

LIFESTYLE COVER INSURANCE

# POLICY BOOKLET.

**EVERY  
DAY  
MATTERS.®**



# WELCOME TO LEGAL & GENERAL.

Thank you for choosing us for your short-term income protection insurance.

This policy booklet gives all the details about your policy's terms, conditions and exclusions, as well as clear definitions of the terms we use. We've aimed to make it as clear as possible, because it's important that you understand what your cover includes and excludes.

## IF YOU CHANGE YOUR MIND

If you decide that this policy doesn't meet your requirements within 30 days of receiving it, please let us know and any premium charged will be refunded provided you have not made a claim during this period. If you decide to cancel the policy you will not be able to make a claim at a future date.

If there's anything that isn't clear, you can call us on **0370 900 3119** to ask.



## HOW TO CONTACT US.

If you have any questions, please call us.

### CUSTOMER SERVICE

Call **0370 900 3119** for information about your policy terms and conditions. (lines are open Mon–Fri 9am–5pm and Sat 9am–1pm).

### CLAIMS ASSISTANCE

Call **0800 0728316** to make a claim for unemployment.

Call **0800 0728315** to make a claim for accident and sickness. (lines are open Mon–Fri 9am–5pm).



### EASIER TO READ INFORMATION

Please call us if you are visually impaired and would like this document in Braille, large print or audio tape or CD.

Calls may be recorded and monitored. Call charges will vary for 03 numbers.



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# DEFINITIONS.

Whenever **you** see a word in **bold**, it has a specific meaning. This is how **we** define these words:

## AMENDMENT DATE

The date a change to **your policy** takes place.

## BENEFIT

Payment made to **you** under this **policy**.

## CARER

**You** are a **carer** if **you** need to care for a member of **your immediate family** and receive carer's allowance from:

- the Department of Work and Pensions in the **UK**;
- the Department of Trade and Industry (Isle of Man);
- the Department for Social Development in Northern Ireland; or
- the State's Insurance Authorities in the **Channel Islands**.

## CEASED TO TRADE

The total cessation of **your** business, or any business in which you have a shareholding of 25% or more, as a result of **your** business having insufficient assets to meet its debts and liabilities, and where you are a director:

- **you** have prepared and submitted final closing accounts for **your** business to **HMRC**; or
- **your** business has been put in the hands of an insolvency practitioner or an officer of the bankruptcy court; or
- **your** partnership has been dissolved, and **you** have prepared and submitted final closing accounts for **your** business to **HMRC**.

## CHANNEL ISLANDS

The Bailiwick of Jersey and the Bailiwick of Guernsey.

## CONSULTANT

A medical specialist who is a member of an appropriate Royal College that recognises the person as a specialist in the **UK**, **Channel Islands** or Isle of Man. When **you** make a claim, the **consultant** who confirms **your disability** can't be **you** or a member of **your immediate family**.

## CONTRACT WORKER

A **policyholder** who **works** for at least 16 hours per week under an employment contract that has a specified end date or ends when a specific task is completed. **You** must be receiving a salary or wages and paying income tax and National Insurance.

- This includes **working** as a subcontractor, for example where **you** have agreed to perform part or all of the obligations of another's contract.
- This excludes casual and temporary workers, for example agency workers who are contracted to an employment agency rather than the company they're **working** for.
- This excludes 'zero hours' contracts, for example where the employer is not obliged to provide **you** with any minimum working hours, and **you** are not obliged to accept any of the hours offered.

**DAYS' BENEFIT**

One day's benefit is 1/30th of the **monthly benefit**.

**DEFERRED PERIOD**

The number of days when **we** don't pay **benefit** at the start of a claim.

**DISABLED, DISABILITY, DISABILITIES**

A physical or mental condition that stops **you** from carrying out **your normal occupation**.

**DOCTOR**

A qualified medical practitioner who is registered with the General Medical Council and practices in the **UK, Channel Islands** or Isle of Man. When **you** make a claim, the **doctor** who confirms **your disability** cannot be **you** or a member of **your immediate family**.

**EMPLOYMENT, EMPLOYED**

**Working** for at least 16 hours per week under an employment contract with no specified end date, receiving a salary or wage with **your** employer deducting income tax and National Insurance on the basis applicable to employees in the **UK, Channel Islands** or Isle of Man.

Or

**Working** as a **contract worker**.

This excludes casual and temporary workers, for example agency workers who are contracted to an employment agency rather than the company they're **working** for.

This excludes 'zero hours' contracts, for example where the employer is not obliged to provide **you** with any minimum working hours, and **you** are not obliged to accept any of the hours offered.

**GROSS MONTHLY INCOME**

This is **your** monthly income before any taxes or other deductions.

Commission and bonus payments, which are a regular feature of **your** income can be included.

Other payments cannot be included, even if these are a regular feature, such as overtime payments, car allowances, expenses and any investment income.

**Note:** If **you** make a claim, **we** will ask **you** for documentary evidence of **your gross monthly income**. For more information please see Section 6 – 'Making a claim'.

**HMRC**

Her Majesty's Revenue and Customs.

**IMMEDIATE FAMILY**

**Your** husband, wife, partner, registered civil partner, parent, child, brother or sister.

**IMPENDING UNEMPLOYMENT**

**Unemployment** which **you** have been notified of either verbally or in writing, or a re-organisation, restructure or programme of redundancy affecting **your** role, which is formally announced by **your** employer.

### **JOBCENTRE**

The relevant office of:

- the Department for Work and Pensions in the **UK**;
- the Department of Trade and Industry (Isle of Man);
- the Department for Social Development in Northern Ireland;
- the State’s Insurance Authorities in the **Channel Islands**;
- an EU member state’s equivalent department; or
- any department replacing these.

### **JOBSEEKER’S AGREEMENT**

A signed arrangement with a **Jobcentre** outlining the activity, intended to help **you** to find **employment**.

### **MONTHLY BENEFIT**

The amount shown on **your schedule**, that **you** have selected. This is the maximum amount **we** will pay. If **you** select to cover joint **policyholders** under this insurance, **we** will show the **monthly benefit** for each person’s chosen share on **your schedule**.

If **your gross monthly income** decreases **we** may reduce **your monthly benefit**. Please see Section 3 – ‘Explaining the policy options you have chosen’ for more information.

