LIFE PROTECTION

LIFE ESSENTIALS

CRITICAL ILLNESS PROTECTION

COMBINED LIFE AND CRITICAL ILLNESS PROTECTION

INCOME PROTECTION

CHILDREN'S CRITICAL ILLNESS PROTECTION

PROTECTION MENU

POLICY TERMS AND CONDITIONS

VERSION 12

GUARDIAN 1821

YOUR POLICY TERMS AND CONDITIONS

We give these **policy terms and conditions** to everyone who buys a protection **policy** with us. It tells you how your **policy** works and explains how to make a claim, keep your premiums up to date and make changes to your **cover**.

Within your **policy**, you can mix and match up to 10 different covers from our Protection Menu of **core covers**: Life Protection, Life Essentials, Critical Illness Protection, Combined Life and Critical Illness Protection and Income Protection. And Children's Critical Illness Protection is an optional extra that you can take out only with a **core cover**. All the **covers** you have are shown on your **cover summary**.

Your Financial Adviser

Throughout these policy terms and conditions, we use the term **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.

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

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 10 when reading this document to make sure you understand what you're covered for and how your **policy** works.

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

CONTENTS

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 these **policy terms and conditions**.

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

- **Statement of facts**
- **Policy terms and conditions**
- **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 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.

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.

If you die within the policy term, a nominated beneficiary (for example, a member of your family), a trustee of your **policy** (if it's in trust), or the executor of your estate should:

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

Once we're told about a claim, we gather any evidence we need 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.

We also need to establish the legal owner of the **policy** and other relevant information to allow us to pay the cover amount to the right person.

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 WHEN WE 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.

For reasons why we might not pay your claim that are specific to the covers in your **policy**, see 'When we wouldn't pay your claim' sections 4.9, 5.9, 6.10, 7.10, 8.9 and 9.10.

1.6 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).
- All payments to us under your **policy** must be made from a personal UK bank account that's held in your name and for which you're the authorised signatory.
- We'll only pay claims to UK bank accounts.

1.7 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.

1.8 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 may be able to cancel one type of cover within your **policy** without having to cancel other types you hold.

You can cancel Children's Critical Illness Protection at any time by contacting us.

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

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 will 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 will 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.

1.9 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 by direct debit from a personal UK bank account that's held in your name and for which you're the 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**.

If you have Children's Critical Illness Protection, premiums will be collected through the same direct debit as your **core cover**.

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 will 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.

Children's Critical Illness Protection will also lapse if your **core cover** lapses.

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

2.3 PREMIUM WAIVER

Premium Waiver is automatically included in your **policy**. **The type of Premium Waiver you have varies depending on which cover you have.**

For all covers, you won't have to pay your premiums if, after your **policy** has started:

- You're 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. The 25% reduction doesn't apply to Income Protection Premium Waiver claims.

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

  - You're no longer losing 25% or more of your net income (this doesn't apply to Income Protection).
  - We establish that you're able to return to work.
  - You retire.
  - Your **policy** expires.

For all covers **except** Life Essentials, you won't have to pay your premiums if:

- 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.

We'll start waiving premiums from the date you let us know or 4 weeks after your income reduces, whichever is later.

If you have Life Essentials, you have to have been off work for 26 consecutive weeks before Premium Waiver will apply.

Please let us know as soon as you think you'll be making a claim for Premium Waiver as we may not be able to backdate it or refund premiums. We may need to get information or evidence to assess your claim, and this will differ depending on the reason for the claim. When you contact us, we'll let you know what we'll need for your claim. Once we're waiving your premiums, we'll contact you from time to time for an update from you and may seek further medical information.

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

Premium Waiver can't be removed from your **policy**.

There's no limit on the number of times you can claim Premium Waiver, and a waiver claim will have no impact on any claim you make on your **policy**.

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 Blagrave 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. However, by paying a large amount of money into your estate, your overall tax liability might change (inheritance tax might be affected). 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.

SECTION 4:

LIFE PROTECTION

4.1 WHAT LIFE PROTECTION DOES

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

- You die.
- You meet our terminal illness definition which, in the opinion of your **UK Consultant**, is expected to lead to your death within 12 months.
- You have a definite diagnosis by a **UK Consultant** of any illness that satisfies one of the following conditions:
  - Cancer – incurable stage 4, or equivalent.
  - Motor neurone disease – definite diagnosis and **permanent** clinical impairment of one of the listed motor neurone diseases.
  - Parkinson-plus syndrome – definite diagnosis and **permanent** clinical impairment of one of the listed Parkinson-plus syndromes.
  - Creutzfeldt-Jakob disease (CJD) – definite diagnosis.

  See section 4.10 for full details.

Once we've paid a claim, the **policy** will end.

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 bank account.
- You've lived in the UK for the last 2 years, with the right to remain in the UK.
- Your permanent home is in the UK.
- You've been registered with a UK doctor for the last 2 years.

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**.
Life Protection can't extend beyond the day immediately before your 91st birthday.

Life Protection has a minimum term of one year for Level and Increasing Cover, and 5 years for Decreasing Cover and Family Income Benefit.

Life 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 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

If you die, we'll pay out to the executors or administrators of your estate following proof of probate (or confirmation in Scotland) if there's no legal agreement or trust in place on your **cover**. If you have a trust or legal agreement (see table below), we'll pay in accordance with that arrangement.

If for any reason we can't pay in accordance with that arrangement, e.g. an invalid nomination, a future change in law or change in interpretation of the law, we'll pay out to your estate.

Once we've paid the **cover amount** in accordance with this section, we'll not be liable to anyone to make any further payment.

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

If, before we've paid out a terminal illness claim, we're told that you've died, then we'll pay out for a death claim instead as detailed below.

	Legal agreement in place?	Who we pay the death claim to	Who we pay the terminal illness claim to
Own life	No	The executors or administrators of your estate	The policyholder
Own life	Yes – trust	The trustees or the beneficiaries of the trust	As defined by the trust
Own life	Yes – deed of assignment	The assignees	As defined by the deed of assignment
Own life	Yes – Payout Planner	The beneficiaries nominated under the cover (or their estate)	The policyholder

Payout Planner

If you told us when completing the online **application** who you would want to benefit from your Life Protection payout in the event of your death, Payout Planner will apply to your **cover**. Your **cover summary** will show if you've chosen to nominate beneficiaries.

