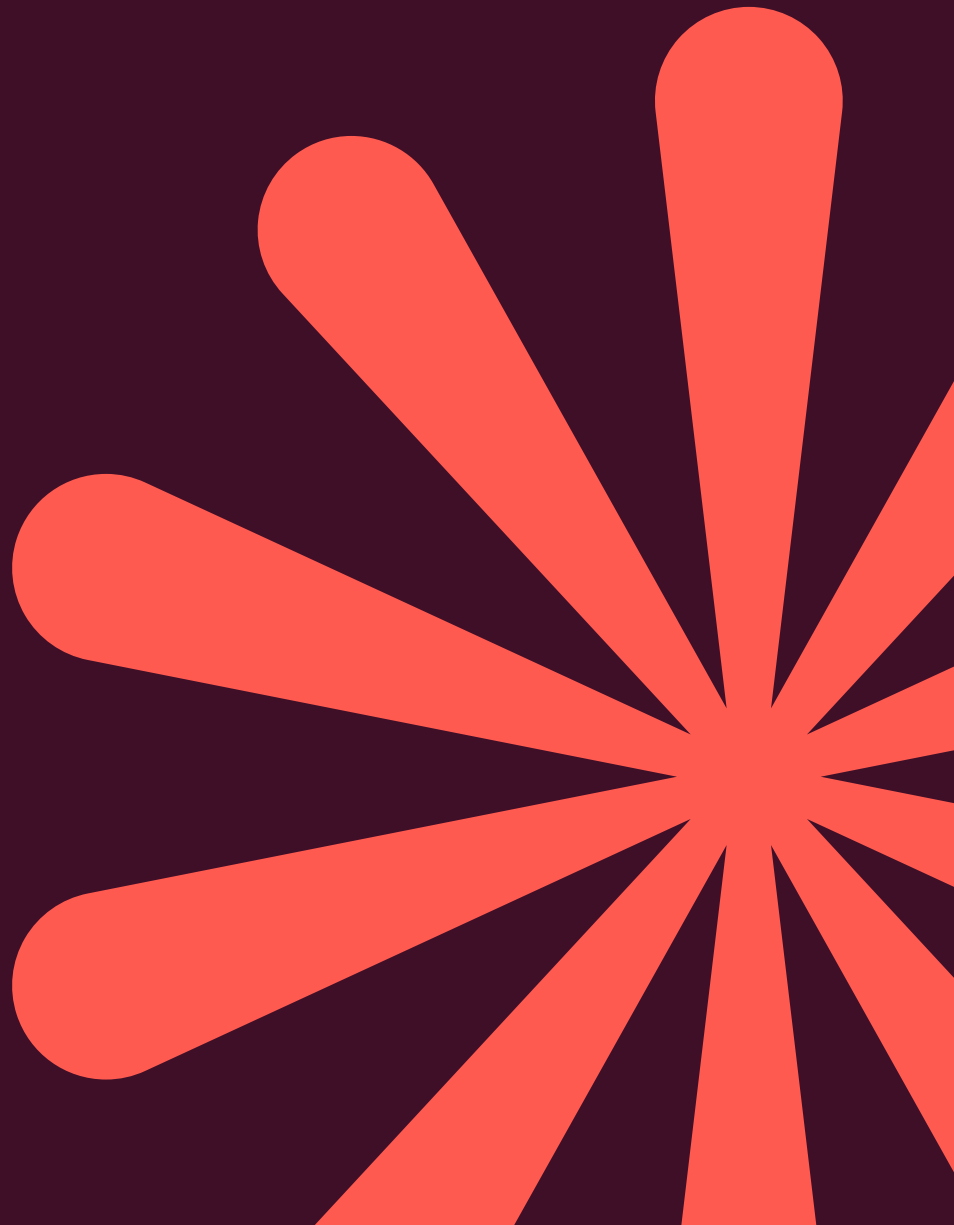




Income Protection

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 Income 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 Income Protection **cover** only. It explains everything you need to know about this specific **cover**.

Your wider protection policy

Income 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 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

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 Income 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.