### **NORMAL OCCUPATION**

**Your work** immediately before **your disability** or **unemployment** or any **work you** are required to do to meet the terms of **your Jobseekers Agreement**.

### **NORMAL PREGNANCY**

- Symptoms which normally accompany pregnancy (including multiple pregnancy) which are of a minor and/or temporary nature and don’t represent an unusual or significant medical hazard to the mother or baby.
- Childbirth, including delivery by caesarean section or any other medically or surgically assisted delivery, which does not cause medical complications.

### **PAYMENT IN LIEU OF NOTICE**

Payment made by **your** employer as an alternative to **you working your** full notice period.

### **PAYMENT OPTION**

The payment option that **you** have selected which is either the standard option or the back to day one option, as explained in Section 3 – ‘Explaining the policy options that you have chosen’.

### **PERIOD OF INSURANCE**

The period of insurance stated on **your schedule**.

### **POLICY**

This insurance policy.

### **POLICYHOLDER/POLICYHOLDERS**

A person or persons who is eligible for cover under this **policy** and named on **your schedule**.

### PRE-EXISTING CONDITION

Any disease, illness or injury, including related medical conditions, where either, in the 12 months before the **start date** or the **amendment date**:

- **you** have received a consultation, medication, monitoring advice or treatment; or
- **your** medical records indicate, and **your doctor** confirms, that **you** had experienced symptoms of (whether or not a diagnosis has been made).

### PREMIUM

The amount **you** must pay **us** for the **period of insurance**.

### QUALIFYING PERIOD

A period of 60 days from the **start date** or **amendment date**. This only applies to **unemployment** cover.

### RENEWAL DATE

The annual anniversary of **your policy**, after the **start date**.

### SCHEDULE

The document **we** provide which confirms details of **your** insurance cover.

### SELF-EMPLOYED OR SELF-EMPLOYMENT

**Working** for at least 16 hours a week, either alone or with others, being liable to pay income tax and National Insurance contributions on the basis applicable to the self-employed in the **UK, Channel Islands** or Isle of Man.

Or

**You** are a director of, or **you** own **your** own company or business;

Or

**You** have a shareholding of 25% or more in a company or business.

### SHORT TIME WORKING HOURS

For **employed policyholders** only, where **your** employer reduces **your** contractual working time, which results in a reduction in pay.

### START DATE

The date **your** insurance begins. This is shown on the first **schedule you** receive from **us**, when **you** buy this **policy**, as the date the **period of insurance** starts on.

### STATEMENT OF FACT

A statement of the information supplied by **you**.

### UK

The United Kingdom of Great Britain and Northern Ireland.

### UNEMPLOYED OR UNEMPLOYMENT

Being registered as unemployed with a **Jobcentre** and having no **work**. If **you** are **self-employed**, **you** will also need to have **ceased to trade**.

### US, WE OR OUR

Legal & General Insurance Limited.

### WORK/WORKING

Being in **employment** or **self-employment**.

### YOU, YOUR

The **policyholder** or **policyholders**.

# SECTION 1.

## EXPLAINING THE TYPE OF POLICY YOU’VE CHOSEN

### TYPE OF INSURANCE AND COVER

This is a short-term 12 month contract, which is annually renewable. If **we** are offering to renew **your policy**, **we** will contact **you** at least 21 days before the **renewal date** to confirm cover, any new terms and conditions and the **premium** for the following **period of insurance** (please refer to ‘What happens at renewal?’ in this section for further information).

**Our policy** is designed to pay **you** a tax free **monthly benefit** (which cannot exceed 65% of **your gross monthly income**) for up to 12 months, if **you** are unable to **work** due to accident, sickness and/or involuntary **unemployment**.

### CANCELLING THE POLICY YOUR RIGHTS TO CANCEL YOUR POLICY

**You** can cancel this **policy** at any time by calling **us** on **0370 900 3119**.

If **you** cancel this **policy** within 30 days of the **start date** or **renewal date**, or after **you** receive **your** policy booklet, whichever is later, **we** won’t charge **you** any **premium** provided **you** have not made a claim during that **period of insurance**.

If **you** decide **you** don’t want this **policy** after 30 days, and **you** have not made a claim, **we** will charge **you** for the period that **we** have provided cover to **you**.

If **you** have made a claim during the **period of insurance** then **you** will have to pay the full annual **premium**, so **you** won’t receive a refund.

### OUR RIGHTS TO CANCEL YOUR POLICY

**Your policy** is an annual contract and **we** will therefore provide **you** with cover for 12 months, unless **you** fail to pay **your premiums** when due.

If **we** don’t receive **your premium** when due, **we** will write to **you** asking for payment. If **you** don’t pay the unpaid **premium** within 20 days of **our** writing to **you**, **we** will cancel **your policy** and **your** cover will only be in force for the period for which **we** have received payment.

If **you** have made a claim in the current **period of insurance**, **you** must pay the full annual **premium** and no refund is due.

**We** can also cancel **your policy** immediately if a claim is either deliberately exaggerated, deliberately misrepresented or if documents have been purposely altered or are fraudulent.

If **you** deliberately, or recklessly, gave false or misleading information when **you** applied for, or amended, insurance cover and this information affected **our** decision to insure **you**, **we** will end **your policy**, without any refund of **premiums** already paid, and **we** won’t pay any **monthly benefit**.

**We** may also:

- recover any money **we** have paid **you** for claims **you** have made;
- recover any investigation and legal costs; and
- inform other organisations as well as anti-fraud databases that **we** are legally entitled to.

**We** can also inform the police, which could result in **your** prosecution.

## PAYMENT OF PREMIUMS

**You** can choose to pay the **premium** either:

- By Monthly Direct Debit.  
**We** will collect the **premium** over 12-monthly instalments. **We** will show the amount and collection date of **your** first monthly **premium** and subsequent 11 monthly **premiums** on **your schedule**.
- By Annual Direct Debit.  
**We** will collect the full **premium** at the **policy start date** or **renewal date**. **We** will show the amount and collection date of **your premium** on **your schedule**.
- By Credit or Debit card.  
**We** will collect the full **premium** at the **policy start date** or **renewal date**. Payment can be made using **your** credit or debit card details.