This will mean that we can pay the claim to your nominated beneficiaries without having to wait for probate (or confirmation) to be granted first.

We may pay to the parent or guardian of a beneficiary who is a minor. The parent or guardian is responsible for ensuring that any **cover amount** paid to them is held or used for the benefit of the minor beneficiary. Payment to the nominated beneficiary (or to their parent or guardian) will satisfy our obligations under your **policy**.

It's important that you review the beneficiaries regularly and keep us updated with any changes. You can make changes, replace beneficiaries or vary your **cover** without the consent of previously nominated beneficiaries. If you've notified us of a change to your beneficiary choice, we'll pay to the beneficiary or beneficiaries you last notified us of in the shares you've specified.

You can nominate more than one person or organisations, such as charities, as beneficiaries. If a beneficiary dies, we'll pay their share to their estate, so it's best if you change your nomination for them to avoid delays or an unintended result.

You can't nominate yourself, your estate, a trust you (or your estate) can benefit from, your mortgage lender or other commercial creditors. Any such nomination would be invalid. If your first nomination was invalid, this would mean that Payout Planner wouldn't apply to your **cover** until you made a valid nomination. If it was a subsequent nomination, this would mean that Payout Planner would revert to the previous valid nomination. Once you have validly nominated any beneficiary under Payout Planner to receive the benefits after your death, neither you nor your estate is entitled to these and Payout Planner will continue to apply unless you later override it with a trust. There must always be at least one nominated beneficiary while Payout Planner applies.

Assignment

When Payout Planner has been used, the contract for the **cover** can't be assigned to anyone else, except to the trustees of a trust which doesn't allow you or your estate to benefit from payment on your death.

Trusts

If you put your Life Protection **cover** into a valid trust, this can't be reversed, and the trustees will essentially be the owners on behalf of the trust beneficiaries. The trustees will determine who can receive the payout in accordance with the terms of the trust.

From the time that we receive notification of the trust, this will automatically replace any beneficiary nominations under Payout Planner – so long as the trust doesn't allow you or your estate to benefit from payment on your death. If that condition is satisfied, the trust effectively becomes the sole nominated beneficiary and, from this point onwards, the trustees will determine who can receive the payout in accordance with the terms of the trust. If not, we'll pay out to the beneficiaries you nominated under Payout Planner.

We'll need evidence of the trustees' identity and legal ownership of the Life Protection **cover** and instructions from them before we can pay the claim.

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 amount** will be applied.

The maximum amount of life cover you can have with us is £20 million across all covers. If the total life cover you have in place with us across all life covers reaches £20 million, inflation increases will stop and the premium and **cover amount** won't increase any further.

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

Adding Increasing Cover

You can change your Level Cover to Increasing Cover after your **policy** has started. It will 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 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 **cover amount** for Life Protection is £25,000 or, for Family Income Benefit, 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 for Life Protection is £20 million. The maximum amount of life cover you can have with us is £20 million across all life covers. This maximum is the same for Family Income Benefit and will be calculated by multiplying the annual amount by the selected term.

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 **core cover** 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 £50,000, whichever is lower.
Marriage or civil partnership: If you enter into a civil partnership or get married.	25% of the original **cover amount** or £50,000, 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 £50,000, whichever is lower, subject to a maximum of the increase in the size of your mortgage amount.
Increasing the mortgage term: If you need to increase the term of your mortgage and extend the **cover term**. 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 cover as stipulated in section 4.3.
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 £50,000, whichever is lower.
Inheritance tax (IHT) increase: If the **person covered** has an increase to their IHT potential liability due to changes in the IHT rates or bands or a change in IHT legislation.	Available to **cover terms** of up to 7 years and maximum increase allowable 50% of the original **cover amount** or £100,000, whichever is lower.
Loss of group cover: If you leave a job that offered group life cover and it's not replaced by the new job. You mustn't have left the job due to ill health or early retirement.	25% of the original **cover amount** or £50,000, whichever is lower.

You can use the option more than once during your **cover term** as long as the total amount added isn't more than 50% of the original **amount covered** or £100,000, whichever is lower.

£100,000 is the maximum life cover you can add using a Guaranteed Increase Option across all life 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 **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 of the Guaranteed Increase Option event, such as your child's birth certificate or new job contract. If you don't give us the evidence we need, we may not pay your increased **cover amount**, and may not refund any additional premiums you've paid.

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 amend our records but we won't change your premium.
- **Build**
  If you were paying an increased premium 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. We may ask for evidence of your weight loss.
- **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 and which you subsequently give up, we'll reassess your status and may be able to reduce the premium.

4.8 ASSESSING A CLAIM

Our Claims Team will guide the person claiming through the process and offer them any support they may need. We simply need the person claiming to provide evidence, such as a death certificate, to start the process.

4.9 WHEN WE WOULDN'T PAY A CLAIM

We wouldn't pay your claim if you're claiming for terminal illness and you don't meet our definition shown in section 4.10.

See section 1.5 for other reasons we may not pay your claim.

4.10 TERMINAL ILLNESS CLAIM

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.
- You have a definite diagnosis by a **UK Consultant** of any illness that satisfies one of the following:
  - **Cancer**: Histologically confirmed as TNM stage 4 (or equivalent staging system for the specific tumour **site**) and, in the opinion of the attending **UK Consultant**, there are no curative treatments available that will prevent further progression of the condition.
  - **Motor neurone disease**: 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 a **permanent** clinical impairment of motor function.
  - **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
  - **Creutzfeldt-Jakob disease (CJD)**: A definite diagnosis by a **UK Consultant** Neurologist of Creutzfeldt-Jakob disease.

If, before we've paid out a terminal illness claim under Life Protection, we're told that you've died, then we'll pay out for a death claim instead as detailed in section 4.5.

4.11 PREMIUM WAIVER CLAIM

Please let us know as soon as you think you'll be making a claim for Premium Waiver as we may not be able to backdate it or refund premiums. See section 2.3 for full details of Premium Waiver.