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'll 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.

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, financial or occupational 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 POLICY

You can cancel your **policy** at any time by letting us know at 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 **core 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.

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**.

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. 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.

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 Income 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). 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 premiums from the date you let us know or 4 weeks after you're unable to do your **own job**, 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 it 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:

- We establish that you're able to return to work.
- You retire.
- Your **policy** expires.

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.

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

 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 in the UK. Being in receipt of Income Protection may impact your entitlement to state benefits. 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 INCOME PROTECTION

4.1 WHAT INCOME PROTECTION DOES

Income Protection is a fixed-term insurance **cover** that pays out a monthly or weekly amount if, due to illness or injury, while your **cover is in force**, you can't do your **own job** (defined as **incapacitated**) and your earnings reduce.

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 59 – age restrictions may apply for some jobs.
 - You're in a paid job for at least 16 hours a week.
 - You have a personal UK, Channel Islands or Isle of Man bank account.
 - You've lived in the UK for the last 2 years, with the right to remain in the UK.
 - You're a **UK resident**, and you intend to stay in the UK until the end of your **cover term**.
 - You've been registered with a UK doctor for the last 2 years.
 - You have a job that we cover.
-

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**. Income Protection can't extend beyond your 70th birthday – this maximum age is lower for some jobs.

Income Protection has a minimum **term** of 5 years and a maximum of 52 years.

Income Protection **cover** stops 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 the **cover term** ends.

4.4 HOW MUCH YOU'RE COVERED FOR

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

Income protection policies don't allow you to take out more **cover** than you currently earn after tax and National Insurance contributions.

You can choose the amount of **cover** you want from £2,500 to £250,000 a year. If you choose £250,000 of **cover**, you won't be able to select Increasing Cover.

The amount you choose is based on your **annual earnings**. We can only offer you **cover** for a proportion of your **annual earnings** as we need to allow for tax and National Insurance.

The maximum **cover** you can take out is:

- 65% of your **annual earnings** up to £60,000.
- 50% of **annual earnings** over £60,000 and up to £100,000.
- 45% of any **annual earnings** over £100,000.

These examples show you how to calculate the amount of **cover** you can apply for:

	Example 1 Annual earnings of £55,000	Example 2 Annual earnings of £70,000	Example 3 Annual earnings of £125,000
65% of annual earnings up to £60,000	£55,000 x 65% = £35,750	£60,000 x 65% = £39,000	£60,000 x 65% = £39,000
50% of annual earnings over £60,000 and up to £100,000	Not applicable	£10,000 x 50% = £5,000	£40,000 x 50% = £20,000
45% of annual earnings over £100,000	Not applicable	Not applicable	£25,000 x 45% = £11,250
Maximum monthly amount of cover you can have	£35,750/12 = £2,979 a month	£44,000/12 = £3,667 a month	£70,250/12 = £5,854 a month

The figures in this table are for illustration, and rounded up to the nearest pound. The actual amount we pay when you claim may differ as our calculation will be based on the number of days in each month.

Choosing a type of cover

Once you've decided how much **cover** you need, you can choose from the following types of **cover**:

- **Level**: Where the **cover amount** is fixed for the **cover term**.
- **Increasing**: Where the **cover amount** will go up in line with inflation every year on each cover anniversary. See section 4.6 for details.



It's important to make sure annual increases don't put your **cover amount** over the maximum amounts shown above. If they do, you may not be able to claim the full amount of **cover** you've been paying for.

Handling tiered sick pay

If you get tiered sick pay from your employer, you can choose different **covers** with different **cover amounts** and different **deferred periods** all within one **policy**.

For example, if you receive full pay for 26 weeks and then half pay for 26 weeks, you can take out 2 Income Protection **covers**: one with a 26-week **deferred period** and another with a 52-week **deferred period**, and tailor the **cover amounts** to make up the shortfall to the maximum allowed.

Please see section 4.11 for what we'll pay – as the amount we pay may not always be the same as the **cover amount**.

4.5 WHO WE'LL PAY OUT TO

We'll pay any valid Income Protection claim to you, the **person covered**.