## UNPAID PREMIUMS

If **we** don’t receive the **premium** on or before its due date, then **we** will write to **you** asking for payment. If **you** don’t pay the unpaid **premium** within 20 days of **our** writing to **you**, **we** will cancel the **policy**.

### **PAYMENT OF PREMIUM DURING A CLAIM**

If **you** make a claim under the **policy you** must pay the **premium** in full for the **period of insurance** in which the claim occurs.

If **you** are paying **your premium** by monthly Direct Debit, **you** must continue to pay the monthly **premium** for the **period of insurance**. If **you** don’t pay the monthly **premium** payment of **your benefit** will stop.

If **we** are paying a claim and **you** decide not to renew **your policy**, or if **we** don’t offer to renew **your policy**, **we** will carry on paying **your benefit** for that claim. In this situation **you** won’t have to pay any **premiums** for the period after the date **your policy** ends.

### **WHAT HAPPENS AT RENEWAL?**

At least 21 days before **your renewal date**, **we** will write to **you** to advise if **we** can renew **your policy**.

If **we** offer to renew **your policy**, **we** will send details to **you** about any new conditions and the **premium** for the year ahead. If **you** have already agreed to pay by Direct Debit, **we** will continue to take payment from the designated account unless **you** tell **us** otherwise. **You** must tell **us** if **you** do not want to renew **your policy**.

When renewing **your policy you** must tell **us**:

- Of any changes to the information in the **statement of fact**.
- If **you** want to change the way **you** pay **your premium**.

If **we** don’t offer to renew **your policy**, **we** will write to **you** at least 21 days before **your** cover ends.

If you are aged 64 at the **renewal date we** won’t be able to renew **your** cover. **We** will write to **you** at least 21 days before **your** cover ends. If there is a joint **policyholder** who remains eligible for cover, **we** will make arrangements to continue their cover if they want **us** to.

## SECTION 2. ELIGIBILITY FOR COVER

**You** need to continue to meet all the following conditions or **we** will not cover **you**:

- **you** must be a permanent resident in the **UK, Channel Islands** or the Isle of Man;
- **you** must be **employed, self-employed** or a **contract worker, working** for at least 16 hours a week within the **UK, Channel Islands** or Isle of Man; or **working** for at least 16 hours a week outside the **UK, Channel Islands** or Isle of Man for either:
  - the Armed Forces, Civil Service; or
  - a company registered in the **UK, Channel Islands** or Isle of Man and **you** are required to **work** within the European Union.

If **your** circumstances change at any time while **you** are insured, it may affect **your** ability to make a claim. Section 8 – ‘Changing circumstances and policy options’ tells **you** what changes **you** should tell **us** about, and how to let **us** know. **You** can contact **us** on **0370 900 3119** if **you** want to discuss **your** circumstances and how they may affect **your** cover. Call charges will vary.

In addition, at the **policy start date**:

- **you** must be aged 18 or over but under 64 years old;
- **you** must have been **working** for a minimum of six consecutive months immediately before the **policy start date**; and
- **you** must not be aware of any **impending unemployment**.

### **JOINT POLICYHOLDERS**

If two people are named on **your schedule**, each **policyholder** must meet the eligibility criteria in this section of the **policy**.

## SECTION 3.

# EXPLAINING THE POLICY OPTIONS YOU’VE CHOSEN

This **policy** has a number of options, so **you** can choose the right cover for **your** own circumstances. Please check the options **you** have chosen on **your schedule** to make sure they’re right for **you**.

### TYPE OF COVER

**We** have shown the type of cover **your policy** gives **you** on **your schedule**.

- Accident, sickness and unemployment cover will give **you** the most protection covering **you** for **disability** and **unemployment** if **you** need to make a claim.
- Accident and sickness only cover means **you** won’t be able to make a claim for **unemployment**. If **you** become **unemployed** during a period of **disability**, **your benefit** payments will stop when **your disability** ends.
- Unemployment only cover means that **you** will not be able to make a claim for **disability**.

### AMOUNT OF MONTHLY BENEFIT

**We** have shown the amount of **monthly benefit** on **your schedule**.

The maximum **benefit** that **we** will pay under this insurance is the lower of the following:

- 65% of the **gross monthly income** of the **policyholder**;
- 65% of the **gross monthly income** of each joint **policyholder**; or
- the **benefit** shown against each **policyholder** in **your schedule**.

**Note:** If **your gross monthly income** has reduced and this means that the maximum **monthly benefit you** are entitled to, in the event of a claim, is now less, **we** will reduce **your monthly benefit** from the date when the reduction took place. **We** will refund any overpayment of **premium**.

You should consider the following:

- If two **policyholders** request cover, each **policyholder** will be covered for the **monthly benefit** they have each chosen, as shown in **your schedule**.
- The **monthly benefit** for each **policyholder** must not be more than 65% of each **policyholder’s gross monthly income**.
- You can’t change the amount of **monthly benefit** during a claim.

### DEFERRED PERIOD

We have shown the **deferred period** on **your schedule**. It is the number of days at the start of a claim when **we** do not pay **benefit**.

You can choose from the following options, which apply to the cover **you** have chosen.

Days chosen	Accident and Sickness	Unemployment
30	✓	✓
60	✓	✓
90	✓	✓
180	✓	

### PLEASE REMEMBER

In order to make a claim, **you** must be continuously **unemployed** or **disabled** for the duration of the **deferred period** shown on **your schedule**.

### PAYMENT OPTIONS

We offer two different ways of paying **benefits** in the event of a claim:

#### STANDARD OPTION

We will make the first **benefit** payment 31 days after the **deferred period** ends. We will make any further payments in arrears at 30 day intervals. This option is available with all **deferred periods**.

For example:

If **you** choose a 60 day **deferred period**, we will pay 30 days’ **benefit** to **you** 91 days after the first day of **your** claim. We will then make any further payments every 30 days, up to a maximum of 365 days’ **benefit**.

#### BACK TO DAY ONE OPTION

We will make the first **benefit** payment on the first day after the **deferred period** ends. We will pay **benefit** back to day one of the claim. Any further payments will be made in arrears at 30 day intervals. This option is not available as a **policy** option when **you** choose a 180 day **deferred period** for accident and sickness.

For example:

If **you** choose a 60 day **deferred period**, we will pay 60 days’ **benefit** to **you** 61 days after the first day of **your** claim. We will then make any further payments every 30 days, up to a maximum of 365 days’ **benefit**.