We may need evidence or more information. We'll keep in regular contact with you and may ask for reports to enable us to reassess the claim. We won't collect your premiums through the direct debit mandate during a Premium Waiver claim.

Any claim on Premium Waiver will have no effect on your original **policy** which continues as normal during and after the claim. We'll also waive the premiums on any additional covers on your **policy**.

If you have Increasing Cover on your **policy**, this will continue during a waiver claim, but you won't be able to add it if it's not already on your **policy**.

If you're unable to work, we'll assess your claim on whether or not you're able to carry out your **own job**. Your premiums will be waived from the date you let us know about your **incapacity** or 4 weeks after your net income reduces by 25% or more, whichever is later. See section 2.3 for more information.

We'll continue to waive your premiums if you're unable to carry out your **own job** 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.

For maternity and paternity leave or for employees who, as a result of involuntarily losing their job or being made redundant, are no longer working, we'll waive premiums for up to 6 months. You are covered for any occurrence of maternity or paternity leave or unemployment, starting after the first 12 months of your **policy**.

We may ask for evidence to substantiate your claim for Premium Waiver for unemployment or for maternity or paternity leave.

You can claim Premium Waiver as many times as you need to while your **policy** is **in force**.

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 **policy** anniversary. We pay the cover that applies at the date you die or meet 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 die or meet 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**. Your beneficiaries could choose to take amounts payable after your death as a lump sum in lieu of all future payments.

4.13 MOVING ABROAD

You'll still be covered by your **policy** if you move abroad after it's started, but you'll need to keep your personal UK bank account to pay the premiums.

SECTION 5:

LIFE ESSENTIALS

5.1 WHAT LIFE ESSENTIALS DOES

Life Essentials is a fixed-term insurance cover that will pay out the **amount covered** if either of the following events happen while the cover is **in force**:

- You die.
- You're diagnosed as being terminally ill and, in the opinion of your attending **UK Consultant**, your illness:
  - has no known cure or has progressed to the point where it can't be cured, and
  - is expected to lead to your death within 12 months.

Once we've paid a claim, the **policy** will end.

5.2 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 bank account.
- You've lived in the UK for the last 2 years, with the right to remain in the UK.
- Your permanent home is in the UK.
- You've been registered with a UK doctor for the last 2 years.

5.3 HOW LONG YOU CAN GET COVER FOR

The length of time your protection will last for will be specified on your **cover summary**.
Life Essentials can't extend beyond the day immediately before your 91st birthday.

Life Essentials has a minimum term of one year for Level and Increasing Cover, and 5 years for Decreasing Cover.

Life Essentials 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 the **cover term** ends.

5.4 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 5.12 for more details on this.
- **Increasing**: Where the **cover amount** goes up in line with inflation every year on each cover anniversary. See section 5.6 for details.

5.5 WHO WE'LL PAY OUT TO

If you die, we'll pay out to the executors or administrators of your estate following proof of probate (or confirmation in Scotland) if there's no legal agreement or trust in place on your **cover**. If you have a trust or legal agreement (see table below), we'll pay in accordance with that arrangement.

If for any reason we can't pay in accordance with that arrangement, e.g. an invalid nomination, a future change in law or change in interpretation of the law, we'll pay out to your estate.

Once we've paid the **cover amount** in accordance with this section, we'll not be liable to anyone to make any further payment.

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

If, before we've paid out a terminal illness claim, we're told that you've died, then we'll pay out for a death claim instead as detailed below.

	Legal agreement in place?	Who we pay the death claim to	Who we pay the terminal illness claim to
Own life	No	The executors or administrators of your estate	The policyholder
Own life	Yes – trust	The trustees or the beneficiaries of the trust	As defined by the trust
Own life	Yes – deed of assignment	The assignees	As defined by the deed of assignment
Own life	Yes – Payout Planner	The beneficiaries nominated under the cover (or their estate)	The policyholder

Payout Planner

If you told us when completing the online **application** who you would want to benefit from your Life Essentials payout in the event of your death, Payout Planner will apply to your **cover**. Your **cover summary** will show if you've chosen to nominate beneficiaries.

This will mean that we can pay the claim to your nominated beneficiaries without having to wait for probate (or confirmation) to be granted first.

We may pay to the parent or guardian of a beneficiary who is a minor. The parent or guardian is responsible for ensuring that any **cover amount** paid to them is held or used for the benefit of the minor beneficiary. Payment to the nominated beneficiary (or to their parent or guardian) will satisfy our obligations under your **policy**.

It's important that you review the beneficiaries regularly and keep us updated with any changes. You can make changes, replace beneficiaries or vary your **cover** without the consent of previously nominated beneficiaries. If you've notified us of a change to your beneficiary choice, we'll pay to the beneficiary or beneficiaries you last notified us of in the shares you've specified.

You can nominate more than one person or organisations, such as charities, as beneficiaries. If a beneficiary dies, we'll pay their share to their estate, so it's best if you change your nomination for them to avoid delays or an unintended result.

You can't nominate yourself, your estate, a trust you (or your estate) can benefit from, your mortgage lender or other commercial creditors. Any such nomination would be invalid. If your first nomination was invalid, this would mean that Payout Planner wouldn't apply to your **cover** until you made a valid nomination. If it was a subsequent nomination, this would mean that Payout Planner would revert to the previous valid nomination. Once you have validly nominated any beneficiary under Payout Planner to receive the benefits after your death, neither you nor your estate is entitled to these and Payout Planner will continue to apply unless you later override it with a trust. There must always be at least one nominated beneficiary while Payout Planner applies.

Assignment

When Payout Planner has been used, the contract for the **cover** can't be assigned to anyone else, except to the trustees of a trust which doesn't allow you or your estate to benefit from payment on your death.

Trusts

If you put your Life Essentials **cover** into a valid trust, this can't be reversed, and the trustees will essentially be the owners on behalf of the trust beneficiaries. The trustees will determine who can receive the payout in accordance with the terms of the trust.

From the time that we receive notification of the trust, this will automatically replace any beneficiary nominations under Payout Planner – so long as the trust doesn't allow you or your estate to benefit from payment on your death. If that condition is satisfied, the trust effectively becomes the sole nominated beneficiary and, from this point onwards, the trustees will determine who can receive the payout in accordance with the terms of the trust. If not, we'll pay out to the beneficiaries you nominated under Payout Planner.