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 consumer price index including owner occupiers' housing cost (CPIH) 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 amount** will be applied.

Reaching the maximum

The maximum amount of Income Protection you can have with us is £250,000 across all **covers**. If the total Income Protection you have reaches the maximum of £250,000 a year, inflation increases will stop and the premium and level of **cover** won't increase any further.

It's important to make sure the annual increases to your **cover** don't mean that your **cover amount** exceeds the maximum amount of **cover** you're allowed. If it does, you may not be able to claim the full amount of **cover** you've been paying for.

Adding Increasing Cover

You can't switch from Level Cover to Increasing Cover after your **cover** has started.

Stopping your cover from increasing

You can stop your **cover** from increasing at any time and continue to pay the same level amount each month. This change will take effect at the next **cover** anniversary, for the remainder of the **term**.

Skipping an increase

You can skip up to 2 consecutive increases. If you skip 3 consecutive increases, we'll remove the Increasing Cover option and your **cover amount** and monthly premium will remain level for the rest of the **cover term**. Once we've removed the Increasing Cover option, you can't add it back later and your monthly premium will stay the same.

Claiming with Increasing Cover

During a claim, regardless of whether you've skipped your last increase, Increasing Cover will continue. The amount we pay you and your monthly premiums will increase on each **cover** anniversary. Your monthly premiums will be waived. When your claim ends, your **cover** will restart with the increased **cover amount** and monthly premium.

If before you claim you've already skipped 3 consecutive increases, or you turned off your Increasing Cover, your **cover amount** and monthly premium will stay the same.

4.7 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**.

Changes to your earnings

We recommend you speak to your **Financial Adviser** regularly to make sure your **cover** is still right for your needs. This is particularly important if your earnings reduce.

All Income Protection claims are calculated on your **annual earnings** at the point you make a claim, not when you took the **cover** out. We can only pay you the maximum **cover** allowed, explained in section 4.4. If you've been paying for **cover** over the maximum, we'll pay your claim based on your current earnings, and we won't refund any premiums.

Changing your cover 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 **cover amount** you can have is £2,500 a year.

- **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 **cover amount** you can have with us is £250,000 a year across all income protection **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**. In certain circumstances, and up to the age of 55, you can add to your **cover amount** without being subject to any underwriting assessment or medical evidence.

These events are shown below. If you have this option, it will be shown on your **cover summary**.

Event	Maximum increase allowable for each event
Birth or legal adoption of a child: 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 cover amount or £5,000 a year, whichever is lower.
Marriage or civil partnership: If you enter into a civil partnership or get married.	25% of the original cover amount or £5,000 a year, whichever is lower.
Taking out a new mortgage or increasing a current mortgage: 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 cover amount or £5,000 a year, whichever is lower, subject to a maximum of the increase in the size of your mortgage amount.
Divorce or dissolution of civil partnership: If you get a divorce or your civil partnership ends.	25% of the original cover amount or £5,000 a year, whichever is lower.
Significant salary increase: If you change your job or get promoted and your salary is increased by 20% or more.	25% of the original cover amount or £5,000 a year, whichever is lower.
Significant rent increase: If your rental costs go up by more than 10%. We'll need to see confirmation of the change from your landlord or their agent.	25% of the original cover amount or £5,000 a year, whichever is lower.

You can use the option more than once during the **term** of your **cover** as long as the total **cover** added isn't more than 50% of the original **amount covered** or £10,000 a year, whichever is lower. £10,000 a year is the maximum Income Protection you can add using a Guaranteed Increase Option across all income protection **covers** you have with us. And the total increase mustn't take your **cover** over the maximum amount. See section 4.4 for the maximum amount of **cover** you can have.

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 your **cover amount** 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 claiming on any **core cover**.

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.

- **Job**

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

- **Sports activities**

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

Changing your deferred period

We offer a choice of **deferred periods**, 4, 8, 13, 26 and 52 weeks. Your chosen **deferred period** is shown on your **cover summary**.