## SECTION 4.

# ACCIDENT AND SICKNESS COVER

**You** are covered by this section if **your schedule** shows the cover type 'Accident & Sickness' and **you** have paid the **premium**.

### WHEN CAN YOU MAKE A CLAIM FOR AN ACCIDENT OR SICKNESS?

**You** can claim if:

- **you** can't **work** because of a **disability** that is certified by a **doctor**;
- **you** can't **work** because of a **disability** caused by depression and the symptoms are defined as severe (see important note below) by a suitably qualified **consultant** or **your doctor**. Whilst claiming, **you** must remain under the continuing care of a suitably qualified **consultant** or your **doctor**.

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We will only consider depression to be severe if it meets the definition of severe under the NICE guidelines at [www.nice.org.uk/guidance](http://www.nice.org.uk/guidance)

- **you** can't **work** because of a **disability** caused by backache or a back related condition that's confirmed by a suitably qualified **consultant**. Whilst claiming:
  - **we** will require a report from a suitably qualified **consultant** and **we** can request that this is supported by evidence in the form of a Magnetic Resonance Imaging (MRI) or Computerised Tomography (CT) scan; and
  - **you** must remain under the continuing care of a suitably qualified **consultant** or **your** treatment must be under the direction of a suitably qualified **consultant**.

Being solely under the continuing care of **your doctor** or another medical practitioner who is not a suitably qualified **consultant**, such as a chiropractor, osteopath or physiotherapist is not sufficient for **us** to pay **benefit**.

## CAN YOU CLAIM MORE THAN ONCE?

**You** can claim again if:

- **You** have gone back to **work** and then become unable to **work** because of a different **disability**. **We** will treat the two **disabilities** as separate claims and pay a maximum of 365 **days' benefit** for each claim period.

The **deferred period** will also apply to the second claim.

- **You** have gone back to **work** for at least 90 consecutive days and **you** are unable to **work** because of the same or a related **disability**. **We** will treat the two periods of **disability** as separate claims and pay a maximum 365 **days' benefit** for each claim period.

The **deferred period** will also apply to the second claim.

- **You** have gone back to **work** for less than 90 consecutive days and **you** are unable to **work** because of the same or a related **disability**. **We** will treat this claim as a continuation of the previous claim and resume **benefit** payments from the first day that **you** become **disabled** again, up to a maximum of 365 **days' benefit**. **We** won't pay **benefit** for the period that **you** were back in **work**.

If **your schedule** shows that **you** have accident, sickness and **unemployment** cover, **you** can transfer between **unemployment** and **disability** claims but **we** won't pay more than 365 **days' benefit** for the combined claim. For the second part of a claim, **we** will pay **benefit** from the first day of **your unemployment** or **disability**.

## WHEN DOES YOUR CLAIM BEGIN?

**We** treat the first day of **your** claim as the date a **doctor** or **consultant** certifies **you** as being unfit for **work** because of a **disability**.

## WHEN DO WE PAY BENEFIT?

When **we** pay **benefit** depends on the **deferred period** and the **payment option** **you** have chosen, which are listed on **your schedule**.

**You** will find more information in Section 6 – 'Making a claim'.

## WHAT MUST YOU DO TO KEEP RECEIVING PAYMENT?

To continue receiving **benefit**, **you** must:

- complete and return to **us** a continuing claim form when requested;
- be under the regular care and treatment of a **doctor** or **consultant**; and
- give **us** proof, when requested, of **your** continuing **disability** from **your doctor** or **consultant**. **We** may ask for original documents.

### WHAT HAPPENS IF YOU RETURN TO PART TIME WORK?

If **your doctor** or **consultant** certifies **you** are well enough to go back to **work** on a part time, or reduced hours basis, **you** will be able to continue **your** claim provided **you** meet the requirements under the heading “What must you do to keep receiving payment?” subject to:

- **us** paying a reduced **benefit** which is in proportion to **your** reduction in earnings; and
- the maximum payment not exceeding 365 **days’ benefit**.

### WHEN WON'T WE PAY DISABILITY BENEFIT?

We won't pay **benefit** for **disability** if:

- **disability** occurs within 12 months after the **start date** and is caused by a **pre-existing condition**;
- **you** are **disabled** due to **normal pregnancy**;
- **you** are **disabled** due to stress or anxiety;
- **your disability** is due to an intentional self-inflicted injury or an injury incurred during a criminal act by **you**;
- **your disability** is caused by **you** drinking alcohol or **your** drug or solvent abuse;

- **you** are **disabled** due to any operation or treatment that is not medically necessary, including beauty treatment or cosmetic surgery; or
- **your disability** is caused by war, riot, civil unrest, radioactive contamination or nuclear accident.

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If **you** add accident and sickness cover, or a new **policyholder**, to **your policy** some exclusions will apply from the **amendment date**. We explain these on page 29.

# SECTION 5.

## UNEMPLOYMENT COVER

You are covered by this section if **your schedule** shows 'Unemployment' and **you** have paid the **premium**.

### WHEN CAN YOU MAKE A CLAIM FOR UNEMPLOYMENT?

You can make a claim if:

- **your employment** ends unexpectedly and the circumstances of **your unemployment** are beyond **your** control;
- **you** are **self-employed** and **you** have **ceased to trade**;
- **you** are **employed** and **your** employer places **you** on **short time working hours**; or
- **you** stop **work** to become a full time **carer** for a member of **your immediate family**.

### WHAT IF YOU ARE A CONTRACT WORKER?

If **you** have been a **contract worker** for a period of at least 12 consecutive months immediately before being made **unemployed** and **your** contract is terminated early:

- **we** will pay **benefit** to the expected end of **your** contract term or to the date **you** return to **work**, whichever is first; and
- **we** won't pay more than 365 **days' benefit**.

If **you** have been a **contract worker** for a period of at least 24 consecutive months immediately before being made **unemployed** and **your** contract is terminated early or comes to its natural end:

- **We** will pay for up to 365 **days' benefit** or to the date **you** return to **work**, whichever is first.

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If **you** are both **employed** and **self-employed**, **you** can make a claim if **your employment** ends unexpectedly and the circumstances of **your unemployment** are beyond **your** control and **you** have **ceased to trade**. We explain the meaning of the words **employed** and **self-employed** on pages 5 and 7.