We'll need evidence of the trustees' identity and legal ownership of the Life Essentials cover and instructions from them before we can pay the claim.

5.6 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.

The maximum amount of life cover you can have with us is £20 million across all covers. If the total life cover you have in place with us across all life covers reaches £20 million, inflation increases will stop and the premium and **cover amount** won't increase any further.

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

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

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.

5.7 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**.

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 **cover amount** for Life Essentials is £25,000.

The minimum **cover term** for Life Essentials is one year for Level and Increasing Cover, and 5 years for Decreasing Cover.

- **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** for Life Essentials is £20 million. The maximum amount of life **cover** you can have with us is £20 million across all life 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 **core cover** 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 £50,000, whichever is lower.
Marriage or civil partnership: If you enter into a civil partnership or get married.	25% of the original **cover amount** or £50,000, 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 £50,000, whichever is lower, subject to a maximum of the increase in the size of your mortgage amount.
Increasing the mortgage term: If you need to increase the term of your mortgage and extend the **cover term**. 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 cover as stipulated in section 5.3.
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 £50,000, whichever is lower.
Inheritance tax (IHT) increase: If the **person covered** has an increase to their IHT potential liability due to changes in the IHT rates or bands or a change in IHT legislation.	Available to **cover terms** of up to 7 years and maximum increase allowable 50% of the original **cover amount** or £100,000, whichever is lower.
Loss of group cover: If you leave a job that offered group life cover and it's not replaced by the new job. You mustn't have left the job due to ill health or early retirement.	25% of the original **cover amount** or £50,000, whichever is lower.

You can use the option more than once during your **cover term** as long as the total amount added isn't more than 50% of the original **amount covered** or £100,000, whichever is lower.

£100,000 is the maximum life cover you can add using a Guaranteed Increase Option across all life 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 **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 of the Guaranteed Increase Option event, such as your child's birth certificate or new job contract. If you don't give us the evidence we need, we may not pay your increased **cover amount**, and may not refund any additional premiums you've paid.

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 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 amend our records but we won't change your premium.

5.8 ASSESSING A CLAIM

Our Claims Team will guide the person claiming through the process and offer them any support they may need. We simply need the person claiming to provide evidence, such as a death certificate, to start the process.

5.9 WHEN WE WOULDN'T PAY A CLAIM

We wouldn't pay your claim if you're claiming for terminal illness and you don't meet our definition shown in section 5.10.

We won't pay a claim if your death is due to suicide or as a result of intentional self-inflicted injury in the first 12 months of the **policy**. See section 1.5 for other reasons we may not pay your claim.

5.10 TERMINAL ILLNESS CLAIM

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:

- has no known cure or has progressed to the point where it can't be cured, and
- is expected to lead to your death within 12 months.

If, before we've paid out a terminal illness claim under Life Essentials, we're told that you've died, then we'll assess for a death claim instead as detailed in section 5.5.

5.11 PREMIUM WAIVER CLAIM

Please let us know as soon as you think you'll be making a claim for Premium Waiver as we may not be able to backdate it or refund premiums. See section 2.3 for full details of Premium Waiver.

We may need evidence or more information. We'll keep in regular contact with you and may ask for reports to enable us to reassess the claim. We won't collect your premiums through the direct debit mandate during a Premium Waiver claim.

Any claim on Premium Waiver will have no effect on your original **policy** which continues as normal during and after the claim. We'll also waive the premiums on any additional covers on your **policy**.

If you have Increasing Cover on your **policy**, this will continue during a waiver claim.

If you're unable to work, we'll assess your claim on whether or not you're able to carry out your **own job**. Your premiums will be waived from the date you let us know about your **incapacity** or 26 weeks after your net income reduces by 25% or more, whichever is later. See section 2.3 for more information.

We'll continue to waive your premiums if you're unable to carry out your **own job** 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 can claim Premium Waiver as many times as you need to while your **policy** is **in force**.

5.12 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 **policy** anniversary. We pay the cover that applies at the date you die or meet our terminal illness definition. See section 5.6 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 die or meet our terminal illness definition.

5.13 MOVING ABROAD

You'll still be covered by your **policy** if you move abroad after it's started, but you'll need to keep your personal UK bank account to pay the premiums.

SECTION 6:

CRITICAL ILLNESS PROTECTION

6.1 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 definitions.
- You meet an **additional payout** critical illness definition.
- You meet our terminal illness definition.

If you die within 14 days of any of these events, the cover won't pay out and will end.

Please see section 11.1 for **full payout** and **additional payout** critical illness definitions.
See section 6.11 for full details of our terminal illness definition.

Once we've made a **full payout**, the cover will end.

6.2 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 bank account.
- You've lived in the UK for the last 2 years, with the right to remain in the UK.
- Your permanent home is in the UK.
- You've been registered with a UK doctor for the last 2 years.

6.3 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 the **cover term** ends.
- When we've made a **full payout** claim.

6.4 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 6.13 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 **policy** anniversary. See section 6.6 for details.

6.5 WHO WE'LL PAY OUT TO

We'll pay any valid critical illness claim to you, the policyholder.

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.

6.6 INCREASING COVER

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

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

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

The maximum amount of critical illness cover you can have with us is £3 million across all covers. If the total Critical Illness Protection or Combined Life and Critical Illness Protection 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 will 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 term.

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

6.7 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 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.

6.8 CHANGING YOUR COVER

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

Changing the amount 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 for Critical Illness Protection is £10,000 or, for Family Income Benefit, an annual amount of £1,000.

- **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** for Critical Illness Protection is £3 million. 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 **core cover** 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 £50,000, whichever is lower.
Marriage or civil partnership: If you enter into a civil partnership or get married.	25% of the original **cover amount** or £50,000, 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 £50,000, whichever is lower, subject to a maximum of the increase in the size of your mortgage amount.
Increasing the mortgage term: If you need to increase the term of your mortgage and extend the **cover term**. 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 cover as stipulated in section 6.3.
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 £50,000, whichever is lower.