You can ask us to change your **deferred period** at any time during your **cover term**. We may need to underwrite this change depending on the change you're making. See section 4.10 for more about **deferred periods**.

Changing your cover term

You can ask us to reduce your **cover term** at any time, as long as it doesn't go below the minimum **term** of 5 years. We won't need to underwrite this change.

If you'd like to increase your **cover term**, we'll need to underwrite the change. The maximum **term** is 52 years, depending on your age. The **cover** can't go beyond your 70th birthday, and depending on your job it may be less. We'll calculate your new premium based on your age at the time of increase.

Unpaid work break

You can reduce your **cover** and monthly premium while you're on the unpaid work break if, for example, you take a sabbatical or unpaid parental leave. See section 4.12 for full details.

4.8 ASSESSING A CLAIM

Before we start paying your claim, we'll review all the information we need and make sure you meet our definition of **incapacity**. We'll also need to confirm your **annual earnings** immediately before you were unable to work.

The definition of **incapacity** will be based on your **own job**; the one you were doing immediately before you were unable to do your job due to illness or injury.

If you're not in a paid job for more than 3 months when you become **incapacitated**, we'll assess your claim against your ability to meet our **activities of daily working** definition. If you're assessed against **(a)** in the **activities of daily working** definition, you'll need to be unable to do 3 or more of the 6 activities listed.

Financial information we may need

We'll need financial information to assess your claim – this will depend on your employment status. We'll tell you what we need when you contact us. We also may need information from other parties such as your employer, accountant, or HMRC.

The types of information we may need include but are not limited to the following:

- If you're employed, we'll ask for your last 3 months' pay slips and your last P60.
- If you're self-employed, we'll ask for evidence of your **annual earnings** from the 12 months immediately before you were unable to work. We'll need your most recent tax return together with the corresponding SA302 form issued by HMRC and a copy of your accounts.
- If you're a company director, we'll ask for evidence of your **annual earnings** from the 12 months immediately before you were unable to work. We'll need your most recent P60 or tax return, your last 3 months' pay slips and your most recent company accounts. If you take dividends, we may ask you for further evidence of these.
- If you're self-employed or a company director, we may agree to average your **annual earnings** for up to the last 3 years if this would more accurately reflect your usual earnings. We'll discuss this with you at the time of your claim.

Countries you can claim in

We'll consider a claim if you've moved to or travel to any part of the following countries: Andorra, Australia, Austria, Belgium, Bulgaria, Canada, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland, Isle of Man, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK, USA or Vatican City.

We won't pay out for more than 6 months over the life of your **policy** while you're outside these approved countries. However, on your return we'll start paying out again subject to our being happy with all other aspects of your claim. After 6 months, we'll suspend payouts every time you go to an unapproved country for more than 2 weeks, and you must tell us when this happens. If you don't, we may end your claim.

While 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.

If, while you're living abroad, we're not able to get all the evidence we need to assess your claim, we won't be able to pay your claim.

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

4.9 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 definition of **incapacity**.
- You don't suffer any loss of income despite your illness or injury.
- When you make a claim, your chosen **deferred period** is the same as, or longer than, your remaining **cover term**.

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.

4.10 WHEN WE'LL PAY OUT

When your payout starts

Your payout starts at the end of your chosen **deferred period** of 4, 8, 13, 26 or 52 weeks. This is the length of time between you becoming unable to work through illness or injury, and us paying your claim. You'll find your chosen **deferred period** on your **cover summary**.

We aim to start paying your claim on the payment date you select after the end of your **deferred period**. However, when we can make your first payment will depend on how quickly you tell us about your claim and how long it takes us to get all the information we need. Please let us know as soon as you're unable to work, even if your **deferred period** hasn't ended, so your first payment isn't delayed.

We'll pay you weekly or monthly in arrears on a regular day each week or date each month, which you can choose – such as your usual pay date or when important payments leave your bank account. If you request a particular payment date, the first payment we make may be for a part month. We calculate what you receive each month based on the number of days in that month.

If you're receiving tiered sick pay from your employer, you can take our multiple Income Protection covers with different **deferred periods** and **cover amounts** to make up the shortfall in **annual earnings**.