## CAN YOU CLAIM MORE THAN ONCE?

You can claim again if:

- You have gone back to **work** for more than 90 consecutive days. We will treat the two periods of **unemployment** as separate claims and pay a maximum **365 days' benefit** for each claim period.

The **deferred period** will also apply to the second claim.

- You have gone back to **work** for less than 90 consecutive days and you become **unemployed** again. We will treat this claim as a continuation of the previous claim and resume **benefit** payments from the first day that you become **unemployed** again, up to a maximum of **365 days' benefit**. We won't pay **benefit** for the period that you were back in **work**.

If your **schedule** shows that you have accident, sickness and **unemployment** cover, you can transfer between **unemployment** and **disability** claims but we won't pay more than **365 days' benefit** for the combined claim. For the second part of a claim, we will pay **benefit** from the first day of your **unemployment** or **disability**.

## WHEN DOES YOUR CLAIM BEGIN?

We treat the first date of your **unemployment** as the later of:

- the date any **payment in lieu of notice** expires;
- the date you registered as **unemployed** with a **Jobcentre**;

- the date **HMRC** has confirmed your business has **ceased to trade**;
- the date you have no **work** and receive **carer's** allowance; or
- the date when your employer places you on **short time working hours**.

## WHEN DO WE PAY BENEFIT?

When we pay **benefit** depends on the **deferred period** and the **payment option** you have chosen, which are listed on your **schedule**. You will find more information in Section 6 – 'Making a claim'.

## WHAT MUST YOU DO TO KEEP RECEIVING PAYMENT?

To continue receiving **benefit**, you must:

- not be **working**;
- complete and return to us a continuing claim form when requested;
- be available for **work**;
- give us documentation when requested that demonstrates you are seeking **work** relevant to your **normal occupation**, such as job applications, invitations to interviews, application responses and registration with **employment** agencies; and
- satisfy the terms of a **Jobseeker's Agreement**.

If you are ineligible for a **Jobseeker's Agreement**, please contact us on **0800 072 8316** to discuss what other evidence we may be able to accept to show that you are **unemployed**.

If **you** are unable to meet the terms of a **Jobseeker's Agreement** due to **you** being on holiday, **we** will maintain **your** claim payments provided:

- **your** holiday was booked before **your** claim started and **you** can provide a copy of the holiday booking invoice to confirm this; and
- **your** holiday is booked for a maximum of 15 days.

**We** will not make payments for any holiday booked for more than 15 days and **we** will only apply this concession for one holiday period in any 12 calendar months.

### WHAT HAPPENS IF YOUR EMPLOYER TEMPORARILY PLACES YOU ON SHORT TIME WORKING HOURS?

**You** will be able to make a claim provided **you** are **employed** and **you** can provide written evidence from **your** employer that **you** are receiving either no pay or part pay under **your** existing **employment** contract for the duration of **your** claim. This is providing that the hours, or pay, under **your** existing **employment** contract are not permanently changed.

**We** will pay a reduced **benefit** in proportion to **your** reduction in earnings whilst **you** are receiving part pay from **your** employer. The maximum payment can't exceed **365 days' benefit** and the **deferred period** shown in **your schedule** will apply to **your** claim.

If **you** become **unemployed** after being placed on **short time working hours**, the full **monthly benefit** will then be paid until:

- **your unemployment** ends; or
- **you** have received a total of **365 days' benefit** since **your** employer placed **you** on **short time working hours**, whichever happens first.

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A claim for **short time working hours** will not be considered if **your** pay is reduced as a direct result of **you** being on maternity leave.

### WHAT HAPPENS IF YOU TAKE TEMPORARY WORK OR JOIN A GOVERNMENT TRAINING SCHEME?

If **you** take temporary **work** during a claim, **we** will suspend **benefit** for the period **you** are **working**, for up to a maximum of three calendar months. If **you** are in temporary **work**, or plan to be in temporary **work** for more than three calendar months **your** claim will end.

If **you** enter a Government training scheme during a claim, **we** will keep paying **benefit** as long as **you** are seeking **work**.

The claim will be suspended only once during any claim and **we** must have already accepted the claim prior to **you** taking temporary **work** or entering a Government training scheme.

### WHAT HAPPENS IF YOU SET UP YOUR OWN COMPANY OR BUSINESS TO FIND WORK DURING A CLAIM?

If **you** have set up **your** own company or business then **we** will consider **you** to meet **our** definition of **self-employed**. This means if **you** have been made **unemployed** and **you** have set up **your** own company or business to find work, or **you** meet **our** definition of **self-employed** then **we** will be unable to accept a new claim for **unemployment** and any ongoing claim will end from the date the company or business was set up.

### WHEN WON'T WE PAY UNEMPLOYMENT BENEFIT?

**We** won't pay **benefit** if:

- **you** knew of **impending unemployment** before the **start date**;
- **your** employer informed **you** on or before the **start date**, either verbally or in writing, that **you** were going to be placed on **short time working hours**;
- within the **qualifying period**, **you** are temporarily placed on **short time working hours**. **You** cannot claim if **you** have been placed on **short time working hours** within the **qualifying period** and **you** then become **unemployed**;
- **you** stop **work** to become a **carer** within 60 days of the **start date**;
- within the **qualifying period**, **you** are told of **your impending unemployment** or **you** become **unemployed**;
- **you** receive **payment in lieu of notice**. **We** won't consider **you unemployed** for the days **you** are paid;
- **your unemployment** is due to **your** resignation, voluntary **unemployment** or voluntary redundancy unless **you** stop **work** to become a **carer**;
- **your unemployment** is due to disciplinary action by **your** employer, except where an employment tribunal has decided that such a decision was unfair, unless the tribunal decision was based on a procedural matter;
- **your unemployment** is caused by **your** employer terminating **your** contract within, or at the end of, **your** stated probation period;
- **your unemployment** is caused by war, riot, civil unrest, radioactive contamination or nuclear accident;
- **your unemployment** arises from **you** taking part in any criminal act;
- **your unemployment** occurs as a result of a **disability**;
- **you** are on maternity leave and receiving statutory maternity pay or maternity allowance, unless **you** are available for **work** and **you** give **us** documentation, when

requested, which demonstrates **you** are seeking work relevant to **your normal occupation** and **your doctor** has confirmed that **you** are fit to **work**;

- **you** are on paternity leave or adoption pay/leave; or
- **your** employer reduces **your** hours of **work** but **your** pay is not affected.