You can use the option more than once during your **cover term** as long as the total amount 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 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 of the Guaranteed Increase Option event, such as your child's birth certificate or new job contract. If you don't give us the evidence we need, we may not pay your increased **cover amount**, and may not refund any additional premiums you've paid.

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, cigar, 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 amend our records but we won't change your 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.

6.9 ASSESSING A CLAIM

Critical illness claim
We make sure the condition meets one of our definitions in section 11.1, and that you've survived for 14 days from diagnosis. Once we receive confirmation from a relevant specialist that you've met one of our critical illness 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.

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.

6.10 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, terminal illness or total **permanent** disability definitions.
- We've already made a **full payout**.

See section 1.5 for other reasons we may not pay your claim.

6.11 TERMINAL ILLNESS CLAIM

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.

6.12 PREMIUM WAIVER CLAIM

Please let us know as soon as you think you'll be making a claim for Premium Waiver as we may not be able to backdate it or refund premiums. See section 2.3 for full details of Premium Waiver.

We may need evidence or more information. We'll keep in regular contact with you and may ask for reports to enable us to reassess the claim. We won't collect your premiums through the direct debit mandate during a Premium Waiver claim.

Any claim on Premium Waiver will have no effect on your original **policy** which continues as normal during and after the claim. We'll also waive the premiums on any additional covers on your **policy**.

If you have Increasing Cover on your **policy**, this will continue during a waiver claim, but you won't be able to add it if it's not already on your **policy**.

If you're unable to work, we'll assess your claim on whether or not you're able to carry out your **own job**. Your premiums will be waived from the date you let us know about your **incapacity** or 4 weeks after your net income reduces by 25% or more, whichever is later. See section 2.3 for more information.

We'll continue to waive your premiums if you're unable to carry out your **own job** 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.

For maternity and paternity leave or for employees who, as a result of involuntarily losing their job or being made redundant, are no longer working, we'll waive premiums for up to 6 months. You are covered for any occurrence of maternity or paternity leave or unemployment, starting after the first 12 months of your **policy**.

We may ask for evidence to substantiate your claim for Premium Waiver for unemployment or for maternity or paternity leave.

You can claim Premium Waiver as many times as you need to while your **policy** is **in force**.

6.13 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 increases in line with inflation on each cover anniversary. We pay the amount that applies at the date you meet one of our critical illness definitions or our terminal illness definition. See section 6.6 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 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.

6.14 CONTINUING COVER AFTER A CLAIM

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.

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 11.1.

6.15 MOVING ABROAD

You'll still be covered by your **policy** if you move abroad after it's started, but you'll need to keep your personal UK bank account to pay the premiums.

SECTION 7:

COMBINED LIFE AND CRITICAL ILLNESS PROTECTION

7.1 WHAT COMBINED LIFE AND CRITICAL ILLNESS PROTECTION DOES

Combined Life and 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 die.
- You meet one of our **full payout** critical illness definitions.
- You meet an **additional payout** critical illness definition.
- You meet our terminal illness definition.

Please see section 11.1 for **full payout** and **additional payout** critical illness definitions.
See section 7.11 for full details of our terminal illness definition.

Once we've made a **full payout**, the cover will end.

7.2 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 bank account.
- You've lived in the UK for the last 2 years, with the right to remain in the UK.
- Your permanent home is in the UK.
- You've been registered with a UK doctor for the last 2 years.

7.3 HOW LONG YOU CAN GET COVER FOR

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

Combined Life and Critical Illness Protection has a minimum term of 5 years.

Combined Life and 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 the **cover term** ends.
- When we've made a **full payout** claim.

7.4 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 7.13 for more details on this.
- **Increasing**: Where the **cover amount** goes up in line with inflation every year on each **policy** anniversary. See section 7.6 for details.

7.5 WHO WE'LL PAY OUT TO

If you die, we'll pay out to the executors or administrators of your estate following proof of probate (or confirmation in Scotland) if there's no legal agreement or trust in place on your **cover**. If you have a trust or legal agreement (see table below), we'll pay in accordance with that arrangement.

If for any reason we can't pay in accordance with that arrangement, e.g. an invalid nomination, a future change in law or change in interpretation of the law, we'll pay out to your estate.

Once we've paid the **cover amount** in accordance with this section, we'll not be liable to anyone to make any further payment.

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

If, before we've paid out a critical illness or terminal illness claim we're told that you've died, then we'll pay out for a death claim instead as detailed below.

	Legal agreement in place?	Who we pay the death claim to	Who we pay the terminal illness claim to
Own life	No	The executors or administrators of your estate	The policyholder
Own life	Yes – trust	The trustees or the beneficiaries of the trust	As defined by the trust
Own life	Yes – deed of assignment	The assignees	As defined by the deed of assignment
Own life	Yes – Payout Planner	The beneficiaries nominated under the cover (or their estate)	The policyholder

Payout Planner

If you told us when completing the online **application** who you would want to benefit from the life element of your **cover** in the event of your death, Payout Planner will apply to your **cover**. Your **cover summary** will show if you've chosen to nominate beneficiaries.

This will mean that we can pay the claim to your nominated beneficiaries without having to wait for probate (or confirmation) to be granted first.

We may pay to the parent or guardian of a beneficiary who is a minor. The parent or guardian is responsible for ensuring that any **cover amount** paid to them is held or used for the benefit of the minor beneficiary. Payment to the nominated beneficiary (or to their parent or guardian) will satisfy our obligations under your **policy**.

It's important that you review the beneficiaries regularly and keep us updated with any changes. You can make changes, replace beneficiaries or vary your **cover** without the consent of previously nominated beneficiaries. If you've notified us of a change to your beneficiary choice, we'll pay to the beneficiary or beneficiaries you last notified us of in the shares you've specified.

You can nominate more than one person or organisations, such as charities, as beneficiaries. If a beneficiary dies, we'll pay their share to their estate, so it's best if you change your nomination for them to avoid delays or an unintended result.