When your payout ends

Income Protection pays out until whichever of the following happens first:

- You no longer meet our definition of **incapacity**.
- Your total **annual earnings** (from your job and any other continuing income we take into account) is more than the maximum we're allowed to pay.
- You reach the end of your chosen payment period or **cover term**.
- You die.

Your chosen payment period

The payment period is the length of time that we can pay your claim and is shown on your **cover summary**. This is one of the following:

- **2-year payment period: Cover** that can pay out for up to 2 years for each claim.

For example, if you chose a 20-year term and we started paying your claim in year 5, we could pay your claim for up to 2 years and stop paying it in year 7. You'd still be covered for the remaining 13 years (if you continued to pay your monthly premiums) and could make further claims. If a new claim is for the same condition, you'd need to be fully back at work for at least 6 months before you claimed again. If it's for a new condition, your **deferred period** would apply.

- **Full-term payment period: Cover** that can pay out from when you're unable to work until the end of your **cover term**.

For example, if you chose a 20-year term, and we started paying your claim in year 5, we could pay your claim for the remaining 15 years.

Claiming again for the same illness or injury

- If you've chosen the full-term payment period and you become unable to do your job again due to the same illness or injury within 52 weeks of your previous claim ending, we won't re-apply the **deferred period**.
- If you've chosen the 2-year payment period and you need to make another claim for the same illness or injury within 52 weeks of your previous claim ending, we won't re-apply the **deferred period** if we've not already paid out for the maximum of 24 months.

If you've claimed for a maximum of 24 months already, you'll have to fully return to work for at least 26 consecutive weeks before you can make another claim for the same illness or injury. Your **deferred period** will apply again.



We'll waive your monthly premiums after 28 days

Your Income Protection includes Premium Waiver as standard. Which means we'll waive your monthly premiums 28 days after you become unable to do your job, regardless of your chosen **deferred period** or whether your earnings have reduced. **It's important you tell us as soon as you're unable to work so you can benefit from Premium Waiver as soon as possible.**

If you tell us after the end of your chosen **deferred period**, we may not be able to backdate your claim payments.

See section 2.3 for more details on Premium Waiver.

4.11 THE AMOUNT WE PAY OUT

The amount we pay out is based on your **annual earnings** just before you were **incapacitated**. Your Income Protection payouts will never be more than the maximum allowed. See section 4.4 for details.

When you claim, if, since your **cover** started, your earnings have:

- **Stayed the same or increased:** we'll pay your **cover amount** subject to any deductions we'll make if you have continuing income. See below for details.
- **Reduced:** we might need to reduce your **cover amount**, and pay you the maximum we're allowed to pay subject to any deductions we'll make if you have continuing income.

Deductions we'll make from your payout

You may still be getting an income after you stop working. For example, sick pay, other insurances that pay when you're unable to work, income from a business you own or ill-health early retirement pension payments. We deduct income like this when working out your payout, as this income may take you over your maximum **cover amount**.

We'll deduct:

- 65% of any continuing income or profit (including dividends, bonuses and benefits in kind).
- 65% of ill-health early retirement pensions.
- 100% of payments from similar insurance policies (as these are paid to you tax-free). We don't make any deduction for state benefits or income from your investments.

Any payments we make to you may affect a claim on other income protection **policies** you or your employer have. Also, any state benefits you're entitled to may be reduced due to your Income Protection payouts. For example, payments may reduce your universal credit entitlement. State benefits can change at any time.

The example below shows how we'll calculate the deductions to the maximum cover you're allowed, and how it affects your **cover** if you've chosen less than the maximum.