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If **you** add **unemployment** cover, or a new **policyholder**, to **your policy** some exclusions will apply from the **amendment date**. **We** explain these on page 29.

### WHAT HAPPENS IF YOU SWITCH COVER FROM ANOTHER POLICY?

If this **policy** is replacing another policy either from **us** or another insurer, which offers **unemployment** protection, then **we** can provide **unemployment** cover as soon as **you** add it to **your policy** if:

- **your** other policy has been active for at least 12 months immediately before taking out this **unemployment** cover;
- **you** have not claimed under **your** other policy within the last 12 months; and
- **you** cancel **your** other policy as soon as **you** take out this **unemployment** cover.

If **you** are eligible, the following exclusion (on pages 20 and 29 of this document) will be removed:

**We** won't pay **benefit** if:

- Within the **qualifying period**, **you** are told of **your impending unemployment** or **you** become **unemployed**.

If **you** are told of **your impending unemployment** or **you** become **unemployed** within the **qualifying period** **we** will only pay **monthly benefit** up to the amount covered by **your** previous policy.

**You** must also provide **us** with the following information from **your** previous insurer:

- confirmation that **you** held **unemployment** cover for at least 12 months immediately before starting cover with **us**;
- confirmation of the amount of **unemployment** cover **you** held;
- confirmation that the **policy** was cancelled as soon as **you** took out cover with **us**;
- confirmation that **you** made no claims for **unemployment** within the last 12 months immediately before **you** started cover with **us**.

# SECTION 6.

## MAKING A CLAIM

### HOW TO MAKE A CLAIM FOR AN ACCIDENT OR SICKNESS

Please read this section carefully and follow the steps below. **Our** claims staff will be happy to help **you** with the claims process.

Other important information about making a claim for accident and sickness is included in Section 4.

Employed or Contract Worker	Self employed
<p><b>STEP 1.</b> Check <b>your policy</b> booklet and <b>schedule</b> and see if <b>your</b> circumstances are covered.</p> <p>Ask <b>your doctor</b> to assess <b>your disability</b>.</p> <p>To register a claim, or for further help with this process, please call <b>us</b> on: <b>0800 072 8315</b> (lines are open Mon–Fri 9am–5pm).</p>	<p><b>STEP 1.</b> Check <b>your policy</b> booklet and <b>schedule</b> and see if <b>your</b> circumstances are covered.</p> <p>Ask <b>your doctor</b> to assess <b>your disability</b>.</p> <p>To register a claim, or for further help with this process, please call <b>us</b> on: <b>0800 072 8315</b> (lines are open Mon–Fri 9am–5pm).</p>
<p><b>STEP 2.</b> Send <b>us your</b> completed claim form, which must include confirmation of <b>your</b> condition from <b>your doctor</b> and <b>your</b> absence from <b>work</b> from <b>your</b> employer.</p> <p><b>You</b> will also need to provide <b>us</b> with at least <b>your</b> last three payslips, which confirm <b>your gross monthly income</b>, and bank statements showing that this income has been paid to <b>you</b>.</p> <p>Please remember that, for certain conditions, <b>your disability</b> must be confirmed by a <b>consultant</b>. See page 14 for more information.</p>	<p><b>STEP 2.</b> Send <b>us your</b> completed claim form, which must include confirmation of <b>your</b> condition from <b>your doctor</b>.</p> <p><b>You</b> will also need to provide proof of <b>your gross monthly income</b> for the last 12 months. For example, details of <b>your</b> income declared to <b>HMRC</b>, bank statements showing that these payments have been made to <b>you</b> from <b>your</b> business and/or confirmation from <b>your</b> accountant.</p> <p>Please remember that, for certain conditions, <b>your disability</b> must be confirmed by a <b>consultant</b>. See page 14 for more information.</p>

Employed or Contract Worker	Self employed
<p><b>STEP 3.</b> We will contact <b>you</b> to tell <b>you</b> of our decision about <b>your</b> claim. If <b>we</b> have accepted <b>your</b> claim, <b>we</b> will tell <b>you</b> when <b>your</b> first <b>benefit</b> payment to <b>your</b> bank/building society account will be made.</p>	<p><b>STEP 3.</b> We will contact <b>you</b> to tell <b>you</b> of our decision about <b>your</b> claim. If <b>we</b> have accepted <b>your</b> claim, <b>we</b> will tell <b>you</b> when <b>your</b> first <b>benefit</b> payment to <b>your</b> bank/building society account will be made.</p>
<p><b>STEP 4.</b> If <b>your</b> claim continues <b>we</b> will need to receive <b>your</b> <b>doctor's</b> or <b>consultant's</b> certificate confirming <b>your</b> ongoing condition and inability to <b>work</b>, before <b>we</b> make any further <b>benefit</b> payments. <b>You</b> may also need to provide any other additional information that <b>we</b> ask for.</p>	<p><b>STEP 4.</b> If <b>your</b> claim continues <b>we</b> will need to receive <b>your</b> <b>doctor's</b> or <b>consultant's</b> certificate confirming <b>your</b> ongoing condition and inability to <b>work</b>, before <b>we</b> make any further <b>benefit</b> payments. <b>You</b> may also need to provide any other additional information that <b>we</b> ask for.</p>

## HOW TO MAKE A CLAIM FOR UNEMPLOYMENT

Please read this section carefully and follow the steps below. **Our** claims staff will be happy to help **you** with the claims process.

Other important information about making a claim for **unemployment** is included in Section 5.