You can't nominate yourself, your estate, a trust you (or your estate) can benefit from, your mortgage lender or other commercial creditors. Any such nomination would be invalid. If your first nomination was invalid, this would mean that Payout Planner wouldn't apply to your **cover** until you made a valid nomination. If it was a subsequent nomination, this would mean that Payout Planner would revert to the previous valid nomination. Once you have validly nominated any beneficiary under Payout Planner to receive benefits after your death, neither you nor your estate is entitled to these and Payout Planner will continue to apply unless you later override it with a trust. There must always be at least one nominated beneficiary while Payout Planner applies.

Assignment

When Payout Planner has been used, the contract for the **cover** can't be assigned to anyone else, except to the trustees of a trust which doesn't allow you or your estate to benefit from payment on your death.

Trusts

If you put your **cover** into valid trust, this can't be reversed and the trustees will essentially be the owners on behalf of the trust beneficiaries. The trustees will determine who can receive the payout in accordance with the terms of the trust.

From the time that we receive notification of the trust, this will automatically replace any beneficiary nominations under Payout Planner – so long as the trust doesn't allow you or your estate to benefit from payment on your death. If that condition is satisfied, the trust effectively becomes the sole nominated beneficiary and, from this point onwards, the trustees will determine who can receive the payout in accordance with the terms of the trust. If not, we'll pay out to the beneficiaries you nominated under Payout Planner.

We'll need evidence of the trustees' identity and legal ownership of your **cover** and instructions from them before we can pay the claim.

7.6 INCREASING COVER

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

If you've chosen this option, your premium will also increase each year to reflect the increased cover. 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 Protection or Combined Life and Critical Illness Protection 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 **policy** has started. It will take effect at the next cover anniversary.

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 term.

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

7.7 COVER UPGRADE PROMISE

Your Combined Life and Critical Illness Protection includes our cover upgrade promise. This is our promise to you that if we improve our critical illness 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.

7.8 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 cover for Combined Life and Critical Illness Protection is £10,000.

- **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 for Combined Life and Critical Illness Protection is £3 million. 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 amount of **cover** you have without being subject to any underwriting assessment or medical evidence. These events are shown below. If you have this option on your **core cover** 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 £50,000, whichever is lower.
Marriage or civil partnership: If you enter into a civil partnership or get married.	25% of the original **cover amount** or £50,000, 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 £50,000, whichever is lower, subject to a maximum of the increase in the size of your mortgage amount.
Increasing the mortgage term: If you need to increase the term of your mortgage and extend the **cover term**. 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 cover as stipulated in section 7.3.
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 £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 life **cover** or critical illness **cover** you can add using a Guaranteed Increase Option across all 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 of the Guaranteed Increase Option event, such as your child's birth certificate or new job contract. If you don't give us the evidence we need, we may not pay your increased **cover amount**, and may not refund any additional premiums you've paid.

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 amend our records but we won't change your 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.

7.9 ASSESSING A CLAIM

Life claim
Our Claims Team will guide the person claiming through the process and offer them any support they may need. We simply need the person claiming to provide evidence, such as a death certificate, to start the process.

Critical illness claim
We make sure the condition meets one of our definitions in section 11.1. Once we receive confirmation from a relevant specialist that you've met one of our critical illness 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.

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.

7.10 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, terminal illness or total **permanent** disability definitions.
- We've already made a **full payout**.

See section 1.5 for other reasons we may not pay your claim.

7.11 TERMINAL ILLNESS CLAIM

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.

If, before we've paid out a terminal illness claim under the life element of the cover, we're told that you've died, then we'll pay out for a death claim instead as detailed in section 7.5.

7.12 PREMIUM WAIVER CLAIM

Please let us know as soon as you think you'll be making a claim for Premium Waiver as we may not be able to backdate it or refund premiums. See section 2.3 for full details of Premium Waiver.

We may need evidence or more information. We'll keep in regular contact with you and may ask for reports to enable us to reassess the claim. We won't collect your premiums through the direct debit mandate during a Premium Waiver claim.

Any claim on Premium Waiver will have no effect on your original **policy** which continues as normal during and after the claim. We'll also waive the premiums on any additional covers on your **policy**.

If you have Increasing Cover on your **policy**, this will continue during a waiver claim, but you won't be able to add it if it's not already on your **policy**.

If you're unable to work, we'll assess your claim on whether or not you're able to carry out your **own job**. Your premiums will be waived from the date you let us know about your **incapacity** or 4 weeks after your net income reduces by 25% or more, whichever is later. See section 2.3 for more information.

We'll continue to waive your premiums if you're unable to carry out your **own job** 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.

For maternity and paternity leave or for employees who, as a result of involuntarily losing their job or being made redundant, are no longer working, we'll waive premiums for up to 6 months. You're covered for any occurrence of maternity or paternity leave or unemployment, starting after the first 12 months of your **policy**.

We may ask for evidence to substantiate your claim for Premium Waiver for unemployment or for maternity or paternity leave.

You can claim Premium Waiver as many times as you need to while your **policy** is **in force**.

7.13 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 **policy** anniversary. We pay the amount that applies at the date you die, or meet one of our critical illness definitions or our terminal illness definition. See section 7.6 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 die, or meet one of our critical illness definitions or our terminal illness definition.

7.14 CONTINUING COVER AFTER A CLAIM

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**.

For more information on **additional payouts**, please see section 11.1.

7.15 MOVING ABROAD

You'll still be covered by your **policy** if you move abroad after it's started, but you'll need to keep your personal UK bank account to pay the premiums.

SECTION 8:

INCOME PROTECTION

8.1 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.

8.2 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 bank account.
- You've lived in the UK for the last 2 years, with the right to remain in the UK.
- Your permanent home is in the UK, 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**.

8.3 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.

8.4 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 **policy** anniversary. See section 8.6 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 8.12 for what we'll pay – as the amount we pay may not always be the same as the **cover amount**.

8.5 WHO WE'LL PAY OUT TO

We'll pay any valid Income Protection claim to you, the policyholder.

8.6 INCREASING COVER

If you select this option, the **amount covered** will go up in line with inflation on each **cover** anniversary, up to a maximum of 10%. Your **cover summary** will show if you've chosen this option.

Your premium will also increase each year to reflect the increased **cover**. 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** 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 **policy** 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.