	Example 1	Example 2
	<p>The maximum cover you're allowed based on your annual earnings is £3,000 a month</p> <p>You choose the maximum cover amount allowed: £3,000 a month</p>	<p>The maximum cover you're allowed based on your annual earnings is £3,000 a month</p> <p>You choose below the maximum cover amount allowed: £1,800 a month</p>
Payments from other insurance products: £500 a month	<p>We'll deduct 100% of this £500 a month from your maximum cover</p> <p>We'll deduct £500 a month</p>	<p>We'll deduct 100% of this £500 a month from your maximum cover</p> <p>We'll deduct £500 a month</p>
Payments from ill-health retirement pensions: £500 a month	<p>£500 a month</p> <p>We'll deduct 65% of this £500 a month from your maximum cover</p> <p>We'll deduct £325 a month</p>	<p>£500 a month</p> <p>We'll deduct 65% of this £500 a month from your maximum cover</p> <p>We'll deduct £325 a month</p>
Payments from continuing earnings or profits: £500 a month	<p>£500 a month</p> <p>We'll deduct 65% of this £500 a month</p> <p>We'll deduct £325 a month</p>	<p>£500 a month</p> <p>We'll deduct 65% of this £500 a month</p> <p>We'll deduct £325 a month</p>
Amount we'll pay you	<p>$£3,000 - £500 - £325 - £325$</p> <p>(the maximum cover minus the continuing income)</p> <p>= £1,850 a month is the maximum we can pay you</p> <p>We'll pay £1,850 a month, which is below your cover amount due to your continuing income</p>	<p>$£3,000 - £500 - £325 - £325$</p> <p>(the maximum cover minus the continuing income)</p> <p>= £1,850 a month is the maximum we can pay you</p> <p>We'll pay you £1,800 a month, which is your full cover amount</p>

The figures in this table are for illustration, and rounded up to the nearest pound. The actual amount we pay when you claim may differ as our calculation will be based on the number of days in each month.

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

- **Level:** The **cover amount** is fixed throughout the **cover term**.
- **Increasing:** The **cover amount** and the premium you pay increase in line with inflation on each cover anniversary. We'll pay the **cover amount** that applies at the date you can't do your **own job** due to illness or injury. See section 4.6 for more information.

Minimum Cover Guarantee

Income Protection includes our Minimum Cover Guarantee to protect you against a future drop in earnings. If, when you claim, your earnings mean we can't pay you the full **cover amount**, we'll apply our Minimum Cover Guarantee.

If your **cover amount** is higher than £1,500 a month, the amount we'll pay you won't be less than £1,500, subject to deductions we make for continuing income.

If your **cover amount** is less than £1,500 a month, the guarantee will still apply and we'll pay the **cover amount** on your **cover summary**, subject to deductions we make for continuing income.

Continuing income includes sick pay, other insurances that pay when you're unable to work, income from a business you own or ill-health early retirement pension payments.

To qualify for the guarantee, at the time you became unable to do your **own job**, you must have been working at least:

- 24 hours a week if you're self-employed or
- 30 hours a week if you're employed

We'll ask you for evidence of this when you claim.

Cover Uplift

If, when you claim, the maximum **cover** you're allowed is within 10% of your **cover amount**, we'll apply our Cover Uplift to meet the shortfall. This means we'll pay you the **cover amount**, subject to deductions we'll make for continuing income.

For example, if the maximum amount of **cover** you're allowed is £950 a month, and your **cover amount** is £1,000 a month, we'll pay you £1,000 a month.

We won't apply the Cover Uplift if we've already used the Minimum Cover Guarantee to calculate how much we can pay you.

Hospital Cover

If during your **deferred period** you're admitted as an in-patient to a UK hospital for 7 consecutive nights or more due to your illness or injury, we'll pay you £150 for every night.

This doesn't include:

- Any elective psychiatric admission.
- Treatment for alcohol abuse and/or drug misuse.
- In-patient rehabilitation.
- A hospital admission due to pregnancy within 9 months of the **cover start date**.
- Any hospital admission that started before your **policy** started.

We'll calculate your payout from your first night in hospital, and stop paying on the earliest of:

- Your last night in hospital.
- 90 consecutive nights of being in hospital.
- Your **deferred period** ending.
- Your death.

You can claim more than once within your **deferred period**, up to a maximum of 90 days in total. Each in-patient stay must be for 7 consecutive nights or more before we'll pay out.

You can claim on your Hospital Cover more than once in your **cover term**.