Employed or Contract Worker	Self employed
<p><b>STEP 1.</b> Check <b>your</b> <b>policy</b> booklet and <b>schedule</b> and see if <b>your</b> circumstances are covered.  Contact <b>your</b> local <b>Jobcentre</b> to arrange an appointment to register for a <b>Jobseeker's Agreement</b>.  To register a claim, or for further help with this process, please call <b>us</b> on: <b>0800 072 8316</b> (lines are open Mon–Fri 9am–5pm).</p>	<p><b>STEP 1.</b> Check <b>your</b> <b>policy</b> booklet and <b>schedule</b> and see if <b>your</b> circumstances are covered.  Contact <b>your</b> local <b>Jobcentre</b> to arrange an appointment to register for a <b>Jobseeker's Agreement</b>.  Notify <b>HMRC</b> that <b>your</b> business has <b>ceased to trade</b>.  To register a claim, or for further help with this process, please call <b>us</b> on: <b>0800 072 8316</b> (lines are open Mon–Fri 9am–5pm).</p>

Employed or Contract Worker	Self employed
<p><b>STEP 2.</b> Send <b>us your</b> completed claim form and the following documents:</p> <ul style="list-style-type: none"> <li>• at least <b>your</b> last three payslips, which confirm <b>your gross monthly income</b>, and bank statements showing that this income has been paid to <b>you</b>;</li> <li>• the letter sent by <b>your</b> employer, confirming the date <b>your employment</b> ended or the end of <b>your</b> contract; and</li> <li>• the benefit award letter issued to <b>you</b> by the <b>Jobcentre</b>.</li> </ul>	<p><b>STEP 2.</b> Send <b>us your</b> completed claim form and the following documents:</p> <ul style="list-style-type: none"> <li>• proof of <b>your gross monthly income</b> for the last 12 months. For example, details of <b>your</b> income declared to <b>HMRC</b>, bank statements showing that these payments have been made to <b>you</b> from <b>your</b> business, and/or confirmation from <b>your</b> accountant;</li> <li>• proof that <b>your</b> business has <b>ceased to trade</b>; and</li> <li>• the benefit award letter issued to <b>you</b> by the <b>Jobcentre</b>.</li> </ul>
<p><b>STEP 3.</b> <b>We</b> will contact <b>you</b> to tell <b>you</b> of <b>our</b> decision about <b>your</b> claim. If <b>we</b> have accepted <b>your</b> claim, <b>we</b> will tell <b>you</b> when <b>your</b> first <b>benefit</b> payment to <b>your</b> bank/building society account will be made.</p>	<p><b>STEP 3.</b> <b>We</b> will contact <b>you</b> to tell <b>you</b> of <b>our</b> decision about <b>your</b> claim. If <b>we</b> have accepted <b>your</b> claim, <b>we</b> will tell <b>you</b> when <b>your</b> first <b>benefit</b> payment to <b>your</b> bank/building society account will be made.</p>
<p><b>STEP 4.</b> If <b>your</b> claim continues <b>we</b> will need to receive a completed continuing claim form when requested and evidence of <b>your</b> job seeking. <b>You</b> will also need to provide recent bank statements and any other additional information that <b>we</b> ask for.</p>	<p><b>STEP 4.</b> If <b>your</b> claim continues <b>we</b> will need to receive a completed continuing claim form when requested and evidence of <b>your</b> job seeking. <b>You</b> will also need to provide recent bank statements and any other additional information that <b>we</b> ask for.</p>

### YOUR OBLIGATIONS WHEN MAKING A CLAIM:

- **you** must tell **us** about **your** claim as soon as reasonably possible, but within 180 days of the date **you** were last in **work**;
- **you** must take all reasonable steps to keep **your** claim period as short as possible;
- **you** must complete a claim form when **you** make a claim and send **us** a continuation claim form when requested;
- **you** must provide **us** with evidence when requested of **your** continuing **unemployment** or **disability**. **We** may ask for original documents; and
- **you** must tell **us** as soon as **you** know the date when **you** are going to return to **work**.

### GENERAL CONDITIONS THAT APPLY TO A CLAIM:

- when **you** make a claim **we** will check **your** eligibility for cover. **You** will find more information in Section 2 – ‘Eligibility for cover’;
- the maximum **monthly benefit we** will pay is 65% of **your gross monthly income**. **We** will check the amount of **monthly benefit you** are entitled to based on **your** circumstances at the time **you** make a claim. **We** will pay 65% of **your gross monthly income** or the **benefit** shown in **your schedule**, whichever is less;

- **you** can’t change the terms of **your** cover during a claim;
- **we** won’t pay any **benefit** for periods where **you** can’t provide **us** with proof of **your** continuing **unemployment** or **disability**, when requested by **us**;
- **we** will only pay a claim for the type of cover **you** have chosen;
- **you** can’t make a claim for **disability** and **unemployment** at the same time, unless **you** are joint **policyholders** making simultaneous claims;
- **you** must attend an independent medical examination (which **we** will pay for) by a **doctor** or **consultant** of **our** choice if **we** believe it’s necessary, to continue **your** claim. If **you** don’t attend the examination or provide other proof **we** ask for, **your** claim will end and **we** won’t pay any **benefit**;
- **we** may contact **your** employer, bank, tax office, **HMRC**, accountant or **your** company’s accountant for proof that **you** are not **working**;
- if **you** are **self-employed** **we** may need to see original accounts, tax returns and bank statements;
- **we** may contact **your** employer for details of **your gross monthly income**;

- **we** may arrange for an agent representing **us** to visit **you**. They'll gather information about **your** claim so **we** can make an accurate assessment. **You** must make yourself available for any such visit. If **you** don't, **we** may suspend any further **benefit**; and
- claim payments will be made directly to **your** bank/building society account.
- **you** have received the maximum **benefit** due under this **policy**;
- **you** stop paying the monthly **premiums** due in the **period of insurance** in which the claim commenced;
- **you** permanently retire from **work**; or
- **you** die.

### WHEN WILL BENEFIT PAYMENTS STOP?

**We** will keep paying **benefit** while **you** are still eligible for cover and for each day **you** are continuously **unemployed** or **disabled**. **We** will stop making payments when one of the following happens:

- **your unemployment** or **disability** ends;
- **your short time working hours** end;
- **your** employer tells **you**, either verbally or in writing, that **you** may resume **your** normal contractual **working** hours, that **you worked** before **your short time working hours** began, but **you** choose not to do this;

# SECTION 7.

## GETTING BACK TO WORK

**Your policy** includes access to an **unemployment** assistance service operated by Working Transitions Ltd. The service is independent, confidential and designed to help **you** search for a job and get back to **work**. When **you** register a claim for **unemployment** with **us**, the service gives **you**:

- unlimited access to a specialist jobsearch adviser;
- advice and support on CV preparation;
- access to a range of research services including job vacancies and company information;
- a range of materials providing advice and strategies to help **you** get back to **work**; and

For further information on Working Transitions Ltd please visit **[www.workingtransitions.com](http://www.workingtransitions.com)**, an online service to help **you** find **work**.