8.7 CHANGING YOUR COVER

Your **cover** gives you several options that allow it to reflect your changing needs throughout its 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 8.4. 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 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 covers you have with us. And the total increase mustn't take your **cover** over the maximum amount. See section 8.4 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 term of the **cover**. All percentage increases will be based on the original amount of **cover** taken 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 of the Guaranteed Increase Option event, such as your child's birth certificate or new job contract. If you don't give us the evidence we need, we may not pay your increased **cover amount**, and may not refund any additional premiums you've paid.

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 amend our records but we won't change your 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 8.10 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 8.13 for full details.

8.8 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 may 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.

8.9 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**.

See section 1.5 for other reasons we may not pay your claim.

8.10 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.

8.11 PREMIUM WAIVER CLAIM

Please let us know as soon as you think you'll be making a claim for Premium Waiver as we may not be able to backdate it or refund premiums. See section 2.3 for full details of Premium Waiver.

We may need evidence or more information. We'll keep in regular contact with you and may ask for reports so that we can continue to waive your premiums. We won't collect your premiums through the direct debit mandate during a Premium Waiver claim.

Any claim on Premium Waiver will have no effect on your original **policy** which continues as normal during and after the claim.

If you have Increasing Cover, this will continue during a waiver claim.

If you're unable to work, we'll assess your claim on whether or not you're able to carry out your **own job**. Your premiums will be waived 4 weeks after you're unable to do your **own job**, regardless of whether your earnings have reduced yet, or your chosen **deferred period**. See section 2.3 for full details.

We'll continue to waive your premiums if you're unable to do your **own job** because of 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.

For maternity and paternity leave or for employees who, as a result of involuntarily losing their job or being made redundant, are no longer working, we'll waive premiums for up to 6 months. You're covered for a new period of maternity or paternity leave or unemployment, starting after the first 12 months of your **policy**.

We may ask for evidence to substantiate your claim for Premium Waiver for unemployment or for maternity or paternity leave.

You can claim Premium Waiver as many times as you need to while your **policy** is **in force**.

8.12 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 8.4 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 section 8.4 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 The maximum cover you're allowed based on your annual earnings is £3,000 a month You choose the maximum cover amount allowed: £3,000 a month	Example 2 The maximum cover you're allowed based on your annual earnings is £3,000 a month You choose below the maximum cover amount allowed: £1,800 a month
Payments from other insurance products: £500 a month	We'll deduct 100% of this £500 a month from your maximum cover We'll deduct £500 a month	We'll deduct 100% of this £500 a month from your maximum cover We'll deduct £500 a month
Payments from ill-health retirement pensions: £500 a month	£500 a month We'll deduct 65% of this £500 a month from your maximum cover We'll deduct £325 a month	£500 a month We'll deduct 65% of this £500 a month from your maximum cover We'll deduct £325 a month
Payments from continuing earnings or profits: £500 a month	£500 a month We'll deduct 65% of this £500 a month We'll deduct £325 a month	£500 a month We'll deduct 65% of this £500 a month We'll deduct £325 a month
Amount we'll pay you	£3,000 – £500 – £325 – £325 (the maximum cover minus the continuing income) = £1,850 a month is the maximum we can pay you We'll pay £1,850 a month, which is below your **cover amount** due to your continuing income	£3,000 – £500 – £325 – £325 (the maximum cover minus the continuing income) = £1,850 a month is the maximum we can pay you We'll pay you £1,800 a month, which is your full **cover amount**

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 **policy** 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 8.6 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.

8.13 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 **policy** 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 **policy** 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 8.10 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 8.11. 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.

8.14 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.

8.15 MOVING ABROAD

There are some restrictions to the countries you can move to and still be covered. See section 8.8 for full details.

SECTION 9:

CHILDREN'S CRITICAL ILLNESS PROTECTION

9.1 WHAT CHILDREN'S CRITICAL ILLNESS PROTECTION DOES

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

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

- An **eligible child** is diagnosed with one of our **full payout** children's critical illness conditions and survives 14 days from diagnosis.
- An **eligible child** aged 12 months or older is diagnosed with a terminal illness which, in the opinion of their **UK Consultant**, is expected to lead to their death within 12 months and they survive 14 days from diagnosis.

It will also pay an additional amount of 25% of the **amount covered**, up to a maximum of £50,000. The exception being for low-risk non-melanoma skin cancer which pays 10% of the **amount covered**, up to a maximum of £50,000.

The additional amount is paid if:

- An **eligible child** is diagnosed with an **additional payout** condition. The **amount covered** is unaffected.
- An **eligible child** is stillborn at any stage after a 24-week gestation period, or dies before they reach their 23rd birthday. If this happens, we'll pay out £10,000 as a contribution towards funeral costs in addition to any other payout.

Please see section 11.2 for **full payout** and **additional payout** children's critical illness definitions.

When we make a **full payout** for an **eligible child**, the cover for that **eligible child** will then end, with the exception of funeral cover which will remain in place while premiums continue to be paid. An **eligible child** can't have further cover under another Guardian **policy** that takes them above the £100,000 limit for this cover. There's no limit to the number of **eligible children** that can be covered.

9.2 WHO CAN TAKE OUT COVER

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

9.3 HOW LONG YOU CAN GET COVER FOR

Children's Critical Illness Protection ends when:

- The **core cover** lapses or is cancelled.
- A **full payout** is made on the **core cover**.
- When your youngest **eligible child** reaches their 23rd birthday.

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

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

9.4 HOW MUCH YOU'RE COVERED FOR

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

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

If the type of adult **core cover** is:

- **Level**: The children's **cover amount** is fixed for the **cover term**.
- **Increasing**: The children's **cover amount** will go up in line with inflation every year on each cover anniversary. See section 9.6 for details.
- **Decreasing**: The children's **cover amount** will remain level and is fixed for the **cover term**.
- **Family Income Benefit**: The children's cover will remain level and is fixed for the **cover term**.

Children's Critical Illness Protection is only available as Level or Increasing Cover. If you've chosen Level Cover, you can't increase the amount of level Children's Critical Illness Protection after the cover is **in force**. Where the **cover amount** and premiums increase on a **core cover**, they'll also increase on your Children's Critical Illness Protection.