If you're not in a paid job

If you've not been in a paid job for more than 3 months when you become **incapacitated**, we'll assess your claim against your ability to meet our **activities of daily working** definition. If you're assessed against **(a)** in the **activities of daily working** definition, you'll need to be unable to do 3 or more of the 6 activities listed.

We'll pay your **cover amount**, or £1,500 a month, whichever is less, subject to any deductions we'll make for continuing earnings.

Return-to-work payment

If, when you return to work following a claim, your **incapacity** means you're only well enough to do your job part-time and your earnings are still reduced, or you're only able to do a different, lower-paid job, you may be eligible for a return-to-work payment.

This means we'll continue to pay you a percentage of the **cover amount** we were paying you immediately before you returned to work. The percentage we continue to pay you will be the same percentage your earnings have fallen by.

We work out how much we'll continue to pay you as follows:

- We take your earnings before the claim (before your **incapacity**) and subtract your new earnings now that you're back at work.
- We divide this figure by your earnings before the claim (before your **incapacity**) to work out the percentage.
- We then multiply this percentage by the amount we were paying you immediately before you returned to work.

We'll continue to pay you until the soonest of:

- You no longer meet our definition of **incapacity**.
- Your new earnings are equal to or more than your earnings before you made your claim.
- Your payment period ends.
- Your **cover** ends.
- You die.

When we work out how much your earnings have fallen, we'll take into account any increase in the consumer prices index including owner occupiers' housing costs (CPIH), between the start of your **incapacity** and the date from which your return-to-work payment will become payable. We may use another equivalent index in the future.

4.12 UNPAID WORK BREAK

After your **cover** has been **in force** for 12 months, you can request an unpaid work break. You can reduce your **cover** and monthly premium while you're on the unpaid work break if, for example, you take a sabbatical or unpaid parental leave.

You can reduce your **cover** to 10% of your **cover amount**, or a minimum of £2,500 a year, whichever is higher. Your monthly premiums will also reduce. The reduced premiums and **cover** will start from the date you start your break, which must be for at least 3 months and up to a maximum of 12 months.

You need to tell us 6 weeks before you plan to start your unpaid work break, and we'll confirm your new **cover amount** and monthly premium.

You can use the unpaid work break option more than once, but only up to a maximum of 12 months in total over the **cover term**.

At the end of your unpaid work break, we'll automatically revert to your **cover amount** and monthly premium from immediately before you started your break. If your circumstances have changed after your unpaid work break, you can contact us to change your **cover**. We recommend you speak to your **Financial Adviser**.

Increasing cover during an unpaid work break

If you have Increasing Cover, you'll automatically skip the next increase that's due. This skip won't count as one of the 3 consecutive skips you're able to make before we remove the Increasing Cover option. Your **cover** will increase again at the next cover anniversary after that.

Making a claim during an unpaid work break

If you make a claim, we'll assess it against your ability to do your **own job**, your **annual earnings** immediately before your break or your **annual earnings** immediately before you were last working.

The maximum we'll pay you is your reduced **cover amount**, regardless of when your **deferred period** ends and the length of your claim. If you're still claiming when your unpaid work break ends, we'll continue to pay your reduced **cover amount** (subject to any deductions we make for continuing income) until you no longer meet our definition of **incapacity**, your payment period ends, your **cover** ends or you die.

The £1,500 Minimum Cover Guarantee doesn't apply to an unpaid work break.

Increasing cover during an unpaid work break claim

If you have Increasing Cover, your reduced **cover** will continue to increase during your claim. The amount we pay you and your monthly premiums will increase on each cover anniversary. Your monthly premiums will be waived.

When your claim ends, the **cover** will restart with the increased **cover amount** and monthly premium that would have applied if you hadn't taken an unpaid work break.

Claiming again for the same illness or injury

If you need to make another claim for the same illness or injury within 52 weeks of your previous claim ending, we won't re-apply the **deferred period**. We'll assess your circumstances at the time of your subsequent claim to determine whether your original **cover amount** or your reduced **cover amount** should apply.

