitable for you.

Increasing your **cover** under these options means your **cover** will be available without further underwriting. Any increase will be added to your **cover amount** at the time of the request. Your benefits, features and **terms** will be those included in the **cover**, irrespective of any changes in your health or lifestyle. We'll calculate your new premiums based on the original underwriting, your age at the time of increase and the number of years left on your **cover**.

You can use these Guaranteed Increase Options during your **cover term**, but if you do you must use them within 12 months of the event happening. You simply need to let us know and we'll issue a new **cover summary**.

If you make a claim after you increase your **cover**, we may request evidence to confirm that you met the Guaranteed Increase Option criteria. If we can't confirm this, the increase won't apply. This means we won't pay the higher amount, and we may not refund any extra premiums you've paid for the increase.

You can't use this option while you're claiming Premium Waiver, having symptoms that might lead to a claim, or if you're claiming on any **core cover** or have already made a claim on additional payment conditions.

### **Making personal changes**

Please contact your **Financial Adviser** or tell us about any of the following health or lifestyle changes.

- **Smoking**

A smoker is someone who has used a tobacco product or nicotine replacement product. Tobacco products include cigarettes, cigars and pipes. Nicotine replacement products include patches, electronic cigarettes, chewing gum, lozenges, inhalers and sprays.

We have 3 categories for smoking-related premiums:

- Current user.
- No usage in the last 12 months.
- No usage in the last 5 years.

If you were a smoker and stop smoking and stop using tobacco or replacement products for a period of 12 months, we'll reassess your **cover** and may be able to reduce your premium accordingly. We may ask you to take a cotinine test.

We'll also reassess your **cover** after you've stopped for 5 years and may be able to reduce your premiums further if you contact us to confirm.

- **Gender**

If you change your gender, we'll update our records to reflect your details, but this change won't affect your **cover** and premium.

- **Build**

If you were paying an increased premium or we applied an exclusion due to your build and you subsequently lose weight for a sustained period, we'll reassess your status and may be able to reduce the premium or remove an exclusion. We may ask for evidence of your weight loss.

- **Job**

If you were paying an increased premium or we applied an exclusion due to your job and you subsequently change your job, we'll reassess your status and may be able to reduce the premium or remove an exclusion.

- **Sports activities**

If you were paying an increased premium or we applied an exclusion due to an activity which you subsequently give up, we'll reassess your status and may be able to reduce the premium or remove an exclusion.

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## 4.9 TERMINAL ILLNESS

We'll pay the full **cover amount** if you're diagnosed as being terminally ill and, in the opinion of your attending **UK Consultant**, your illness is expected to lead to your death within 12 months.

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## 4.10 ASSESSING A CLAIM

### Critical illness claim

We make sure the condition meets one of our Critical Illness Protection definitions in section 6, and that you've survived for at least 10 days from diagnosis. Once we receive confirmation from a relevant specialist that you've met one of our Critical Illness Protection definitions, we'll assess your claim and pay the appropriate amount as soon as possible. This may be a **full payout** or an **additional payout**.

If you meet the definition for a **full payout** at the same time as an **additional payout**, we only pay the full amount.

### Terminal illness claim

We make sure the condition meets our definition shown in section 4.9. Once we receive confirmation that you've met our terminal illness definitions, we'll assess your claim and pay the full **cover amount**. Once we've paid a terminal illness claim the **cover** will end.

### Total permanent disability claim

For total permanent disability, the relevant definition will be shown on your **cover summary**.

The **activities of daily living** we'll use to assess your claim are shown in the glossary of terms.

Once we've paid a total permanent disability claim the cover will end.

### Premium Waiver claim

Premium Waiver means you may not have to pay your premiums if you're unable to work. See section 2.3 for full details.

## 4.11 WHEN WE WOULDN'T PAY A CLAIM

We wouldn't pay your claim if:

- The reason for your claim is excluded on your **cover summary**.
- You don't meet our Critical Illness Protection definitions or terminal illness definition.
- We've already made a **full payout**.

We also wouldn't pay a claim:

### **If we don't get consent**

To pay a claim, we'll need consent to gather all the information we need. If we don't receive consent, we may not pay the claim.

### **If you don't complete your application accurately**

If, while assessing your claim, we find out that information on the application is inaccurate or incomplete and would have influenced our decision to offer you the **terms** we did:

- We may reduce the amount we pay or not make any payout at all.
- We may amend the **terms** of your **cover**.
- We may cancel your **policy** completely.
- We may not refund the premiums you've paid. If you become aware that information you've given us is inaccurate or incomplete, you must let us know as soon as you can.

### **If we're not given accurate information that we ask for**

If the information given to us when you're making a claim is inaccurate or incomplete, we're not told about something that could reasonably be considered relevant to your claim, or we're not given the information we ask for, we may not pay your claim or may stop paying your claim, and we may cancel your **policy**.

### **If you don't follow medical advice**

We may stop paying your claim if you fail to follow reasonable medical advice relating to your illness or injury.

## 4.12 THE AMOUNT WE PAY OUT

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

- **Level:** The **cover amount** is fixed throughout your **cover term**. It's this amount that we'll pay out on a claim.
  - **Increasing:** 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 you meet one of our Critical Illness Protection definitions or our terminal illness definition. See section 4.6 for more information.
  - **Decreasing:** The **cover amount** reduces every month throughout the **cover term**. It's designed for repayment mortgage protection and reduces in line with the capital amount outstanding on a repayment mortgage paying interest at 8% a year. The amount we pay out is, therefore, based on the amount of **cover** at the date you meet one of our Critical Illness Protection definitions, or our terminal illness definition.
  - **Family Income Benefit:** When you applied for your **policy**, you may have selected the Family Income Benefit option. This means that following a claim, we'll pay you or your beneficiaries a guaranteed and level monthly amount until the end of the **cover term**. Alternatively, you could choose to take this as a lump sum in lieu of all future payments.
- 

## 4.13 CONTINUING COVER AFTER A CLAIM

### Full payout

After we've paid a **full payout** claim, your **cover** will end.