9.5 WHO WE'LL PAY OUT TO

We'll pay any valid children's critical illness claim to the policyholder of the **core cover**.

9.6 INCREASING COVER

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

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

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

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

Adding Increasing Cover

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

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

Removing Increasing Cover

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

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

9.7 COVER UPGRADE PROMISE

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

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

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

How it works

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

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

Exclusions

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

9.8 CHANGING YOUR COVER

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

Changing the amount

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

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

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

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

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

9.9 ASSESSING A CLAIM

We make sure the condition meets one of our definitions in section 11.2 and that the **eligible child** who's covered has survived for 14 days from diagnosis. Once we receive confirmation of the diagnosis from the relevant specialist, we'll assess the claim and pay the appropriate amount as soon as possible.

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

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

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

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

9.10 WHEN WE WOULDN'T PAY A CLAIM

We wouldn't pay your claim:

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

9.11 TERMINAL ILLNESS CLAIM

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

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

9.12 PREMIUM WAIVER CLAIM

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

9.13 THE AMOUNT WE PAY OUT

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

- **Level**: The **cover amount** is fixed throughout the **cover term**. It's this amount that we'll pay out on a claim.
- **Increasing**: If you choose Increasing Cover on your **core cover**, the **cover amount** and the premium you pay increase in line with inflation on each cover anniversary. We pay the amount that applies at the date the **eligible child** is diagnosed with one of our critical illness definitions, or terminal illness definition. See section 9.6 for more information.

9.14 CONTINUING COVER AFTER A CLAIM

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**.

Full payout

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

9.15 MOVING ABROAD

Eligible children will still be covered by your **policy** if you move abroad after it's started, but you'll need to keep your personal UK bank account to pay the premiums.

10. 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.

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.

Additional payout (Critical Illness Protection and Combined Life and Critical Illness Protection): 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 11.1 after the **full payout** conditions.

Additional payout (Children's Critical Illness Protection): a payout of 25% 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 11.2 after the **full payout** conditions.

Amount covered/cover amount: The amount of cover provided under the policy. 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 Protection, Life Essentials, Critical Illness Protection, Combined Life and Critical Illness Protection or Income Protection.

Cover: There are 6 covers in our Protection Menu: Life Protection, Life Essentials, Critical Illness Protection, 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**.

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.

E e

Eligible child/children: You or your partner's natural, step or adopted children and those for whom you're the legal guardian or have been granted parental responsibility. They'll be covered from birth to their 23rd birthday.

End date: The last day of cover – which is shown on your **cover summary** – or the date of a death, 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 sections 11.1 and 11.2.

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** 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

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

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

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**.

11. CRITICAL ILLNESS DEFINITIONS

11.1 CRITICAL ILLNESS DEFINITIONS FOR ADULTS' COVER

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**:

- All tumours 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 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.

The following is 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 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.

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 proceeded 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 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. 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.

Primary pulmonary arterial hypertension – A definite diagnosis of idiopathic pulmonary arterial 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**.

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.

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.

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:

a) 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

b) 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 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 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).

11.2 CRITICAL ILLNESS DEFINITIONS FOR CHILDREN'S COVER

Full payout conditions

If your **eligible child** is diagnosed with one of the following illnesses or conditions, we'll pay 100% of the amount of cover specified on your **cover summary**, and the cover for that **eligible child** will then end.

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**:

- All tumours 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 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.

The following is not covered:

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

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

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

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

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

The following are not covered:

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

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

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

The diagnosis must be supported by appropriate evidence.

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

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

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

The following is not covered:

- Coma secondary to alcohol or drug abuse.

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

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

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

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

D d

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

Dementia including Alzheimer's – A definite diagnosis of Alzheimer's disease or dementia by a **UK Consultant** Neurologist, Geriatrician, Neuropsychologist or Psychiatrist.

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

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

The following is not covered:

- Mild cognitive impairment.

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

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

- Invasive **surgery** to brain tissue, including the insertion of electrodes for deep brain stimulation,

OR

- The implantation of a vagus nerve stimulator.

E e

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

G g

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

H h

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

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

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

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

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

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

The following is not covered:

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

Hydrocephalus – A definite diagnosis of hydrocephalus made by an attending **UK Consultant** Neurologist.

I i

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

The following are not covered:

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

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

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

K k

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

L l

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

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

The following is not covered:

- Liver disease secondary to alcohol or drug abuse.

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

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

M m

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

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

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

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

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

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

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

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

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

N n

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

The following is not covered:

- Pituitary neuroendocrine tumours.

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

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

O o

Open-heart or structural heart surgery – Placement on the NHS waiting list for, or the undergoing of, heart surgery requiring 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. 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 payment** condition:

- Removal of a lobe of the lungs (lobectomy)

The following is not covered:

- Lung resection or incision.

Primary pulmonary arterial hypertension – A definite diagnosis of idiopathic pulmonary arterial 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**.

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.

R r

Removal of urinary bladder – The undergoing of **surgery** to remove the urinary bladder due to injury or disease (total cystectomy).

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

S s

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

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

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

The following is not covered:

- Transient ischaemic attack.

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

The following are not covered:

- Self-inflicted injuries.

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

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

T t

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

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

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

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

U u

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

Additional payout conditions

If your **eligible child** is diagnosed with one of the following illnesses or conditions, we'll pay an additional amount. We'll pay an **additional payout** amount of 25% of the **cover amount**, once for each **eligible child**. The exception being for low-risk non-melanoma skin cancer which pays 10% of the **cover amount**, up to a maximum of £50,000. The **amount covered** (on your **cover summary**) would remain intact should you need it in the future for a further claim.

A a

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

The following are not covered:

- Atherectomy.
- Rotablation.
- Laser treatment.

B b

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

C c

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

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 are 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 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 diagnosed with histological confirmation that the tumour has spread beyond the epidermal layer, and is less than or equal to 20mm across but has none of the other features listed above.

The following is not covered.

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

O o

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

The following is not covered:

- Removal of an ovary due to a cyst.

P p

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

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

The following are not covered:

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

S s

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

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

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

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

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

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

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

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

T t

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

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

Type 1 insulin-dependent diabetes mellitus – A definite diagnosis of type 1 diabetes mellitus, 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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