See section 4.10 for additional criteria for a 2-year payment period.

If you're not in a paid job

You're still able to take an unpaid work break if you're not in a paid job. If you've not been in a paid job for more than 3 months when you become **incapacitated**, we'll assess your claim against your ability to meet our **activities of daily working** definition, as covered in section 4.11. The **cover amount** that we pay out will be your reduced **cover amount**, or £1,500 a month, whichever is less, subject to any deductions we'll make for continuing earnings.

4.13 HELPING YOU GET BACK TO BEING YOU

It's important that you tell us as soon as possible if you can't work, even if you don't know how long you're going to be off for and regardless of the length of your **deferred period** before you can claim.

We can start waiving your premiums after you've been unable to work for 4 consecutive weeks due to illness or injury, even if you've not yet lost any income – so tell us straightaway as we might not be able to backdate this if you don't.

With our HALO claims service, we can also look to see how else we can help you. Through a wide range of rehabilitation and support services we can help you focus on getting back to the old you and, when you're ready, back to work and the things you love doing.

One of our Claims Specialists will speak with you when you first claim and help identify if you need some additional support. If you do, they'll agree with you a plan of action and help provide the additional support you need. This might include **vocational rehabilitation specialists** and other return-to-work services. We'll arrange these and pay for them ourselves. All you have to do is focus on getting back to being you. Where the nature of your illness or injury doesn't allow for a full recovery and a return to work isn't possible, we'll still look to provide other support to help you where we can.

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.

4.14 MOVING ABROAD

There are some restrictions to the countries you can move to and still be covered. See section 4.8 for full details.

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 working:

a)

- **Bending:** The ability to bend or kneel to pick up something from the floor and straighten up.
- **Getting in and out of a car:** The ability to get into a standard saloon car, and out again.
- **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.
- **Climbing:** The ability to walk up and down a flight of 12 stairs using a handrail if needed.
- **Lifting:** The ability to pick up an object weighing 2kg at table height and hold it for 60 seconds before replacing it on the table.
- **Manual dexterity:** The physical ability to use a keyboard, tablet computer or mobile phone, and handle money to pay for goods or handle change.

Or b)

Diagnosed with an organic brain disease or brain injury which is confirmed by neurological investigation, which has affected their ability to reason and understand and has caused deterioration in daily functioning to an extent that they can no longer look after themselves without the need for regular supervision and assistance by another person.

Or c)

Diagnosed with a mental illness as defined by **ICD-10** (or subsequent iterations) by a Consultant Psychiatrist and is experiencing severe impairment in their daily self-care, social and domestic functioning and roles. We won't pay a claim if related to alcohol and drug use and other addictions.

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

Annual earnings: Your personal taxable earnings before you pay any income tax, minus any expenses which are allowable against income tax. If you're employed, you'll find this on your P60. If you're self-employed and registered with HM Revenue and Customs, you'll find this on your tax return.

If you own a limited company, then your earnings can also include dividends from your business as long as:

- The dividends are clearly related to your work activities.
- The frequency of dividend payments must be regular, rather than irregular one-off payments.
- The dividends are paid from annual profits after tax. If the dividends are higher than the profit figure, we'll use the net profit figure instead.

Your earnings can also include dividends paid to your spouse or **partner** as long as:

- They're also a shareholder.
- They don't take over the running of the business if you're unable to work.
- They haven't already used the same dividends for their own income protection **cover**.

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

End date: The last day of **cover** – which is shown on your **cover summary**.

D d

Deferred period: This is the length of time you choose to wait between you becoming unable to work through illness or injury, and us paying your claim.

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.

I i

ICD-10: The International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) is produced and maintained by the World Health Organisation (WHO).

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

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

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.

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.

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

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**.

T t

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

U u

UK resident: Someone who lives in the UK and considers it their permanent home.

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.

V v

Vocational rehabilitation specialist: A vocational rehabilitation specialist helps people overcome physical and mental problems that are the result of disability, illness or injury. They provide practical advice and solutions to enable people to live full, satisfying and independent lives by achieving their work potential.

Y y

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



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