For more information on **full payouts** please see section 6.

### Additional payout

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

**Additional payouts** are payable more than once, but not for the same condition twice.

The amount covered (on your **cover summary**) would remain intact should you need it in the future for a further claim.

If you've chosen Family Income Benefit, we'll pay the **additional payout** as a lump sum, leaving the original monthly income amount intact should you need to claim again in the future.

For more information on **additional payouts**, please see section 6.

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## 4.14 MOVING ABROAD

You'll still be covered by your 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 premiums.

## 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 50% of the **cover amount** up to a maximum of £50,000. The exception being for low-risk non-melanoma skin cancer which pays 10% of the **cover amount** up to a maximum of £50,000. 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**.

**Critical illness cover:** this means any of the following covers:

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

## E e

**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

**Incapacity/incapacitated:** Unable to do the material and substantial duties of your **own job** or **own occupation**, whichever applies, due to illness or injury. The material and substantial duties of your **own job** or **own occupation** are those that are normally required for, and form a significant and integral part of, the performance of your **own job** or **own occupation**, and that can't reasonably be omitted or modified.

**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.

## M m

**Mental Capacity Act (MCA):** The MCA is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

## 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.

## O o

**Own job:** The actual job, or jobs, you perform for pay or profit on a regular basis, irrespective of your employer, the location or availability of work.

**Own occupation:** The trade, profession or type of work you do for profit or pay. It's not a specific job for any particular employer and is irrespective of location and availability of work.

## P p

**Permanent:** Expected to last throughout life with no prospect of improvement, irrespective of when the cover ends or the **person covered** expects to retire.

**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 **person covered**.

**Person covered:** The named person who is covered by this **policy**.

**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**.

**Statement of facts:** The document that shows the declarations you've made about your health and lifestyle as part of your **application**.

**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.

**UK resident:** Someone who:

- Lives in the UK and considers it their **permanent** home.
- Has spent 183 days or more in the UK in the last tax year.

**Us/we/our:** Guardian Financial Services Limited, as an appointed representative of Scottish Friendly Assurance Society Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. Registered office: Galbraith House, 16 Blythswood Square, Glasgow, G2 4HJ. Registration number 110002. Guardian Financial Services Limited is registered in England and Wales under number 11115769. Registered office: 11 Strand, London WC2N 5HR.

## Y y

**You/your:** The **person covered**.

## 6. 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.

**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.

## 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.

**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.

**I i**

**Intensive care benefit** – Any sickness or injury resulting in the **person covered** 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 is not covered:

- Sickness or injury as a result of drug or alcohol misuse.

**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.

## N n

**Necrotising Fasciitis** – A definite diagnosis of necrotising fasciitis or gas gangrene by a **UK Consultant**, requiring removal of necrotic tissue and intravenous antibiotic treatment.

The following is not covered:

- All other forms of gangrene or cellulitis.

**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

**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**.

**Total permanent disability** – Loss of physical or mental ability through an illness or injury:

- To the extent that the **person covered** is **permanently** unable to do the material and substantial duties of their **own occupation** ever again. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of the person's **own occupation** that can't reasonably be omitted or modified. If you're not in paid employment at the time you become **incapacitated**, we'll assess your claim under our **activities of daily living** definition.

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the **cover** ends or the **person covered** expects to retire.

OR

- That results in the permanent loss of the ability to perform 3 or more of our **activities of daily living**.

OR

c) That causes mental incapacity (as defined by the **Mental Capacity Act**) which:

- Has failed to respond to optimal treatment and requires the need for continuous medication, and
- Is due to an organic brain disease or brain injury supported by permanent evidence of progressive loss of the ability to:
  - remember
  - reason, or
  - perceive, understand, express and give effect to ideas

causing a significant reduction in mental and social functioning, requiring constant supervision of another person.

For the above definition, disabilities for which the relevant specialists can't give a clear diagnosis and prognosis are not covered.

OR

d) A diagnosis by a consultant psychiatrist of any of the following severe mental illnesses:

- Bipolar affective disorder.
- Schizophrenia.
- Schizo-affective disorder.
- Paranoid (delusional) psychosis.

Which has resulted in all of the following:

- There has been an admission as an inpatient to a psychiatric ward for at least 14 continuous days; and
- Where the condition is chronic and incurable where symptoms have lasted at least 1 year; and
- The **person covered** is under the care of a **UK Consultant** psychiatrist, psychiatric nurse or community health team.

In relation to severe mental illness the following are not covered:

- Conditions that are caused by, or exacerbated by, alcohol or drug abuse

Your **cover summary** will state which total permanent disability definition applies to you.

**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 you're diagnosed with one of the following illnesses or conditions, we'll pay an additional amount. We'll pay 50% of the **cover amount** up to a maximum of £50,000. The exception being for low-risk non-melanoma skin cancer which pays 10% of the **cover amount**, up to a maximum of £50,000.

**Additional payouts** are payable more than once, but not for the same condition twice, with the exception of carcinoma in situ which can be claimed multiple times so long as the site of each carcinoma in situ is different. 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 £50,000 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 **person covered** 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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