This service is operated by:  
Working Transitions  
Alexandra House,  
Queenswood Office Park,  
Newport Pagnell Road West,  
Northampton,  
NN4 7JJ.

## SECTION 8. CHANGING CIRCUMSTANCES AND POLICY OPTIONS

**You** can make changes to **your policy** by either writing to: Legal & General Insurance, The Podium, Centre City House, 5 Hill Street, Birmingham B5 4US or by calling Customer Services on: **0370 900 3119**. Call charges will vary.

Provided **we** accept the change, it will take effect from the **amendment date** of cover.

### CHANGES THAT YOU MUST TELL US ABOUT IMMEDIATELY

**You** must tell **us** straight away if:

- **your gross monthly income** falls, so **we** can check that **your monthly benefit** does not exceed 65% of **your gross monthly income**;
- **you** are no longer eligible for cover. **You** will find more information in Section 2 – ‘Eligibility for cover’; or
- **you** change **your** address.

In addition, **your** representatives or next of kin must inform **us** in the event of **your** death.

**You** don’t need to tell **us** about other changes to **your** personal circumstances during the **period of insurance**.

However, if **we** offer to renew this **policy**, **we** will send details to **you** about any new conditions and the **premium** for the year ahead, 21 days before **your renewal date**.

**We** will also ask **you** to confirm that the information **we** hold about **you** has not changed. This information will be shown in **your statement of fact**, which will be enclosed with **your** renewal documents.

If **your** details have changed, please contact **us** to discuss **your** options.

### CHANGES TO YOUR POLICY

If **you** wish to make changes to **your** cover options, please call **us** on **0370 900 3119**. Call charges will vary.

If **we** are able to make the changes that **you** request then they will take effect from the **amendment date** of cover.

Whilst **you** are making a claim, **you** can't change any of the cover options, which affect payment of any claim.

**You** can make changes to **your** cover options, which will, other than the changes listed in the following paragraph on this page, be subject to a 30 day notice period. **We** will send **you** a new **schedule**, which will confirm the new **period of insurance**.

**You** can add accident, sickness and/or **unemployment** cover to **your policy** without a 30 day notice period but the following restrictions will apply from the **amendment date**:

- if **you** add accident and sickness cover to this **policy** after the **start date** and a **disability** occurs within 12 months after the **amendment date**, which is caused by a **pre-existing condition**, **we** will not pay **benefit**;
- if **you** add **unemployment** cover to this **policy** after the **start date** **we** will not pay **benefit** if:
  - **you** knew of **impending unemployment** before the **amendment date**;
  - **your** employer informed **you** on or before the **amendment date**, either verbally or in writing, that **you** were going to be placed on **short time working hours**;
  - **you** stop **work** to become a **carer** within 60 days of the **amendment date**; or
  - within the **qualifying period**, **you** are told of **your impending unemployment** or **you** become **unemployed**.

**You** can add cover for a new **policyholder** after the **start date**, without any notice period however the above restrictions will apply to the new **policyholder** from the **amendment date**.



## SECTION 9. WHEN WILL THE POLICY END?

**Your policy** is an annual contract and will provide cover for the **period of insurance** shown on **your schedule**, however **your policy** will end before **your** next annual **renewal date** if:

- **you** or **we** cancel the **policy**;
- **you** retire from **work**;
- **you** die; or
- **you** no longer meet the eligibility criteria shown in Section 2.

## SECTION 10.

# GENERAL CONDITIONS OF THE POLICY

The contract between **you** and **us** is made up of:

- this **policy** booklet;
- **your schedule**; and
- any endorsement or amendment notice.
- If any claim arising under this **policy** is also covered, or covered in part, by any other Legal & General short-term income protection policy, **we** will only pay **you** up to 65% of **your gross monthly income** or £5,000, whichever is lower, irrespective of the number of policies **you** hold.
- **We** will deduct from **your monthly benefit** any amount that **we** have to deduct by law.
- **We** have relied upon the information that **you** gave to **us** in **your** application when providing this cover. If **you** did not take reasonable care, when completing **your** application, and this meant that **you** gave **us** incorrect information then **we** can reduce the level of **your monthly benefit**.

# SECTION 11.

## HOW TO COMPLAIN TO US

**We** will always treat **you** with fairness, courtesy and respect for **your** insurance needs, and **we'll** keep **you** informed. This commitment also includes dealing with any complaints **you** might have in a straightforward, helpful way and as quickly as possible.

### **IF YOU HAVE A COMPLAINT**

If **you** have a complaint, please contact **us** with **your** policy number or claim number:

### **FOR COMPLAINTS RELATING TO A CLAIM:**



Claims Manager  
Lifestyle Cover Insurance Claims  
Legal & General Insurance  
City Park  
The Droeway  
Hove  
East Sussex  
BN3 7PY



Or call **us** on freephone  
**0800 072 8315** (lines are open Mon–Fri 9am–5pm)

Calls may be recorded and monitored.

**FOR ALL OTHER COMPLAINTS:**

Customer Relations Manager  
Legal & General Insurance  
Centre City House  
5 Hill Street  
Birmingham  
B5 4US

Or call us on



**0370 900 3119** (lines are open Mon–Fri 9am–5pm and Sat 9am–1pm)

Calls may be recorded and monitored. Call charges will vary.



If **you** remain dissatisfied, **you** can complain to:



Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR



**0800 023 4567**

**0300 123 9 123**



[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Making a complaint won't affect **your** legal rights.

# THE LAW.

This contract will be governed under the laws of England and Wales, and any reference **we** make to specific statutes will mean the UK statute and equivalent laws in the Channel Islands or Isle of Man.

# FINANCIAL SERVICES COMPENSATION SCHEME.

**We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **we** cannot meet **our** obligations. Whether or not **you** are able to claim and how much **you** may be entitled to will depend on the specific circumstances at the time.



For further information about the scheme please contact the FSCS at



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



or call them on:

**0800 678 1100**



[www.legalandgeneral.com](http://www.legalandgeneral.com)

**Legal & General Insurance Limited**

Registered in England and Wales number 00423930

**Registered office:** One Coleman Street, London EC2R 5AA

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. (Financial Services Register number: 202050)

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